

FILED

21 MAR 24 AM 8:51

REGIONAL HEARING CLERK
EPA REGION VI

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.	A. Signature X <i>CS EMA RB</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Ryan Summers Diamond 3S, LLC 20102 West Coyote Trail Sand Springs, OK 74063</i>	B. Received by (Printed Name) <i>No Signature - Summers</i>	C. Date of Delivery <i>3/20/21</i>
2. Article Number (Transfer from service label) <i>7099 3220 0001 4437 1185</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, August 2001	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509