

AzTex Dairy, Inc.
 CWA-06-2013-1755
 Attorney: Ellen Chang-Vaughn

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 REGIONAL HEARING CLERK
 EPA REGION VI

CWA-06-2013-1755 / Complaint TX4010977

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Fred Lueck</i></p>	
	B. Received by (Printed Name)	C. Date of Delivery
	<i>Fred Lueck</i>	<i>3-5-13</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Mr. Fred Lueck AzTex Dairy, Inc. P.O. Box 159 Dublin, TX 76446 </div>	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.	
2. Article Number <small>(Transfer from service label)</small>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7010 2780 0002 4353 6303 </div>	