

FILED

2010 MAY -7 AM 9: 52

REGIONAL HEARING CLERK
EPA REGION VI



SDWA-06-2010-1349 / Complaint

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:

Ms. Sharon Ogren
Burntwood Court
3308 Southeast 89th
Oklahoma City, OK 73160

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name)

Date of Delivery
5-3-10

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

2. Article Number
(transfer from service label)

7008 0150 0003 0411 6044