

**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 Addressed to:

Trudy Tush  
 Estell Subdivision Lot 2  
 1117 Chugach Way  
 Anchorage, AK 99503



9590 9402 1627 6053 2913 61

2. Article Number (Transfer from service label)

7016 2070 0000 6795 6312

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**  
B. Received by (Printed Name)

- Agent
- Addressee

C. Date of Delivery

Address different from item 1?  Yes  
 delivery address below:  No

*notice of  
 appearance not  
 picked up -  
 pack 9BL returned  
 5-3-17*

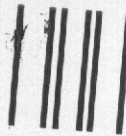
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 1627 6053 2913 61

United States  
Postal Service

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

SDWA-10-2014-0137

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

**X**

B. Received by (*Printed Name*) C. Date of Delivery

1. *f* **Trudy Tush**  
**Owner, Estell Subdivision Lot 2**  
**1117 Chugach Way**  
**Anchorage, AK 99503**

different from item 1?  Yes  
 any address below:  No

*Returned to sender 5-5-11*



9590 9402 2525 6306 9937 14

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

2. Article Number (*Transfer from service label*)  
**7016 2 20 0000 2871 9599**

USPS TRACKING #



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

9590 9402 2525 6306 9937 14

United States  
Postal Service

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

*SDWA-10-2014-0137*