

FILED  
2011 AUG -4 PM 2: 12  
REGIONAL HEARING CLERK  
EPA REGION VI

Attorney: Efrén Ardueny

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <i>Cindy Igo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mr. C. E. Son Robinowitz Oil 4200 East Skelly Drive Suite 620 Tulsa, OK 74135		B. Received by (Printed Name) <i>Cindy Igo</i>	C. Date of Delivery
2. Article Number (Transfer from service label)		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 checked="" 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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7011 0110 0001 3590 7428	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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