

USPS TRACKING#



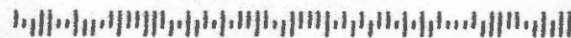
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 2612 6336 2922 40

United States
Postal Service

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

FIFRA-10-2018-0204
1 of 2



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

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

GLAVTC

C. Date of Delivery

26 Jun

1. Article

**Laura Maffei, R. G.
 Cable Huston LLP
 1001 SW Fifth Avenue
 Suite 2000
 Portland, Oregon 97204**

Shipped from item 1? Yes
 address below: No



9590 9402 2612 6336 2922 40

(Transfer from service label)

7017 0190 0000 4325 1484

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

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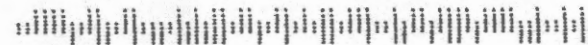
First-Class Mail
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9590 9402 2612 6336 2922 57

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FIFRA-10-2018-0204
2 of 2



SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature
 X *H. Havens* Agent
 Addressee

B. Received by (Printed Name) *HEATHER HAVENS* C. Date of Delivery *1/26/2018*

1. Addressee Name
Heather Havens
General Manager
Concentrates, Inc.
5505 SE International Way
Milwaukie, Oregon 97222

Is this item different from item 1? Yes
 If different, give the return address below: No



9590 9402 2612 6336 2922 57

2. Article Number (Transfer from service label)
 7017 0190 0000 4325 1491

3. Service type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Mail Restricted Delivery (00)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery