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SDWA-06-2015-1204 EPA REGIONAL HEARING CLERK
FORT Gackson Mobile Estates
Attorney: Efren Ordonez

SD WA -0 6-205 -1204/ Con SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 mallpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Mr. George W. Jackson d/b/a Fort Jackson Mobile Estates	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
P.O. Box 53733 Lubbock, TX 79453-3733	3. Service Type Certified Mall
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	005 1820 0003 7451 4827
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540