

FILED

2012 FEB 24 AM 9:28

REGIONAL HEARING CLERK  
EPA REGION VI

Russell Murdock

SDWA-06-2012-1110



SDWA-06-2012-1110 / Complaint

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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Mr. Skylar E. Miller STL Oil &amp; Gas, LI P.O. Box 528 Skiatook, OK 74070</p>	<p>B. Received by (Printed Name)</p> <p>Skylar Miller</p>	<p>C. Date of Delivery</p> <p>2-21-12</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7005 1820 0003 7453 8892</p>		
<p>Domestic Return Receipt 102595-02-M-1540</p>		