

FILED

2011 FEB -8 AM 10: 58

REGIONAL HEARING CLERK
EPA REGION VI



CUA-06-2011-1702 / Complaint ITXG 920363

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 <i>x Marilyn Hallan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MARILYN HALLAN</i></p> <p>C. Date of Delivery <i>1/31/11</i></p>
<p>1. Article Addressed to:</p> <p>Mr. David Elbel, Vice President Feather Crest Farms, Inc. 801 N. Earl Rudder Fwy. Bryan, TX 77802</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <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 service label)</p>	<p>7010 1060 0002 1872 0740</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	