

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 <i>Tommy Roybal</i>
1. Article Addressed to: <p style="text-align: center;">Blain Vinson Chief Operating Officer AI-Kel Alliance, Inc. 2012 N. Goode Road Wilmer, TX 75172</p>	B. Received by (Printed Name) C. Date of Delivery <i>Tommy Roybal 3/2/12</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
7001 0360 0003 6674 4768	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.
7001 0360 0003 6674 4768	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7001 0360 0003 6674 4768	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.
<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. 	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: <p style="text-align: center;">Walter D. James III The Renaissance 1117 Glade Road, Suite 140 Colleyville, TX 76034</p>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Walter D. James III</i>
2. Article Number (Transfer from service label)	B. Received by (Printed Name) C. Date of Delivery <i>Walter D. James III 3/2/12</i>
7001 0360 0003 6674 4775	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
7001 0360 0003 6674 4775	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.
7001 0360 0003 6674 4775	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Tom Rucki

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