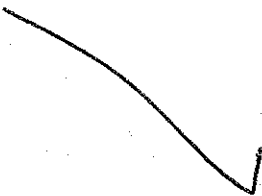


FILED

2009 JUN -2 AM 11:05

REGIONAL HEARING CLERK  
EPA REGION VI



CWA-26-2007-1974 Motion for Default

**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:

Mr. Bert Bishop  
Rocking BS Ranch Inc.  
2644 E. 127th  
Wetumka Ok 74883

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
*Bert Bishop*  Agent  Addressee
- B. Received by (Printed Name)  
Bert Bishop
- C. Date of Delivery  
2/13/09
- 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

7007 3020 0000 1522 2968

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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:

Bert Bishop  
Rocking BS Ranch  
8644 E. 127 Road  
Wetumka, OK  
74833

2. Article Number  
(Transfer from service label)

7005 1820 0003 7458 9184

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
*X Britie Bishop*
- B. Received by (Printed Name) *Buxie Bishop*
- C. Date of Delivery *7/30/09*
- 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

Rocking BS Ranch Inc.

CWA 06-2007-1974

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>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Brixie Bishop</i>	
	B. Received by (Printed Name) C. Date of Delivery <i>BRIXIE BISHOP 1/23/09</i>	
1. Article Addressed to: <i>Blt Bishop Rocking BS Ranch 8644 East 127th Wetumka, OK 74883</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input 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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7005 1820 0003 7457 4555	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

07 DEC 16 PM 1:42

REGIONAL HEARING CLERK  
EPA REGION VI

CWA - 06 - 2007 - 1974 / Amended Complaint / OK 4000216

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>x Brixie Bishop</i></p> <p>B. Received by (Printed Name) C. Date of Delivery BRIXIE BISHOP 12/16/07</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>Mr. Bert Bishop Rocking BS Ranch, Inc. 8644 East 127th Wetumka, OK 74883</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7001 0360 0003 6672 7068

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

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07 OCT -9 AM 11:20

REGIONAL HEARING CLERK  
EPA REGION VI

CWA-06-2007-1974 / Complaint / OKU006216

**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:**

Mr. Bert Bishop  
 Rocking BS Ranch, Inc.  
 8644 East 127th  
 Wetumka, OK 74883

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Brixie Bishop* Addressee

B. Received by (Printed Name)  Date of Delivery  
 BRIXIE BISHOP 10/7/07

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

8644 E 127th

**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)

7001 0360 0003 6672 7105