

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:

William Sherlock, Esq.
 Hutchinson Cox
 777 High Street, Suite 200
 Eugene, OR. 97401

Agee Construction

CWA-10-2002-0070

2. Article Number (Copy from service label)

7000 0600 0027 0477 6390

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, enter delivery address below:	

RECEIVED

03 JUN 11 PM 12:40
 HEARINGS CLERK
 EPA--REGION 10

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7000 0600 0027 0477 6390

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Wm. Sherlock, Esq.

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

(Agee)

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions