

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:

O K. Gravel Works, LLC
P.O. Box 1569
Cascade, ID 83611

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kristi Kesler

- Agent
 Addressee

B. Received by (Printed Name)

Kristi Kesler

C. Date of Delivery

10-4-11

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

RECEIVED
11 OCT - 6 11:55 AM
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

7010 1060 0002 0288 2690

CWA 10 11 0120