A Harry

07 OCT -2 PM 3: 10

REGIONAL HEARING CLERK EPA REGION VI

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by (Printer Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES enter delivery address below:
Mr. John William Hannah d/b/a CRM Energy Partners 16540 Ranchland Road Skiatook, OK 74140	
	3. Sérvice Type Certified Mail
Skiatook, OK 74140	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Skiatook, OK 74140	