

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *E. Jones*

- Agent
- Addressee

B. Received by (Printed Name)

E. Jones

C. Date of Delivery

6-7-10

1. Article /

Robert F. Evert
 Manager, Permits and Projects
 Port of Astoria
 10 Pier One, Suite 308
 Astoria, OR 97103

at from item 1? Yes
 Address below: No



9590 9403 0670 5183 5102 09

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation®
- Signature Confirmation Restricted Delivery

2. Article Number (Transfer from service label)

7015 0640 0001 0935 7053

10-544-0912