

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:

IdaCold LLC
 Tim Viehway, President
 6198 Treasure Valley Way
 Nampa, ID 83867

COMPLETE THIS SECTION ON DELIVERY

A. Signature) Agent
 Addressee

B. Received by (Print Name) **RECEIVED** C. Date of Delivery
CORDY ROSS **2/24/10**

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

**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

7009 0820 0001 6410 4404 **CAY-10-10-0066**