

**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.

Article Addressed to:

Greg Olsen  
Owner and General Contractor  
139 Vista Place, Suite #202  
Twin Falls, ID 83303

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

1-Ann Tartar

C. Date of Delivery

1/9/09

2. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

RECEIVED  
09 JAN 10 PM 10:30  
HEARINGS CLERK  
EPA - REGION 10

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

7008 0150 0000 8076 2398

CWA-10-09-0021