

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.

Article Addressed to:

Peter Greene
 PCSG, Inc.
 P.O. Box 656
 12409 Lite Stream Lane
 Lewiston, ID 83501



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Handwritten Signature]

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

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

7007 1490 0003 8844 0243

CWA-10-08-0011