

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Quality Carriers, Inc. 19929 77th Ave. S Kent, WA 98032	B. Received by (Printed Name) RECEIVED	C. Date of Delivery 9/26/11
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

RECEIVED
 11 SEP 27 3:40 PM '11
 HEARINGS CLERK
 EPA -- REGION 10

7010 1060 0002 0288 2645

EPCRA-10-11-0125