

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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. Received by (Please Print Clearly) **B. Burger** B. Date of Delivery **6-18-04**

C. Signature **X [Signature]** Agent Addressee

1. Article Addressed to:

**Arthur S. Robinson
Attorney at Law
35401 Kenai Spur Highway
Soldotna, AK 99669**

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

04 JUN 21 PM 3:00
HEARINGS CLERK
EPA -- REGION 10
USPS - 99669

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 2510 0000 5790 6908

CWA-10-2002-0131 (Blossom)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952