

SDWA-06-2013-1110

Attorney: Tucker Henson

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2013 JAN 31 AM 10:05
REGIONAL HEARING CLERK
EPA REGION VI

Becca Oil, LLC



SDWA-06-2013-1110 / UTC AO

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. 	A. Signature <input checked="" type="checkbox"/> <i>Gina Greenwood</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Mr. Brett Anderson Becca Oil, LLC P.O. Box 1347 Cushing, OK 74023 </div>	B. Received by (Printed Name) <i>Gina Greenwood</i>	C. Date of Delivery <i>1-23-13</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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	
7007 3020 0002 5102 1691		

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