

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:

David M. Anderson, Esq.
 Mahoney Anderson, LLC
 P.O. Box 44504
 Eden Prairie, MN 55344

2. Article (Transit)

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

NOV 29 11 29 AM '07
 HEARINGS CLERK
 EPA -- REGION 10
 SPS-55344

3. Service Type

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

CG

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3849-08-P-4081

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:

John Nordwall, Esq.
 Avista Recycling, Inc.
 7900 Excelsior Blvd.
 Ste. 700
 Hopkins, MN 55343

2. Article (Transit)

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

11

NOV 29 11 29 AM '07
 HEARINGS CLERK
 EPA -- REGION 10

3. Service Type

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

CG

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3849-03-P-4081