

FILED

07 AUG 21 PM 3:10

REGIONAL HEARING CLERK  
EPA REGION VI

Status Report

CWA - 06-2007-1835

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>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Mr. Stephen Rowe, Owner Bobby Rowe Energy Inc. P.O. Box 240 Beggs, OK 74421</i>	B. Received by (Printed Name) <i>Steve Rowe</i>	C. Date of Delivery <i>8/21/07</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below: <i>74421</i> <b>USPS</b> AUG 01 2007	
	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	
	7004 1160 0003 0359 2991	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540