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. Arti

Alicia Almazan
219 Third Street
P.O. Box 687
Wilder, ID 83676

9590 9402 2525 6306 9842 79

2. Article Number *(Transfer from service label)*

7016 2070 0000 6796 1286

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Chelsie Johnson

☐ Agent
☑ Addressee

B. Received by *(Printed Name)*

Chelsie Johnson

C. Date of Delivery

9/20/17

ferent from item 1? ☐ Yes
address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
il Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #

9590 9402 2525 6306 9842 79

United States
Postal Service

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

SEP 20 2017

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

CWA-10-2017-0132