

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

A. Signature 		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) OK	C. Date of Delivery 9/18/24	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7003 1680 0000 5220 3728

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

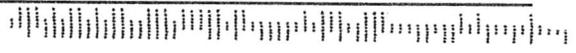
UNITED STATES POSTAL SERVICE  
SEATTLE WA 980  
18 SEP 2024 PM 3 L



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    SEP 27 2024  
WJC-E., Bldg. 1103M  
1200 Penn. Ave. NW  
Washington, D.C. 20460



RECEIVED  
U.S. EPA, HEADQUARTERS

SEP 27 2024

ENVIRONMENTAL APPEALS BOARD

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:

James N Saul (OSB #152809)  
Wild & Scenic Law Center  
1519 NE 15th Ave., #207  
Portland, OR 97212

A. Signature X <i>[Signature]</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Nova</i>	C. Date of Delivery <i>9.18.24</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7003 1680 0000 5220 3711

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

UNITED STATES POSTAL SERVICE

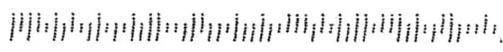
PORTLAND OR 97212  
18 SEP 2024 PM 2 L  
Thinking of You?  
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

CLERK OF THE BOARD  
EAB U.S. EPA  
WJC-F., Bldg. 1103M  
1200 Penn. Ave. NW  
Washington, D.C. 20460

SEP 27 2024

FCL-DESP-1106



RECEIVED  
U.S. EPA, HEADQUARTERS  
SEP 27 2024  
ENVIRONMENTAL APPEALS BOARD