

**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.

Article Addressed to:

Mr. Douglass Roe  
Camp Ida-Haven  
P.O. Box 4330  
McCall, ID 83638

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Darla Roe*

B. Received by (Printed Name) *Darla Roe* C. Date of Delivery *11/30/07*

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

07 DEC 29 11:00 AM  
 HEARINGS CLERK  
 EPA -- REGION 10

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Article Number 7007 1490 0003 8844 0267 1 WA 10 08 0018