

2010 AUG 23 AM 9:55

FILED
EPA REGION VIII
HEARING CLERK

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.	<p>A. Signature X <i>Jon L...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	B. Received by (Printed Name) <i>Jose L...</i>	C. Date of Delivery <i>7/28/10</i>
1. Article Addressed to: <i>CWA-08-202-3020</i> Ellis L. Pierce, President Pierce Oil Company 332 W. Railroad Avenue Pierce, UT 84501	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input 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 (Transfer from service label)	7009 3410 0000 2592 4422	