

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Travis P. Smith  
315 Gearhart Lane  
DuBois, PA 15801

2. Article Number

(Transfer from service label)

7008 3230 0000 9452 0904

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

T. Smith JUN 25 6 19-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Darryl Beatty  
3447 Shamokin Trail  
Luthersburg, PA 15848

2. Article Number

(Transfer from service label)

7008 3230 0000 9452 7163

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Louise Beatty JUN 21

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Terry Lawson  
Carole Lawson  
1042 Highland Street Ext.  
DuBois, PA 15801

2. Article Number

(Transfer from service label)

7008 3230 0000 9452 7156

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Terry Lawson JUN 25

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

*Windfall Oil*  
SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Leslie Swope  
310 Olive Avenue  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

7008 3230 0000 9450 3570

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*UCC 14-73 et al*  
COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Leslie Swope*  Agent  Addressee

B. Received by (Printed Name) *Leslie Swope* C. Date of Delivery *6-19-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

RECEIVED  
U.S.E.P.A.  
JUN 25 PM 12:20  
APPEALS BOARD

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

*Windfall Oil*  
SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Rev. James Green  
Sherry Green  
Robert Green  
815 Reynoldsville Sykesville Road  
Reynoldsville, PA 15851

2. Article Number  
(Transfer from service label)

7008 3230 0000 9450 3624

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*UCC 14-73 et al*  
COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Rev James Green*  Agent  Addressee

B. Received by (Printed Name) *Rev James Green* C. Date of Delivery *6-18-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

RECEIVED  
U.S.E.P.A.  
JUN 25 PM 12:20  
APPEALS BOARD

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

*Windfall Oil*  
SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

John M. Glabicki  
551 North Street  
Rockton, PA 15856

2. Article Number  
(Transfer from service label)

7008 3230 0000 9450 3334

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*UCC 14-73 et al*  
COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *John M. Glabicki*  Agent  Addressee

B. Received by (Printed Name) *John M. Glabicki* C. Date of Delivery *6/18/15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

RECEIVED  
U.S.E.P.A.  
JUN 25 PM 12:20  
APPEALS BOARD

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Winkell Oil  
11/22 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

John Parsons  
111 W. Long Ave. Apt. 2K  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *John Parsons*  Agent  Addressee

B. Received by (Printed Name)  
*John Parsons*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0737

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Winkell Oil  
11/22 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Harriet J. Moyer  
366 Toby Road  
Kersey, PA 15846

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *B. J. Moyer*  Agent  Addressee

B. Received by (Printed Name)  
*BILETT MOYER*

C. Date of Delivery  
*6.17.15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0799

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Winkell Oil  
11/22 14-79 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

James Sykes  
1233 Treasure Lake  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *James Sykes*  Agent  Addressee

B. Received by (Printed Name)  
*James Sykes*

C. Date of Delivery  
*6-19-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9450 3389

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Margaret Cyphert  
141 Sher De Lin Road  
DuBois, PA 15801

*UTC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*X Margaret Cyphert*

B. Received by (Printed Name)  
*Margaret Cyphert*

C. Date of Delivery  
*6/17/15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7003 1680 0000 5220 1908

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Brady LaBorde  
Patricia LaBorde  
45 Piney Lane  
DuBois, PA 15801-8943

*UTC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*X Patricia LaBorde*

B. Received by (Printed Name)  
*Patricia LaBorde*

C. Date of Delivery  
*6.17.15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9450 3204

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Joyce Braun  
4196 Horntown Road  
Reynoldsville, PA 15851

*UTC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*X Joyce Braun*

B. Received by (Printed Name)  
*Joyce Braun*

C. Date of Delivery  
*6/17/15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9450 3372

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

*Windfall Oil*  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Norma Gregorio  
1925 E. Main Street  
Brockway, PA 15824

2. Article Number  
(Transfer from service label)

*UFC 14-73 et al*  
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Norma Gregorio*  Agent  Addressee

B. Received by (Printed Name) *NORMA GREGORIO* C. Date of Delivery *6/17/15*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0935  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

*Windfall Oil*  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Rhonda Charles  
Dennis J. Charles  
830 Thunderbird Road  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*UFC 14-73 et al*  
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Rhonda Charles*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery *6/17/15*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0898  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

*Windfall Oil*  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Nina Rivera  
Senior Assistant Regional Counsel  
Office of Regional Counsel (3RC20)  
US EPA Region 3  
1650 Arch St.  
Philadelphia, PA 19103

2. Article Number  
(Transfer from service label)

*UFC 14-73 et al*  
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery *6/19/15*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9450 3617  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

*Windfall oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

R.G. Ziegler  
1314 McCullough Avenue  
Brockway, PA 15824

*UIC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) *R.G. Ziegler* C. Date of Delivery *6/17/15*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9450 3426**

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

*Windfall oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Clearfield County  
Comissioners  
212 E. Locust Street  
Clearfield, PA 16830

*UIC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) *THOMAS R. BOYD* C. Date of Delivery *6-17-15*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9452 1048**

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

*Windfall oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Stephen W. Way  
1790 Kiwanis Trail  
DuBois, PA 15801

*UIC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) *Stephen W. Way* C. Date of Delivery *6/17/15*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9450 3242**

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Loretta Slattery  
1079 Highland Street  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*UFC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Loretta Slattery*  Agent  Addressee

B. Received by (Printed Name)  
*L. Slattery*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED U.S.E.P.A. JUN 25 2015 9:00 AM ENVIR. APPEALS BOARD

7008 3230 0000 9452 7170

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Harry Peoples  
Brenda Peoples  
382 Highland Street Ext.  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*UFC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED U.S.E.P.A. JUN 25 2015 9:00 AM ENVIR. APPEALS BOARD

7008 3230 0000 9452 0706

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Rodney Pifer, Jr.  
Rock Dump Road  
Reynoldsville, PA 15851

2. Article Number  
(Transfer from service label)

*UFC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Rodney Pifer*  Agent  Addressee

B. Received by (Printed Name)  
*Rodney Pifer*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED U.S.E.P.A. JUN 25 2015 9:00 AM ENVIR. APPEALS BOARD

7008 3230 0000 9452 0973

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



Windfall Oil

UIC 14-73 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 Addressee  
 Agent

B. Received by (Printed Name)  
 C. Date of Delivery  
 6-17-15

1. Article Addressed to:

Patty Thomas  
 559 Greenwood Cemetery Road  
 DuBois, PA 15801

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  P.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9450 3396

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

Windfall Oil

UIC 14-73 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 Addressee  
 Agent

B. Received by (Printed Name)  
 C. Date of Delivery  
 6/17/15

1. Article Addressed to:

William Voris  
 915 E. Mahoning Street  
 Punxsutawney, PA 15767

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  P.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9450 3457

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

Windfall Oil

UIC 14-73 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 Addressee  
 Agent

B. Received by (Printed Name)  
 C. Date of Delivery  
 6-17-15

1. Article Addressed to:

Robert Wells  
 Pauline Wells  
 1640 Highland Street Ext.  
 DuBois, PA 15801

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  P.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9450 1705

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



Widell Bill

Use 14-73 if d

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  Agent  
 Addressee  
*Sharlene King*

B. Received by (Printed Name)  Agent  
 C. Date of Delivery  Addressee  
 J. King 6-17-15

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

Sharlene King  
 2158 Longwell Road  
 Brockway, PA 15824

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9452 0782

JUN 25 2 08 PM '15  
 RECEIVED  
 U.S. E. PA  
 ENV. APPEALS BOARD

Widell Bill

Use 14-73 if d

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  Agent  
 Addressee  
*Jerry Sisco*

B. Received by (Printed Name)  Agent  
 C. Date of Delivery  Addressee  
 J. Sisco 6-17-15

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

Lesha Martinez  
 1728 Highland Street Ext.  
 DuBois, PA 15801

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9452 1079

JUN 25 2 05 PM '15  
 RECEIVED  
 U.S. E. PA  
 ENV. APPEALS BOARD

Widell Bill

Use 14-73 if d

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  Agent  
 Addressee  
*Dennis Marsh*

B. Received by (Printed Name)  Agent  
 C. Date of Delivery  Addressee  
 D. Marsh 6-17-15

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

Dennis R. Marsh  
 Terry L. Marsh  
 1379 Highland Street Ext.  
 DuBois, PA 15801

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9452 0812

JUN 25 2 05 PM '15  
 RECEIVED  
 U.S. E. PA  
 ENV. APPEALS BOARD

Winkler Oil  
110C14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Ethel Marshall  
Robert Marshall  
1154 Highland Street Ext.  
DuBois, PA 15801

2. Article Number

(Transfer from service label)

7008 3230 0000 9450 3631

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Ethel Marshall*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
6-17-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Winkler Oil  
110C14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Bernard Pifer  
2489 Pike Road  
Punxsutawney, PA 15767

2. Article Number

(Transfer from service label)

7008 3230 0000 9452 0959

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Carl Pifer*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
6-17-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Winkler Oil  
110C14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Judy Chewning  
1707 Highland Street Ext.  
DuBois, PA 15801

2. Article Number

(Transfer from service label)

7008 3230 0000 9452 7194

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Judy Chewning*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
6-17-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

*Windfall Oil* 11724 11-73 et al

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Shirley Wells</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>S. Wells</i></p> <p>C. Date of Delivery  <i>JUN 25 17-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:		<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Shirley Wells          1625 Highland Street Ext.          DuBois, PA 15801</p>			
2. Article Number (Transfer from service label)		7008 3230 0000 9452 0683	

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

*Windfall Oil* 11724 14-73 et al

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>John C Phillips</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>John E Phillips</i></p> <p>C. Date of Delivery  <i>JUN 25 17-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:		<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>John E. Phillips          510 Wood Street          DuBois, PA 15801</p>			
2. Article Number (Transfer from service label)		7008 3230 0000 9450 3310	

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

*Windfall Oil* 14-73 et al

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Tom Paul</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Tom Paul</i></p> <p>C. Date of Delivery  <i>JUN 25 17-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:		<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>City of DuBois          16 W. Scribner Avenue          DuBois, PA 15801</p>			
2. Article Number (Transfer from service label)		7008 3230 0000 9450 3266	

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

*Windfall Oil* *UFC 14-73 et al*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Sean Zimmerman  
Emily Zimmerman  
1317 Highland Street Ext.  
DuBois, PA 15801

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *S. Zimmerman* C. Date of Delivery *6-17-15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0768

*Windfall Oil* *UFC 14-73 et al*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Craig Carpin  
315 N. 6th Street  
Reynoldsville, PA 15851

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *Samantha Carpin* C. Date of Delivery *6-17-15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0874

*Windfall Oil* *UFC 14-73 et al*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Lorraine Shadduck  
278 Reynoldsville Sykesville Road  
Reynoldsville, PA 15851

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *Lorraine Shadduck* C. Date of Delivery *6-17-15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0751

Windfall Oil

WIC # 23 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
 6/18/15

1. Article Addressed to:

John Genevro  
 Bonnie Genevro  
 2195 Clay Plant Road  
 Brockway, PA 15825

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9450 3495

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

Windfall Oil

WIC # 23 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
 6/17/15

1. Article Addressed to:

Darlene Marshall  
 Duane Marshall  
 1070 Highland Street Ext.  
 DuBois, PA 15801

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9450 3211

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

Windfall Oil

WIC # 23 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
 6-17-15

1. Article Addressed to:

Marianne Atkinson  
 Richard Atkinson  
 221 Deer Lane  
 DuBois, PA 15801

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9452 1062

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

Wendell Oil

UVC 14-73 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 Addressee  
*Terrence L Nasoni*

B. Received by (Printed Name)  
 C. Date of Delivery  
 6/17/05

1. Article Addressed to:

Terrence Nasoni  
 Susan Nasoni  
 567 Hungry Hollow Road  
 DuBois, PA 15801

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

2015 JUN 25 PM 12:08  
 U.S. E.P.A.  
 RECEIVED

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7003 1680 0000 5220 1922

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

Wendell Oil

UVC 14-73 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 Addressee  
*Wilson Fisher, Jr.*

B. Received by (Printed Name)  
 C. Date of Delivery  
 6-17-05

1. Article Addressed to:

Wilson Fisher, Jr.  
 36 N. 2nd Street  
 Clearfield, PA 16830

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

2015 JUN 25 PM 12:08  
 U.S. E.P.A.  
 RECEIVED

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9452 1031

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

Wendell Oil

UVC 14-73 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 Addressee  
*Rosemary Frizzell*

B. Received by (Printed Name)  
 C. Date of Delivery  
 6-17-05

1. Article Addressed to:

Rosemary Frizzell  
 1359 Highland Street Ext.  
 DuBois, PA 15801

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

2015 JUN 25 PM 12:08  
 U.S. E.P.A.  
 RECEIVED

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9452 7200

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

*Windfall oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Ted Crytser  
Rona Crytser  
1500 Highland Street Ext.  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*UCC 14-73 of d*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Rona Crytser*  Agent  Addressee

B. Received by (Printed Name)  
*R. Crytser*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0928

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

*Windfall oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Brady Township Supervisors  
P.O. Box 125  
Luthersburg, PA 15848

2. Article Number  
(Transfer from service label)

*UCC 14-73 of d*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Sheryl D. Ober*  Agent  Addressee

B. Received by (Printed Name)  
*Sheryl D. Ober*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0966

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

*Windfall oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Randell T. Powers  
1235 Highland Street Ext.  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*UCC 14-73 of d*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Randell T. Powers*  Agent  Addressee

B. Received by (Printed Name)  
*Randell T. Powers*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 1017

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



*Windfall Mail*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Kenneth R. Flanders  
128 #2 Shaft Road  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*UPC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Kenneth R. Flanders*  Agent  Addressee

B. Received by (Printed Name)  
*K.R. Flanders*

C. Date of Delivery  
*6-15-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0720

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

*Windfall Mail*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Daniel J. Crytser  
Cindy J. Crytser  
1382 Highland Street Ext.  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*UPC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Cindy Crytser*  Agent  Addressee

B. Received by (Printed Name)  
*C. Crytser*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0911

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

*Windfall Mail*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Sandy Township Supervisors  
P.O. Box 267  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*UPC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*B. Miller*  Agent  Addressee

B. Received by (Printed Name)  
*B. Miller*

C. Date of Delivery  
*6-15-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 0997

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Donna J. Gardner  
111 W. Long Ave. Apt. 6P  
DuBois, PA 15801

*WEC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Donna Gardner*

B. Received by (Printed Name)  
*Donna Gardner*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9452 0713

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Kathy Champion  
12735 Route 66, Apt. 1  
Clarion, PA 16214

*WEC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Kathy Champion*

B. Received by (Printed Name)  
*Kathy Champion*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9450 3563

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Albert Marsh  
Barbara A. Marsh  
1583 Highland Street Ext.  
DuBois, PA 15801

*WEC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Albert Marsh*

B. Received by (Printed Name)  
*A. Marsh*

C. Date of Delivery  
*6-17-15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9452 0690

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

Windsor Hill PA UCC 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Ronald Greathouse  
Joyce Greathouse  
1197 Highland Street Ext.  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

7008 3230 0000 9450 3532

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
*Ronald Greathouse*
- B. Received by (Printed Name) *R. Greathouse*
- C. Date of Delivery *6-17-15*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Windsor Hill PA UCC 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Ruth A. Reitz  
1079 Skarbek Road  
Punxsutawney, PA 15767

2. Article Number  
(Transfer from service label)

7008 3230 0000 9452 0942

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
*Ruth A. Reitz*
- B. Received by (Printed Name) *Ruth A. Reitz*
- C. Date of Delivery *6-17-15*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Windsor Hill PA UCC 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Valerie J. Powers  
1235 Highland Street Ext.  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

7008 3230 0000 9452 0980

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
*Valerie Powers*
- B. Received by (Printed Name) *Valerie Powers*
- C. Date of Delivery *6-17-15*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

*Windfall 01* *WIC 14-73121*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Debra Heberling</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery          6/17/15</p> <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>1. Article Addressed to:</p> <p>Doug Heberling          Debbie Heberling          771 Behringer Hwy.          DuBois, PA 15801</p>		<p>RECEIVED          U.S.E.P.A.          JUN 25 PM 12:17          ENVIR APPEALS BOARD</p>	
<p>2. Article Number          (Transfer from service label) 7008 3230 0000 9450 3303</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

*Windfall 01* *WIC 14-73121*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Jeanne Baird</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery          6-17-15</p> <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>1. Article Addressed to:</p> <p>Randall R. Baird          1273 Highland Street Ext.          DuBois, PA 15801-4543</p>		<p>RECEIVED          U.S.E.P.A.          JUN 25 PM 12:17          ENVIR APPEALS BOARD</p>	
<p>2. Article Number          (Transfer from service label) 7008 3230 0000 9450 3259</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

*Windfall 01* *WIC 14-73121*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Wanda Armagost</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery          6-17-15</p> <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>1. Article Addressed to:</p> <p>Kari Armagost          424 S. Church Street          DuBois, PA 15801</p>		<p>RECEIVED          U.S.E.P.A.          JUN 25 PM 12:17          ENVIR APPEALS BOARD</p>	
<p>2. Article Number          (Transfer from service label) 7008 3230 0000 9452 0843</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

*Whitell via*

*UNC 14-73 et al*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Donald W. Krach  
 Delores Krach  
 1806 Carson Hill Road  
 DuBois, PA 15801

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Delores Krach*  Agent  Addressee

B. Received by (Printed Name) *D. KRACH* C. Date of Delivery *6-17-15*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9452 0805**

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

*Whitell via*

*UNC 14-73 et al*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Courtney Thompson  
 426 Pine Street  
 Curwensville, PA 16833

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Courtney Thompson*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9450 3327**

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

*Whitell via*

*UNC 14-73 et al*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Francis E. Hand  
 894 Highland Street Ext.  
 DuBois, PA 15801

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Francis E. Hand*  Agent  Addressee

B. Received by (Printed Name) *F. HAND* C. Date of Delivery *6-17-15*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9452 7187**

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

*Wendell Oil* *UTC 14-73 et al*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Donna Work 309 E. Maloney Road DuBois, PA 15801</p>	<p>A. Signature X <i>Paul Work</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6/17/15</u></p> <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>2. Article Number (Transfer from service label)</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>
<p>7008 3230 0000 9450 3440</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

*Wendell Oil* *UTC 14-73 et al*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Del Spafford Joan Spafford 450 Spafford Road DuBois, PA 15801</p>	<p>A. Signature X <i>DEL J SPAFFORD</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6/17/15</u></p> <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>2. Article Number (Transfer from service label)</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>
<p>7008 3230 0000 9450 1712</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

*Wendell Oil* *UTC 14-73 et al*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Tim Bodt Grace Bergin 216 E. Scribner Avenue DuBois, PA 15801</p>	<p>A. Signature X <i>Tim Bodt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-17-15</u></p> <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>2. Article Number (Transfer from service label)</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>
<p>7008 3230 0000 9452 0836</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Tabitha Smith  
8945 Route 28  
Mayport, PA 16240

2. Article Number  
(Transfer from service label)

7008 3230 0000 9450 3297

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tabitha Smith

Agent

Addressee

B. Received by (Printed Name)

Tabitha Smith

C. Date of Delivery

6-17-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

RECEIVED  
U.S. E.P.A.  
JUN 17 7 12 PM '15  
ENVIR. APPEALS BOARD

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Nancy Moore  
300 Green Ridge Drive  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

7008 3230 0000 9450 3228

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Thomas Moore

Agent

Addressee

B. Received by (Printed Name)

T Moore

C. Date of Delivery

6-18-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

RECEIVED  
U.S. E.P.A.  
JUN 18 12:12 PM '15  
ENVIR. APPEALS BOARD

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

James W. Mack  
74 Sunset Drive  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

7008 3230 0000 9450 1736

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X James Mack

Agent

Addressee

B. Received by (Printed Name)

J Mack

C. Date of Delivery

6-25-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

RECEIVED  
U.S. E.P.A.  
JUN 25 11:17 AM '15  
ENVIR. APPEALS BOARD



*Woodhall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Ralph E. Hamby  
270 Highland Street Ext.  
DuBois, PA 15801

*UUC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Ralph E. Hamby*  Agent  Addressee

B. Received by (Printed Name)  
*Ralph E. Hamby*

C. Date of Delivery  
*6-30-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:

RECEIVED  
U.S.E.P.A.  
2015 JUL -7 PM 12:22  
ENVIRONMENTAL APPEALS BOARD

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9450 3600**

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

*Woodhall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

John Hook  
549 Highland Street Ext.  
DuBois, PA 15801

*UUC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *John Hook*  Agent  Addressee

B. Received by (Printed Name)  
*John Hook*

C. Date of Delivery  
*6-30-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

RECEIVED  
U.S.E.P.A.  
2015 JUL -7 PM 12:39  
ENVIRONMENTAL APPEALS BOARD

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9452 0676**

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

*Woodhall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Beth Gilga  
735 Shamokin Trail  
DuBois, PA 15801

*UUC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Beth Gilga*  Agent  Addressee

B. Received by (Printed Name)  
*Beth Gilga*

C. Date of Delivery  
*6-22-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

RECEIVED  
U.S.E.P.A.  
2015 JUL -7 PM 12:39  
ENVIRONMENTAL APPEALS BOARD

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9450 3686**

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Windfall Oil & Gas, Inc.  
377 Aviation Way  
Reynoldsville, PA 15851

2. Article Number  
(Transfer from service label)

*11CC 14-73 of d*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
Karen Hoover

C. Date of Delivery  
6-25-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
351 AVIATION WAY  
305 CHERRY RD  
REYNOLDSVILLE, PA 15851

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9452 1055

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Nicole Ludwig  
1394 Treasure Lake  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*11CC 14-73 of d*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
Nicole Ludwig

C. Date of Delivery  
6-25-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9450 3358

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Kerri Bojalad  
61 Pacific Avenue  
DuBois, PA 15801

2. Article Number  
(Transfer from service label)

*11CC 14-73 of d*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
Kerri Bojalad

C. Date of Delivery  
6-22-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7008 3230 0000 9450 3525

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

Windfall Bill

UDC 14-73 et al

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 Agent  
 Addressee  
*Edye Stewart*

B. Received by (Printed Name)  
 E. STEWART

C. Date of Delivery  
 6-15-15

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

Rob Stewart  
 Edye Stewart  
 115 Robin Lane  
 DuBois, PA 15801

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 Agent  
 Addressee  
*Dore Schwabenbauer*

B. Received by (Printed Name)  
 Dore Schwabenbauer

C. Date of Delivery  
 6/25/15

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

Michelene Schwabenbauer  
 835 Pleasant Street  
 Reynoldsville, PA 15851

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7008 3230 0000 9450 3419

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 Agent  
 Addressee  
*Dawn Erickson*

B. Received by (Printed Name)  
 Dawn Erickson

C. Date of Delivery  
 6-20-15

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

Peter L. Erickson  
 Dawn Erickson  
 59 Robin Lane  
 DuBois, PA 15801

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7008 3230 0000 9450 3556

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Barb Emmer  
526 First Street  
DuBois, PA 15801

2. Article Number  
(Transfer from service label) 7008 3230 0000 9550 3648

*UFC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Bahamatu* C. Date of Delivery *6-15-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED U.S. EPA ENVIR. APPEALS BOARD 2015 JUN 30 11:15 AM PA

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Kenneth Doverspike  
70 Barr Road  
DuBois, PA 15801

2. Article Number  
(Transfer from service label) 7008 3230 0000 9452 0881

*UFC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Debbie Doverspike* C. Date of Delivery *6-18-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED U.S. EPA ENVIR. APPEALS BOARD 2015 JUN 30 11:15 AM PA

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

*Windfall Oil*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Kim Norris  
186 Baker Road  
DuBois, PA 15801

2. Article Number  
(Transfer from service label) 7008 3230 0000 9452 1000

*UFC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) *K. NORRIS* C. Date of Delivery *6-15-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED U.S. EPA ENVIR. APPEALS BOARD 2015 JUN 30 11:15 AM PA

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

Wendell Oil UIC 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Vivian Marshall  
St. Michaels Terrace  
111 W. Long Ave. Apt. 5E  
DuBois, PA 15801

2. Article Number

(Transfer from service label)

7008 3230 0000 508662

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)

Vivian L. Marshall 6-18-15

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  O.D.  
 Insured Mail  O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Wendell Oil UIC 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Gale Wells  
159 Potter Lane  
DuBois, PA 15801

2. Article Number

(Transfer from service label)

7008 3230 0000 503518

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)

KEITH WELLS 6-18-15

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  O.D.  
 Insured Mail  O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Wendell Oil UIC 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Tia Carpenter  
240 Maple Avenue  
DuBois, PA 15801

2. Article Number

(Transfer from service label)

7008 3230 0000 4520850

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)

TIA CARPENTER

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  O.D.  
 Insured Mail  O.D.

4. Restricted Delivery? (Extra Fee)  Yes

*Wendell Oil* *117C 14-73 et al*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Diane Bernardo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>Diane Bernardo</i> <span style="float: right;"><i>6-17-15</i></span></p> <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>1. Article Addressed to:</p> <p style="text-align: center;">Diane Bernardo 8 Tower Lane DuBois, PA 15801</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>
<p>2. Article Number          (Transfer from service label) <span style="float: right;">7008 3230 0000 9450 3273</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

*Wendell Oil* *117C 14-73 et al*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Sue Nelen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <span style="float: right;"><i>6/17/15</i></span></p> <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>1. Article Addressed to:</p> <p style="text-align: center;">Tom Nelen Sue Nelen 152 #2 Shaft Road DuBois, PA 15801</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>
<p>2. Article Number          (Transfer from service label) <span style="float: right;">7008 3230 0000 9452 0775</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

*Wendell Oil* *117C 14-73 et al*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Cecil E. Gelnett</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>CECIL E. GELNETT</i> <span style="float: right;"><i>6-8-15</i></span></p> <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>1. Article Addressed to:</p> <p style="text-align: center;">Cecil E. Gelnett 831 Highland Street Ext. DuBois, PA 15801</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>
<p>2. Article Number          (Transfer from service label) <span style="float: right;">7008 3230 0000 9452 7149</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

WINDFALL OIL UDC 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Dawn Smith  
9826 Tyler Road  
Penfield, PA 15849

2. Article Number

(Transfer from service label)

7008 3230 0000 9450 3679

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Zachary Smith*

B. Received by (Printed Name) C. Date of Delivery  
*Zachary Smith* 6-25-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail Express Mail  
 Registered Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

WINDFALL OIL UDC 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Donna J. Boring  
17 Carson Avenue  
DuBois, PA 15801

2. Article Number

(Transfer from service label)

7008 3230 0000 9450 3501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Donna J. Boring*

B. Received by (Printed Name) C. Date of Delivery  
*Donna J. Boring* 6-25-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail Express Mail  
 Registered Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

WINDFALL OIL UDC 14-73 et al  
**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Michael Stockdale  
Lacey Stockdale  
4733 Route 310  
Reynoldsville, PA 15851

2. Article Number

(Transfer from service label)

7008 3230 0000 9452 0867

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Lacey Stockdale*

B. Received by (Printed Name) C. Date of Delivery  
*Lacey Stockdale* 6-23-15

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail Express Mail  
 Registered Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Windfall Oil

UDC 14-73 rd al

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*Jennifer Hicks*

C. Date of Delivery  
*6-26-15*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Jennifer Hicks  
 8 Prospect Avenue  
 DuBois, PA 15801

2. Article Number (Transfer from service label) 7008 3230 0000 9450 3471

Windfall Oil

UDC 14-73 rd al

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*Monica Lockhart*

C. Date of Delivery  
*6-27-15*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Monica Lockhart  
 David M. Kovall  
 1298 Highland Street Ext.  
 DuBois, PA 15801

2. Article Number (Transfer from service label) 7008 3230 0000 9452 0744

Windfall Oil

UDC 14-73 rd al

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*Braden*

C. Date of Delivery  
*6-20-15*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Helen Jenney  
 1252 Highland Street Ext.  
 DuBois, PA 15801

2. Article Number (Transfer from service label) 7008 3230 0000 9452 7132

*Wendell Hill*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Wanda Lockwood  
3745 W. Liberty Road  
DuBois, PA 15801

*UTC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Wanda Lockwood*  Agent  
 Addressee

B. Received by (Printed Name)  
*Wanda K. Lockwood*

C. Date of Delivery  
 JUN 25 2005

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9450 3433**

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

*Wendell Hill*

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Timothy H. Turner  
Susan G. Turner  
52 Sunset Drive  
DuBois, PA 15801

*UTC 14-73 et al*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Timothy H. Turner*  Agent  
 Addressee

B. Received by (Printed Name)  
*Sue Turner*

C. Date of Delivery  
 JUN 25 2005

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 3230 0000 9450 1729**

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