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REGIONAL HEARING CLERK EPA REGION VI

attorney: Efren Ordonez

CWA-04-2011-1794 / C 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 mallpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Market Vane) C. Date of Delivery D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1?
Mr. Jimmy R. French General Manager	USPS
Water Works District #3 of Rapides Pari	sh
P.O. Box 580 Tioga, LA 71477	i, Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7 D1.	r orro ooor 3240 5605
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540