SENDER: COMPLETE THIS SECTION ■ 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. 1. Article Addressed to:

Wilmen Lee Briggs, President Industrial Oil 1291 Lavern Avenue Klamath Falls, OR 9603

COMPLETE THIS SECTION ON DELIVERY C. Date of Delivery Provery sidness sifterent of YES, enter delivery address HEARINGS CLERK EPA -- REGION 10 3. Service Type -El Certified Mail ☐ Express Mail ☐ Registered Fleturn Receipt for Merchandise ☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7009 0820 0001 6410 4312

CWA-10-10-0020

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540