

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 mail piece, or on the front if space permits.

1. Article Addressed to:

J. Michael Wheeler
2635 Channing Way
Idaho Falls, ID 83404

RECEIVED
11 SEP 23 11:36 AM '04
HEARINGS CLERK
EPA -- REGION 10

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Connie Morimoto

Agent

Addressee

B. Received by (Printed Name)

CONNIE MORIMOTO

C. Date of Delivery

9-21-04

D. Is delivery address different from item 1? Yes

No, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7010 1060 0002 0288 2744

CWA-10-11-0101