

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:

Gurinder Bains
12730 - 412 Ave. S.E.
North Bend, WA 98045

2. Article Number
(Transfer from service label)

7013 1710 0002 3980 3243

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X [Signature] GARY BAINS Addressee

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

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



Domestic Return Receipt

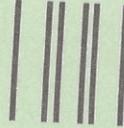
102595-02-M-1540

UNITED STATES POSTAL SERVICE

VIA AIR

29 SEP 14

PM 51



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

RCRA-10-2014-0053

CAFO

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