

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:

William B. McNabb
President and Registered Agent
McNabb Grain, Inc.
P.O. Box C
Pocatello, ID 83205

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carlin M. Davis*

Agent

Addressee

Received by (Printed Name)

Carlin M. Davis

C. Date of Delivery

10/30

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

RECEIVED
09 NOV 2009
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.

7008 3230 0000 8533 0116

CHA-10-09-0243