

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:
Richard Campbell
Campbell Bissell & Kirby
416 SYMONS BLDG
7 Howard Street-S
Spokane, WA
99201

2. Article Number
(Transfer from service label) 7008 0150 0000 8073 2704

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Melanie Hayes* Agent Addressee
B. Received by (Printed Name)
Melanie Hayes
C. Date of Delivery
9-15
3. Is delivery address 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

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■ 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:
Gary Barnes
G F Barnes Construction
P.O. Box 122
Liberty Lake, WA
99019

2. Article Number
(Transfer from service label) 7008 0150 0000 8073 2698

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Gary Barnes* Agent Addressee
B. Received by (Printed Name)
Gary Barnes
C. Date of Delivery
9-16-08
3. Is delivery address 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