

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>J. Rardy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name)</p> <p><i>J. RANDY</i></p>	<p>C. Date of Delivery</p> <p><i>11.19.07</i></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>HEARINGS CLERK EPA--REGION 10</p>	
<p>City Electric, Inc. 819 Orca Street Anchorage, AK 99501</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7007 1490 0003 8844 0014 CWA 10 08 0005</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

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	<p>B. Received by (Printed Name)</p> <p><i>Donna Scarborough</i></p>	<p>C. Date of Delivery</p> <p><i>11/19/07</i></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>HEARINGS CLERK EPA--REGION 10</p>	
<p>Municipal Light & Power 1200 East First Avenue Anchorage, AK 99501</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7007 1490 0003 8844 0038 CWA 10 08 0005</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		