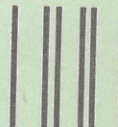


UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Candace H. Smith, Regional Hearing Clerk
U.S. EPA, Region 10
1200 Sixth Avenue, Suite 900
M/S: ORC-158
Seattle, WA 98101

*1st Amended Complaint
Notice of
Opp.*
EPCRA-10-2014-0162



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:

**David Brose, President
Gly-Tek, Inc.
PO Box 1506
Twin falls, ID 83303-1506**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 DBrose Addressee

B. Received by (Printed Name) C. Date of Delivery
David Brose *10-3-14*

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

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
(Transfer from service label)

7013 1710 0002 3480 3205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540