

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:

Edward P. Weigelt, Jr.
4300 198th St. N.W.
Lynwood, WA 98036

Return to Regional Hearing Clerk, ORC-158

Doc. # CWA-10-2003-0007

2. Article Number (Copy from service label)

7000 0600 - 0027 - 0474 3538

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Richard Miller B. Date of Delivery 12-16-02
 C. Signature [Signature] Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

02 DEC 18 AM 11:12
HEARINGS CLERK
EPA--REGION 10

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Waterkist Corp.
P.O. Box 727
Valdez, Alaska 99686

Return to Regional Hearing Clerk, ORC-158

Doc. #

CWA-10-2002-0007

2. Article Number (Copy from service label)

7000 0600 0027 0474 3552

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature [Signature] Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Waterkist Corporation
P.O. Box 727
Valdez, AK 99686

Return to Regional Hearing Clerk, ORC-158

Doc. # CWA-10-2003-0007

2. Article Number (Copy from service label)

7000 0600 0027 0474 3545

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 1/18/03
 C. Signature [Signature] Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

03 JAN 18 PM 2:10
HEARINGS CLERK
EPA--REGION 10

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes