

SD WA-06-2017-1112

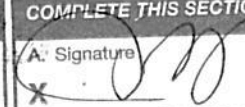
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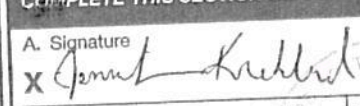
Novy Oil and Gas

2018 JAN -9 AM 8:56

REGIONAL DEPARTMENT
EPA REGION VI

Attorney: Ellen Chang-Vaughan

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <input checked="" type="checkbox"/> Yes J Best DEC 2 - 2017 <input type="checkbox"/> No C. Date of Delivery D. Is delivery address different from item 1? <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: The Corporation Company Registered Agent Novy Oil and Gas, Inc. 1833 Morgan Road Oklahoma, OK 73128	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number 7007 3020 0000 1522 8663 (Transfer from service label)		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <input checked="" type="checkbox"/> Yes Jennifer Krebbie DEC 27 2017 <input type="checkbox"/> No C. Date of Delivery D. Is delivery address different from item 1? <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Michael Novy Novy Oil and Gas, Inc. P.O. Box 559 Goddard, Kansas 67052	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number 7007 3020 0000 1522 8656 (Transfer from service label)		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		