

**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:

\_\_\_\_\_

Mr. Reed W. Larsen, Esq.  
 Cooper & Larsen  
 151 North 3rd Ave., 2nd Floor  
 P.O. Box 4229  
 Pocatello, ID 83205

\_\_\_\_\_

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Natalie Sutter*  Agent  Addressee

B. Recipient's (Printed Name): *Natalie Sutter* C. Date of Delivery: *2/1/00*

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

**RECEIVED**  
**OFFICE OF AN ASST**  
**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

7009 0820 0001 6410 4459 *Edward A Smith*  
*CWA-10-10-0003*