

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:

**David Worley, Division Manager
Swinerton Builders
14432 SE Eastgate Way, Ste. 230
Bellevue, WA 98007**

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

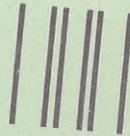
4. Restricted Delivery? (Extra Fee) Yes

7013 1710 0002 3980 3250

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE
SEATTLE
WA 980
29 SEP '14
PM 3 L



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

• Sender: Please print your name, address, and ZIP+4 in this box •

Candace H. Smith, Regional Hearing Clerk
U.S. EPA, Region 10
1200 Sixth Avenue, Suite 900
M/S: ORC-158
Seattle, WA 98101

CWA-10-2014-0109

ESA

