

CWA-06-2014-1754
Wapiti Operating, LLC

Attorney: Rusty Herbert

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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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Chris Wells</u> C. Date of Delivery <u>MAR 27 2014</u></p>
<p>1. Article Addressed to:</p> <p>CT Corporation Wapiti Operating, LLC 350 North St. Paul, Suite 2900 Dallas, TX 75201</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)</p>	<p><input type="checkbox"/> Yes</p>
<p>7005 1820 0003 7448 7558</p>	

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