

2013 AUG -7 PM 1:22

FILED  
EPA REGION VIII  
HEARING CLERK

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  <i>X Paul E. Parmely</i></p> <p>B. Received by (Printed Name) <i>Paul E. Parmely</i> Date of Delivery <i>8/2/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>JUL 31 2013</i></p> <div data-bbox="418 735 1112 934" style="border: 1px solid black; padding: 5px;"> <p><b>The Honorable Richard Schroeder, Mayor</b>  <b>Town of Manville</b>  <b>P.O. Box 107</b>  <b>Manville, WY 82227</b></p> </div>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from serv) <i>7009 3410 0000 2598 4709</i></p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE

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First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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 EPA REGION VIII  
 HEARING CLERK  
**US EPA, Region 8**  
**Peggy Livingston, Attorney (MC 8ENF-L)**  
**1598 Wynkoop**  
**Denver, CO 80202**

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