

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature  
 X *[Signature]*  Agent  
 Addressee

B. Recipient's (Firm's) Name  
*MIKE DEVER*

C. Date of Delivery  
*1/14/00*

1. Article Addressed to:

Linde, Inc.  
 Michael Dever  
 Operations Manager  
 4655 Northwest 235th Avenue  
 Hillsboro, OR ~~97214~~  
*97124*

D. Delivery address differs from Item 1?  Yes  
 No, enter delivery address below:

**10 JAN 19 PM 5:35**  
**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 4510 *CAA.10.10.0039*