

FILED

07 OCT -9 AM 11:19

REGIONAL HEARING CLERK
EPA REGION VI

CWA-06-2007-18351 Status Report

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.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> <p><i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>Mr. Stephen Rowe, Owner Bobby Rowe Energy, Inc. P.O. Box 240 Beggs, OK 74421</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p>	<p>7004 1160 0003 0359 3042</p>

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