

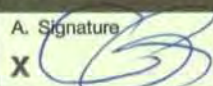

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2012 MAR 19 AM 11:08

REGIONAL HEARING CLERK
EPA REGION VI

Attorney : Tucker Henson
CWA-06-2012-1765

CWA-06-2012-1765/Complaint/NM P04S004

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>	
	B. Received by (Printed Name)	C. Date of Delivery
		3-13-12
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<p>Mr. Stephen C. Ross County Attorney Santa Fe County P.O. Box 276 Santa Fe, NM 87504-0276</p>	<p>MAR 13 2012</p>	
	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 (Transfer from service label)	7005 1820 0003 7453 9028	