

STATE OF HAWAII

MPDES No. 13-11

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:

Ian L. Sandison
Arsima A. Muller
Jacob L. Matson
CARLSMITH BALL LLP
1001 Bishop Street, Suite 2100
Honolulu, Hawaii 96813

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John C. [Signature]* Agent Addressee

B. Received by (Printed Name) *JOSHUA S. CALIXAD* C. Date of Delivery *11/12/13*

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

RECEIVED
S.E.P.A.
NOV 25 11 13
APPEALS BOARD

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)

7003 1680 0000 5220 1625