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:

Dale Lunders
2214 Reubens Road
Reubens, ID 83548

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elizabeth Lunders ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Elizabeth Lunders
C. Date of Delivery 12/21/09

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

RECEIVED
09 DEC 29 PM 3:54
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

7009 0820 0001 6410 4671

CAA-10-2010-0019

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540