

FILED
2012 JAN 32 AM 8:30
REGIONAL HEARING CLERK
EPA REGION VI

Attorney: Ellen Chang-Vaupha

SDWA-06-2012-1203

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"/> <i>Wilma Vicknair</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Wilma Vicknair 1-20-12</i></p>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<p>Ms. Wilma Vicknair Kirby's Place Homeowners' Association 11473 Kirby Road Denham Springs, LA 70726</p>	<p>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>
<i>SDWA-06-2012-1203</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7010 2780 0002 4356 9530
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540