

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.

1. Article Addressed to:

Robert Maynard
Perkins Coie
111 West Jefferson St.
Suite 500
Boise, ID 83702-5391

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Handwritten Signature]
 Agent
 Addressee

Delivered by (Printed Name)
[Handwritten Name] C. Date of Delivery
[Handwritten Date]

D. Is delivery address different from item 1?
 Yes
 No

RECEIVED
10 MAR - 3 11:56 AM '10
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

2. 7009 0820 0001 6410 4374

CWA-10-09-0270