

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 _____

CAFE 021-83704-RFS-1418
 NOTIFY SENDER OF NEW ADDRESS
 CAFARELLI WILLIAM B
 PO BOX 16755
 BOISE ID 83715-6755

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Carol Cafarella* Agent
Carol Cafarella Addressee
 B. Received by (Printed Name) _____ Date of Delivery _____

04/20/18



1 item Yes
 below No



9590 9402 3225 7196 9504 43

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

2. Article Number (Transfer from service label)

7017 0190 0000 4325 1347

PS Form 3811, July 2015 PSN 7530-02-000-9053

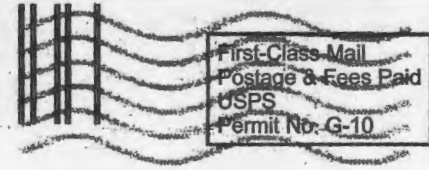
Domestic Return Receipt

USPS TRACKING 1

VOICE ID 837



24 APR 2018 PM 21



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

9590 9402 3225 7196 9504 43

United States
Postal Service

Teresa Young
Regional Hearing Clerk
EPA Region 10
1200 6th Ave. Suite 900, M/S ORC113
Seattle, WA 98101

TSCA-10-2018-0266

