

## 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.

Article Addressed to:

Karen McLane FNP-C  
P.O. Box 1169  
Nome, AK 99762

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Karen McLane*☒ Agent☐ Addressee

B. Received by (Printed Name)

*John McLane*

C. Date of Delivery

*11/15/07*

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

RECEIVED  
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

7007 1490 0003 8844 0359

CWA-10-08-0032