

FILED
 2010 JUL 28 PM 12:12
 REGIONAL HEARING CLERK
 EPA REGION VI



SDWA-06-2010-1107 / Complaint

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. 	A. Signature <input checked="" type="checkbox"/> <i>Bobby Baker</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Mr. Bobby J. Baker Golden West Energy, LLC 1727 South Nile Court Aurora, CO 80012 </div>	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number <small>(Transfer from service label)</small>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 0150 0003 0411 6938		
Domestic Return Receipt 102595-02-M-1540		