

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

\$

09/19/07

Certified Fee

\$

Postmark
Here

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Brian Hansen
Gordon Paving Co., Inc.
837 Madrona Street South
Twin Falls, ID 83301

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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(Endorsement Required)

Total Postage & Fees

Andrew Swenson
Force Engineering, LLP
P.O. Box 442
Twin Falls, ID 83303

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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:

Brian Hansen
Gordon Paving Co., Inc.
837 Madrona Street South
Twin Falls, ID 83301

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Debbie Maxwell* B. Date of Delivery
C. Signature *Debbie Maxwell* Agent
 Addressee
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

07 SEP 25 PM 1:06
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

7006 0810 0003 9148 3774

CWA-10-07-0160

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

Andrew Swenson
Force Engineering, LLP
P.O. Box 442
Twin Falls, ID 83303

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Don Anderson* B. Date of Delivery *9/27/97*
C. Signature *Don Anderson* Agent
 Addressee
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

07 SEP 27 PM 12:28
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

7006 0810 0003 9148 4153

CWA-10-07-0160

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952