

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

DOREEN HENSEL 5-13-17

Corvias Air Force Living, LLC. Member
By: James Heath Burleson
Senior Vice President and Authorized Representative
1405 South County Trail, Suite 530
East Greenwich, RI 02818

Is delivery address different from item 1? Yes
Delivery address below: No



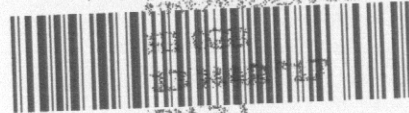
9590 9402 1627 6053 2913 78

Article Number (Transfer from service label)

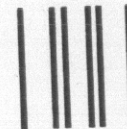
7016 2070 0000 6795 7029

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

USPS TRACKING#



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First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

Teresa Young
Regional Hearing Clerk
EPA Region 10
1200 6th Ave. Suite 900, M/S ORC113
Seattle, WA 98101

RCRA-10-2017-0054

