

**Respondent's Exhibit 2**

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

TRI DATA PROCESSING CENTER  
 PO BOX 1513  
 LANHAM MD 20703-1513

ATTN: TOXIC CHEMICAL  
 RELEASE INVENTORY

2. Article Number

(Transfer from service label)

7002 0860 0000 5667 2801

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *O. Miller*

Agent

Addressee

B. Received by (Printed Name)

*O. Miller*

C. Date of Delivery

*10-12-03*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7002 0860 0000 5667 2801

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

\$ *4.65*



Sent To

*TRI DATA PROCESSING CENTER*


Street, Apt. No.; *ATTN: TOXIC CHEMICAL RELEASE INV.*  
or PO Box No. *PO BOX 1513*

City, State, ZIP+4

*LANHAM MD 20703-1513*

PS Form 3800, April 2002

See Reverse for Instructions

 United States Environmental Protection Agency	<h1>FORM R</h1> <p>Section 313 of the Emergency Planning and Community          Right-to-Know Act of 1986, also Known as Title III of the          Superfund Amendments and Reauthorization Act</p>	TRI Facility ID Number <u>55117fx PCK51e25</u>
		Toxic Chemical, Category or Generic Name <u>METHANOL</u>

<b>WHERE TO SEND COMPLETED FORMS:</b> 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision <input type="checkbox"/>
		For EPA use only <input type="checkbox"/>

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

### PART 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2003

### SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
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### SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
<u>Gene Jensen General Manager</u>	<u>Gene Jensen</u>	<u>10-7-03</u>

### SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	<u>55117fx PCK51e25</u>
Facility or Establishment Name	Facility or Establishment Name or Mailing Address (If different from street address)	
<u>B. Bros Packaging, Fox Packaging</u>		
Street	Mailing Address	
<u>51 E. Maryland Ave</u>		
City/County/State/Zip Code	City/State/Zip Code	Country (Non-US)
<u>St. Paul Ramsey MN 55117</u>		

4.2 This report contains information for: (Important: Check a or b; check c or d if applicable) a.  An entire facility b.  Part of a facility c.  A Federal facility d.  GOCO

4.3	Technical Contact Name	<u>Gene Jensen</u>	Telephone Number (include area code)	<u>651-489-8211</u>
	Email Address	<u>g.jensen@spishwash.com</u>		

4.4	Public Contact Name	<u>Gene Jensen</u>	Telephone Number (include area code)	<u>651-489-8211</u>
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4.5	SIC Code (s) (4 digits)	Primary	a. <u>2842</u>	b. <u>NA</u>	c.	d.	e.	f.
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4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
		<u>44</u>	<u>58</u>	<u>45</u>		<u>093</u>	<u>05</u>	<u>53</u>

4.7	Dun & Bradstreet Number (s) (9 digits)	4.8	EPA Identification Number (RCRA ID No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. <u>965625510</u>		<u>RA000007245</u>		a. <u>NA</u>		a. <u>NA</u>	
b.		b.		b.		b.	

### SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input checked="" type="checkbox"/>
5.2	Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>

(IMPORTANT: Type or print; read instructions before completing form)

<h1 style="margin: 0;">FORM R</h1> <p style="margin: 0;">PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM</p>	TRI Facility ID Number 55117 FXPKJLZS Toxic Chemical, Category or Generic Name Methanol
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**SECTION 1. TOXIC CHEMICAL IDENTITY** (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 67-56-1																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Methanol																																		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA																																		
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)																																		
NA	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 10%;">1</td> <td style="border: 1px solid black; width: 10%;">2</td> <td style="border: 1px solid black; width: 10%;">3</td> <td style="border: 1px solid black; width: 10%;">4</td> <td style="border: 1px solid black; width: 10%;">5</td> <td style="border: 1px solid black; width: 10%;">6</td> <td style="border: 1px solid black; width: 10%;">7</td> <td style="border: 1px solid black; width: 10%;">8</td> <td style="border: 1px solid black; width: 10%;">9</td> <td style="border: 1px solid black; width: 10%;">10</td> <td style="border: 1px solid black; width: 10%;">11</td> <td style="border: 1px solid black; width: 10%;">12</td> <td style="border: 1px solid black; width: 10%;">13</td> <td style="border: 1px solid black; width: 10%;">14</td> <td style="border: 1px solid black; width: 10%;">15</td> <td style="border: 1px solid black; width: 10%;">16</td> <td style="border: 1px solid black; width: 10%;">17</td> </tr> <tr> <td style="border: 1px solid black;">NA</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA																																			

**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.) NA
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**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**  
(Important: Check all that apply.)

<b>3.1 Manufacture the toxic chemical:</b> a. <input type="checkbox"/> Produce    b. <input type="checkbox"/> Import If produce or import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	<b>3.2 Process the toxic chemical:</b> a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input checked="" type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	<b>3.3 Otherwise use the toxic chemical:</b> a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use
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**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1	<input style="width: 40px; text-align: center;" type="text" value="06"/> (Enter two digit code from instruction package.)
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**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>			
5.2	Stack or point air emissions	NA <input type="checkbox"/>	6200	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.  (example: 1,2,3, etc.)

# FORM R

## PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

### SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

	NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A RCRA Subtitle C surface impoundments	<input checked="" type="checkbox"/>		
5.5.3B Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

### SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

#### 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

##### 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B  POTW Name: NA

POTW Address:

City: State: County: Zip:

6.1.B  POTW Name:

POTW Address:

City: State: County: Zip:

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

#### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2  Off-Site EPA Identification Number (RCRA ID No.): NA

Off-Site Location Name:

Off-Site Address:

City: State: County: Zip: Country (Non-US):

Is location under control of reporting facility or parent company?  Yes  No

# FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site Location Name

Off-Site Address

City

State

County

Zip

Country  
(Non-US)

Is location under control of reporting facility or parent company?

Yes

No

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

### SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box  and indicate the Part II, Section 6.2/7 page number in this box:  (example: 1,2,3,etc.)

# FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
55117 FX PCK 51 EAS
Toxic Chemical, Category or Generic Name
METHANOL

### SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
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### SECTION 7C. ON-SITE RECYCLING PROCESSES

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>
6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>

### SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1				
8.1a	NA	NA	NA	NA
8.1b		61140		
8.1c	NA	NA	NA	NA
8.1d	NA	NA	NA	NA
8.2	NA	NA	NA	NA
8.3	NA	NA	NA	NA
8.4	NA	NA	NA	NA
8.5	NA	NA	NA	NA
8.6	NA	NA	NA	NA
8.7	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*			0
8.9	Production ratio or activity index: 0.57			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>