CAA-06-2014-3304

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Jean M. Flores
Guida, Slavich & Flores, P.C.
750 N. St. Paul Street, Suite 200
Dallas, Texas 75230

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lisa Gallinger ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lisa Gallinger C. Date of Delivery 5/26/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0003 0354 3627

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

Attorney: Brian Tomasovic

FILED
2015 JUN -4 PM 2:02
REGIONAL HEARING CLERK
EPA REGION VI