

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:

Honorable Robert Allen
 Mayor of City of St. Maries
 602 College Avenue Street
 St. Maries, ID 83702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Handwritten Signature]

B. Received by *DEBBIE ARGELAN* C. Date of Delivery *11/3/10*

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

**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 4534

CA# 10-09-0240