

Mr. Earl Yates
SDWA-06-2014-1109

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REGIONAL HEARING CLERK
EPA REGION VI

Attorney: Russell Musdock



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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 checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>EARL YATES</i> C. Date of Delivery <i>12/23/13</i></p>
1. Article Addressed to: <div data-bbox="406 1050 706 1186" style="border: 1px solid black; padding: 5px; text-align: center;">Mr. Earl Yates P.O. Box 691 Pawhuska, OK 74056</div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7012 3050 0001 6500 4295

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