

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:

Kevin Beaton
 Stoell Rives LLP
 101 S. Capitol Blvd
 Boise, ID 83702

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

[Handwritten Name]
 Date of Delivery: *[Handwritten Date]*

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

HEARINGS CLERK
 EPA -- REGION 10

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

7006 0810 0003 894J 2953

EW4.10.07.0016