

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.

1. Craig Trueblood
K&L Gates
925 Fourth Avenue
Suite 2900
Seattle, WA 98104



9590 9402 2525 6306 9836 09

2. Article Number (Transfer from service label)
7016 2710 0000 2872 5125

COMPLETE THIS SECTION ON DELIVERY

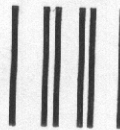
A. Signature Agent
 Addressee
B. Received by (Printed Name) C. Date of Delivery
Jim Peterson 9/20/17
Is different from item 1? Yes
Delivery address below: No

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 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 |
| <input type="checkbox"/> Insured Mail | |

USPS TRACKING #



9590 9402 2525 6306 9836 09



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

United States
Postal Service

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

CWA-10-2017-0141

