

CAA-06-2010-3384

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <u>AHMED BAHREINI</u> Date of Delivery: <u>10/2/10</u></p>
<p>1. Article Addressed to:</p> <p>Ahmed Bahreini ASAA, Inc. 14501 North Western Edmond, OK 73008</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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)</p>	<p>7010 1060 0002 1872 0498</p>

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

ASAA, Inc.

Docket No. : CAA-06-2010-3384

Att'y : Angela Hodge

FILED
2010 OCT 13 AM 11:00
REGIONAL HEARING CLERK
EPA REGION VI