

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

Jill Evans

C. Date of Delivery

7/3/11

1. Article Number

Ruben Duran, Borough Manager
 Ketchikan Gateway Borough
 1900 First Avenue, Suite 210
 Ketchikan, AK 99901

Is this address different from item 1?
 If different from item 1? Yes
 If same as item 1, check this box: No



9590 9402 2525 6306 9937 52

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
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

2. Article Number (Transfer from service label)

7016 2710 0000 2871 9384

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



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

9590 9402 2525 6306 9937 52

United States
Postal Service

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

CWA-10-2017-0051

