

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Arthur S. Robinson
 Robinson & Associates
 35401 Kenai Spur Highway
 Soldotna, AK 99669

Regional Hearing Clerk, ORC-158
 Doc. # CWA-10-2002-0131

2. Article Number 7001 2510 0003 7203 9190

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Lynda Moore* B. Date of Delivery *5-24-04*

C. Signature *X Lynda Moore* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

RECEIVED
 04 MAY 28 PM 12:05
 HEARINGS CLERK
 REGION 10
 MAY 24 2004

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes