

UNITED STATES
 ENVIRONMENTAL PROTECTION AGENCY
 REGION 6
 DALLAS, TEXAS

IN THE MATTER OF:)	DOCKET No. TSCA-06-2006-6074
)	
Mountainair School District)	COMPLAINT
)	AND
Mountainair, New Mexico)	NOTICE OF
RESPONDENT)	OPPORTUNITY FOR HEARING

PROOF OF SERVICE

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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">A. Signature</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Agent</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><i>X Juanita Carrillo</i></td> <td style="padding: 2px;"><input type="checkbox"/> Addressee</td> </tr> <tr> <td style="padding: 2px;">B. Received by (Printed Name)</td> <td colspan="2" style="padding: 2px;">C. Date of Delivery</td> </tr> <tr> <td style="padding: 2px;"><i>Juanita Carrillo</i></td> <td colspan="2" style="padding: 2px;"><i>1/12/07</i></td> </tr> <tr> <td colspan="3" style="padding: 2px;">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="3" style="padding: 2px;">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>		A. Signature		<input checked="" type="checkbox"/> Agent	<i>X Juanita Carrillo</i>		<input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery		<i>Juanita Carrillo</i>	<i>1/12/07</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes			If YES, enter delivery address below: <input type="checkbox"/> No		
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1. Article Addressed to: <i>Mr. D. Jay Mortensen</i> <i>Superintendent</i> <i>Mountainair School District</i> <i>512 North Ross</i> <i>Mountainair, NM 87036</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.																			
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <div style="text-align: center; font-family: monospace; font-size: 1.2em;">7004 1160 0003 0358 4224</div>																			