

Respondent's Exhibit 4

AFFIDAVIT OF GENE JENSEN

STATE OF MINNESOTA)
) ss.
COUNTY OF DAKOTA)

GENE JENSEN, having been duly sworn on oath, states as follows:

1. I am currently an operations manager for SuperClean Brands, Inc., formerly B. Bros. Packaging, d/b/a Fox Packaging (“SuperClean”).
2. In 2004, I was the general manager of the SuperClean manufacturing plant located at 51 East Maryland Avenue in St. Paul, Minnesota.
3. As part of my duties as general manager, I completed and filed various regulatory forms, including the United States Environmental Protection Agency Form R (“Form R”).
4. In 2004, I completed and filed the Form R for reporting year 2003, a copy of which is attached as Exhibit A.
5. I am unable to locate the mail receipt from 2004 showing proof of filing the Form R for reporting year 2003.

FURTHER YOUR AFFIANT SAITH NOT.

Gene Jensen

Gene Jensen

Subscribed and sworn to before me this
30th day of *January*, 2009.

Maritza M. Hernandez

Notary Public

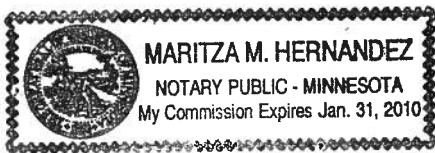


Exhibit A

Form R – Reporting Year 2003



United States Environmental Protection Agency

FORM R

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

TRI Facility ID Number: 55117FX PCK51225
Toxic Chemical, Category or Generic Name: Methanol

WHERE TO SEND COMPLETED FORMS: 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 For EPA use only

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? [] Yes [X] No
2.2 Is this copy [] Sanitized [] Unsanitized

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: Gene Jensen General Manager
Signature: Gene Jensen
Date Signed: 10-7-04

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: 55117FX PCK51225
Facility or Establishment Name: B. Bros Packaging, Fox Packaging
Street: 51 E. Maryland Ave
City/County/State/Zip Code: St. Paul Ramsey MN 55117

4.2 This report contains information for: [X] An entire facility [] Part of a facility [] A Federal facility [] GOCO

4.3 Technical Contact Name: Gene Jensen
Email Address: g.jensen@splashwash.com

4.4 Public Contact Name: Gene Jensen

4.5 SIC Code(s) (4 digits): Primary a. 2842
4.6 Latitude: Degrees 44, Minutes 58, Seconds 45; Longitude: Degrees 093, Minutes 05, Seconds 53

4.7 Dun & Bradstreet Number(s) (9 digits): a. 965625510
4.8 EPA Identification Number (RCRA ID No.) (12 characters): a. MNR00007245
4.9 Facility NPDES Permit Number(s) (9 characters): a. MNG611000
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits): a. NA

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company: NA [X]
5.2 Parent Company's Dun & Bradstreet Number: NA [X]

FORM R

PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

TRI Facility ID Number

55117 FXPKJ123

Toxic Chemical, Category or Generic Name

Methanol

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 I, 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.)

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

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
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	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	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

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 (Enter two digit code from instruction package.)

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	62020	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)

TRJ 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.): _____

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)
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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
	1 2 3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 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.)

<h1 style="margin: 0;">FORM R</h1> <h2 style="margin: 0;">PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</h2>	TRI Facility ID Number Toxic Chemical, Category or Generic Name
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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 2 3

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 2 3 4 5
 6 7 8 9 10

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	<i>Quantity Released</i>				
8.1a	Total on-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	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)*			NA	
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"/>