
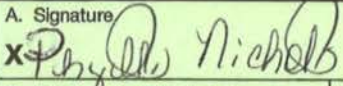


Sloan Valve Co. RCRA-06-2016-0914

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Adam Davis	C. Date of Delivery 3-8-16
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Corporation Service Company Registered Agent for Sloan Valve Co 300 Spring Building, Suite 900 300 S. Spring Street Little Rock, AR 72201 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 0150 0000 2454 9499		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

Sloan Valve Co. RCRA-06-2016-0914

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Phyllis Nichols	C. Date of Delivery 3-3-16
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Director of Operations Sloan Valve Company P.O. Box 60 August, Arkansas 72006 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 0150 0000 2454 9505		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

Attorney: Brian Tomasic

2016 MAR 15 AM 10:06
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