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Attorney: Tom Rucki

CWA-06-2012-1831

CWA-06-2012-1831 / Complaint / AR4000075

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 <i>J. Sinclair</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div data-bbox="435 1108 846 1293" style="border: 1px solid black; padding: 5px; margin: 10px 0;">Mr. James Sinclair J.D. Sinclair Production, Inc. 1056 Crain City Rd. El Dorado, AR 71730</div>	B. Received by (<i>Printed Name</i>) <i>J. Sinclair</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
	7010 2780 0002 4357 2776

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540