

CWA-06-2013-1731

Attorney: Russel Murdock

FILED
2013 MAR -4 AM 9:20
REGIONAL HEARING CLERK
EPA REGION VI

CWA-06-2013-1731 / Complaint / OK4000772

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 <i>Standa Bailey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Standa Bailey</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>P.O. Box 67</i></p>
<p>1. Article Addressed to:</p> <p>Mr. John Lewis, Owner John L. Lewis Well Service, LLC NS 3640 County Road Sasakwa, OK 74867</p>	<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.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7007 3020 0002 5102 0847</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540