

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
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OFFICIAL USE

7008 3230 0003 0727 6710

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

10/20/2014

Postmark
Here

To: **Scott Piercy, Safety Coordinator**
Poole Chemical Company, Inc.
P.O. Box 10, 100 North 1st. Street
Texline, TX 79087

Sent
Street
or P.O.
City

DOCKET NO.: CAA-08-2015-0004

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Julie Vandiver</i> C. Date of Delivery <i>10-27-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><i>P</i> <i>OCT 21 2014</i></p> <p>Scott Piercy, Safety Coordinator Poole Chemical Company, Inc. P.O. Box 10, 100 North 1st. Street Texline, TX 79087</p> <p>DOCKET NO.: CAA-08-2015-0004</p>	<p>3. Service Type</p> <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>
<p>2. Article (Trace) <i>7008 3230 0003 0727 6710</i></p>	<p><i>CA/PO</i></p> <p>102595-02-M-1540</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>