

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.

Article Addressed to:

Mr. Mike Sestie
Program Manager/Administrator
Tulalip Utilities Authority
3015 Mission Beach Road
Tulalip, Washington 98271

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/9/24

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

7003 1680 0000 5220 3704

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE
SEATTLE WA 980

18 SEP 2024 PM 2 L

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

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

Clerk of the Board
EAB U.S. EPA
WJC-E., Bldg. 1103M
1200 Penn. Ave., NW
Washington, D.C. 20400



20480-



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SEP 27 2024

ENVIRONMENTAL APPEALS BOARD

UNDELIVERED: 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.

Article Addressed to:
Beverly Li
Regional Counsel
U.S. EPA Region 10
100 Sixth Avenue, Suite 155
Seattle, WA 98101

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *DL* C. Date of Delivery *9/18/24*

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

7003 1680 0000 5220 3698

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

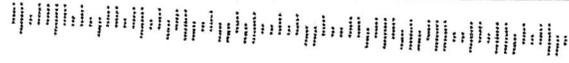
UNITED STATES POSTAL SERVICE
SEATTLE WA 980
18 SEP 2024 PM 2 L



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

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

Client of the Board
EAB, U.S. EPA *SEP 20 2024*
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1200 Penn. Ave. N.W
Washington, D.C. 20460



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Article Addressed to:

James N. Saul (OSB #152800)
5112 S Scenic Law Center
3519 NE 15th Ave., #207
Portland, OR 97212

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *Nova* C. Date of Delivery *9-18-24*

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

7003 1680 0000 5220 3667

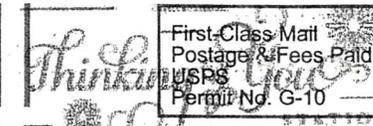
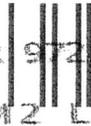
Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

PORTLAND OR 97212



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Article Addressed to:

Casey Sixkiller
Regional Administrator
U.S. EPA Region 10
200 Sixth Avenue, Suite 155
Seattle, WA 98101

A. Signature

[Handwritten Signature]

Agent
 Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

9/18/24

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

7003 1680 0000 5220 3681

3 Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

SEATTLE WA 98101

18 SEP 2024 PM 3 L



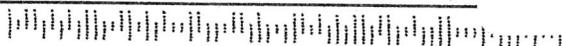
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