

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:

Charles R. Blumenfeld
 Perkins Coie, LLP
 1201 Third Avenue
 Suite 4800
 Seattle, Washington 98101-3099.

Return to Regional Hearing Clerk, ORC-158
 Doc. # CWA-10-2001-0288

2. Article Number (Copy from service label)

7000 0600 0027 0473 3348

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *R. Blumenfeld* B. Date of Delivery *7/17/01*
 C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes
 If 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

RECEIVED
 JUL 19 AM 10:11
 REGIONAL HEARING CLERK
 REGION 10

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 Forbush, Jr., Facility Manager
 Wards Cove Packing Company
 5961 Tongass Highway
 Ward Cove, Alaska 99928

Return to Regional Hearing Clerk, ORC-158
 Doc. # CWA-10-2001-0088

2. Article Number (Copy from service label)

7000 0600 0027 0473 3355

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 *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
 JUL 18 01:23 PM 2001
 REGIONAL HEARING CLERK
 REGION 10

U.S. Postal Service CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

Recipient's Name (Please Print Clearly) (to be completed by mailer)
D. Forbush, Jr.
 Street, Apt. No.; or PO Box No.
 City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

Recipient's Name (Please Print Clearly) (to be completed by mailer)
C. Blumenfeld
 Street, Apt. No.; or PO Box No.
 City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions