

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:

David Forbush, Jr., Facility Manager
 Wards Cove Packing Company
 5961 Tongass Highway
 Ward Cove, Alaska 99928

Return to Regional Hearing Clerk, ORC-158
 Doc. # CWA-10-2001-0087

2. Article Number (Copy from service label)

7000 0600 0027 0473 3478

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent
 Addressee

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

Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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1. Article Addressed to:

Charles R. Blumenfeld
 Perkins Coie, LLP
 1201 Third Avenue
 Suite 4800
 Seattle, Washington 98101-3099.

Return to Regional Hearing Clerk, ORC-158
 Doc. # CWA-10-2001-0087

2. Article Number (Copy from service label)

7000 0600 0027 0473 3362

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent
 Addressee

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

3. Service Type

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 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes