

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
 x *Robert Carnell* Agent
 Addressee

B. Received by (Printed Name)
Robert Carnell

C. Date of Delivery
4/28

Is the address below different from item 1? Yes
 No

1. Article Number (Transfer from service label)
Dr. Victor Carnell, DDS
Owner - Steritech, Inc.
4610 N. Ash Street, Suite 103
Spokane, WA 99205



9590 9403 0670 5183 5122 96

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 2710 0000 2871 9506

UNITED STATES POSTAL SERVICE



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

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

FIRA-10-2017-0039

USPS TRACKING#



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