

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 space permits.

1. Article

Michael J. Gelardi, Esquire
 Hershner Hunter LLP
 180 East 11th Avenue
 Eugene, Oregon 97401



9590 9402 2525 6306 9815 51

2. Article Number (Transfer from service label)

7016 2710 0000 2871 9292

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

A. McCleary

B. Received by (Printed Name)

A. McCleary

C. Date of Delivery
11/2/19

Is the return address below:
 Yes
 No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



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

9510 9402 R525 630 P 9815 51

United States
Postal Service

RECEIVED

JUL 14 2017

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

CA-10-2017-0107

