

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

Certified Mail # P 029 244 606

02/23/94  
STID# 3674

**Notice of Requirement to Reimburse**

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Edward T. Simas  
N/a  
2307 Pacific Ave.  
Alameda, Ca 94501

Responsible Party #4  
Contact Person  
Contact Company

Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

SITE

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum: (X)Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New RPs

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/94

LIST OF RESPONSIBLE PARTIES FOR

**SITE** StID: 3674  
Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum (X) Yes

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Marcela & Mig.florez  
n/a  
802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

M. & Jorge Del Rio  
n/a  
732 Crespi Dr.  
Pacifica, Ca 94044

Responsible Party #3  
Contact Person  
Contact Company

Edward T. Simas  
N/a  
2307 Pacific Ave.  
Alameda, Ca 94501

Responsible Party #4  
Contact Person  
Contact Company

Walter Simas  
C/o Walter Youngman, Consvtr.  
1981 N. Broadway, #300  
Walnut Creek, C A 94596

Responsible Party #5

John Mc Dougal  
Receiver For Ashland Oil Co.  
4864 American River Dr.  
Carmichael, C A 94596

P 029 244 606

EC #3674



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to		Edward T. Simas
Street and No.		2307 Pacific Ave.
P.O., State and ZIP Code		Alameda CA 94501
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees		\$
Postmark or Date		3/ 1/ 94

PS Form 3800, June 1991

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 029 244 605

02/23/94  
STID# 3674

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

**Notice of Requirement to Reimburse**

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

M. & Jorge Del Rio  
n/a  
732 Crespi Dr.  
Pacifica, Ca 94044

Responsible Party #3  
Contact Person  
Contact Company

Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

SITE

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum: (X)Yes

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Please contact Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Handwritten signature of Edgar B. Howell, III.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New RP<sub>3</sub>

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/94

LIST OF RESPONSIBLE PARTIES FOR

**SITE** StID: 3674  
Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum (X) Yes

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Marcela & Mig.florez  
n/a  
802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

M. & Jorge Del Rio  
n/a  
732 Crespi Dr.  
Pacifica, Ca 94044

Responsible Party #3  
Contact Person  
Contact Company

Edward T. Simas  
N/a  
2307 Pacific Ave.  
Alameda, Ca 94501

Responsible Party #4  
Contact Person  
Contact Company

Walter Simas  
C/o Walter Youngman, Consvtr.  
1981 N. Broadway, #300  
Walnut Creek, C A 94596

Responsible Party #5

John Mc Dougal  
Receiver For Ashland Oil Co.  
4864 American River Dr.  
Carmichael, C A 94596

EC #3674 P 029 244 605



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, June 1991

Sent to		M & Jorge Del Rio
Street and No.		732 Crespi Drive
P.O., State and ZIP Code		Pacifica CA 94044
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees		\$
Postmark or Date	3/1/94	

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 029 244 603

02/23/94  
STID# 3674

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

**Notice of Requirement to Reimburse**

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Marcela & Mig.florez  
n/a  
802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

SITE

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum: (X)Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: Add : X Reason: New RP's

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/94

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 3674  
Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum (X)Yes

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Marcela & Mig.florez  
n/a  
802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

M. & Jorge Del Rio  
n/a  
732 Crespi Dr.  
Pacifica, Ca 94044

Responsible Party #3  
Contact Person  
Contact Company

Edward T. Simas  
N/a  
2307 Pacific Ave.  
Alameda, Ca 94501

Responsible Party #4  
Contact Person  
Contact Company

Walter Simas  
C/o Walter Youngman, Consvtr.  
1981 N. Broadway, #300  
Walnut Creek, C A 94596

Responsible Party #5

John Mc Dougal  
Receiver For Ashland Oil Co.  
4864 American River Dr.  
Carmichael, C A 94596

EC #3674 P 029 244 603



Receipt for  
Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, June 1991

Sent to	
Hue & Ruby Crosby	
Street and No.	
3015 38th Avenue	
P.O., State and ZIP Code	
Oakland CA 94610	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
3/1/94	

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 029 244 604

02/23/94  
STID# 3674

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

**Notice of Requirement to Reimburse**

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Marcela & Mig.florez  
n/a  
802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

SITE

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum: (X) Yes

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Please contact Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: Add : X Reason: New RP;

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/94

LIST OF RESPONSIBLE PARTIES FOR

**SITE** StID: 3674  
Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum (X)Yes

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Marcela & Mig.florez  
n/a  
802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

M. & Jorge Del Rio  
n/a  
732 Crespi Dr.  
Pacifica, Ca 94044

Responsible Party #3  
Contact Person  
Contact Company

Edward T. Simas  
N/a  
2307 Pacific Ave.  
Alameda, Ca 94501

Responsible Party #4  
Contact Person  
Contact Company

Walter Simas  
C/o Walter Youngman, Consvtr.  
1981 N. Broadway, #300  
Walnut Creek, C A 94596

Responsible Party #5  
Contact Person

John Mc Dougal  
Receiver For Ashland Oil Co.  
4864 American River Dr.  
Carmichael, C A 94596

P 029 244 604

EC #3674



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to Marcela & Miguel Florez	
Street and No. 802 Sea Chase Drive	
P.O., State and ZIP Code Redwood City CA 94605	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 3/1/94	

PS Form 3800, June 1991



ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

Certified Mail # P 029 244 598

02/23/94  
STID# 3674

**Notice of Requirement to Reimburse**

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

John Mc Dougal  
Receiver For Ashland Oil Co.  
4864 American River Dr.  
Carmichael, C A 94596

Responsible Party #6  
Contact Person  
Contact Company

Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

SITE

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum: (X)Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New RPs

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/94

LIST OF RESPONSIBLE PARTIES FOR

**SITE** StID: 3674  
Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum (X)Yes

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Marcela & Mig.florez  
n/a  
802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

M. & Jorge Del Rio  
n/a  
732 Crespi Dr.  
Pacifica, Ca 94044

Responsible Party #3  
Contact Person  
Contact Company

Edward T. Simas  
N/a  
2307 Pacific Ave.  
Alameda, Ca 94501

Responsible Party #4  
Contact Person  
Contact Company

Walter Simas  
C/o Walter Youngman, Consvtr.  
1981 N. Broadway, #300  
Walnut Creek, C A 94596

Responsible Party #5

John Mc Dougal  
Receiver For Ashland Oil Co.  
4864 American River Dr.  
Carmichael, C A 94596

EC #3674

P 029 244 598



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to		John Mc Dougal
Street and No.		4864 American River Dr.
P.O., State and ZIP Code		Carmichael CA 94596
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees		\$
Postmark or Date		3/1/94

PS Form 3800, June 1991

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

Certified Mail # P 029 244 597

02/23/94  
STID# 3674

**Notice of Requirement to Reimburse**

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Walter Simas  
C/o Walter Youngman, Consvtr.  
1981 N. Broadway, #300  
Walnut Creek, C A 94596

Responsible Party #5  
Contact Person  
Contact Company

Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

SITE

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum: (X)Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New RPs

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/94

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 3674  
Dream Ride Limousine Service  
5330 Foothill Blvd  
Oakland, CA 94601

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum (X) Yes

Hue And Ruby Crosby  
n/a  
3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Marcela & Mig.florez  
n/a  
802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

M. & Jorge Del Rio  
n/a  
732 Crespi Dr.  
Pacifica, Ca 94044

Responsible Party #3  
Contact Person  
Contact Company

Edward T. Simas  
N/a  
2307 Pacific Ave.  
Alameda, Ca 94501

Responsible Party #4  
Contact Person  
Contact Company

Walter Simas  
C/o Walter Youngman, Consvtr.  
1981 N. Broadway, #300  
Walnut Creek, C A 94596

John Mc Dougal  
Receiver For Ashland Oil Co.  
4864 American River Dr.  
Carmichael, C A 94596

P. 029 244 597

EC #3674



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to Walter Simas	
Street and No. 1981 N Broadway #300	
P.O., State and ZIP Code Walnut Creek CA 94596	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	3/1/94

PS Form 3800, June 1991



Certified Mail # P 367 604 201

03/19/92  
STID# 3674

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

**Notice of Requirement to Reimburse**

Hue Crosby

3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Miguel Florez

802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

Dream Ride Limousine Service  
5330 Foothill Blvd.  
Oakland, CA 94610

SITE Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum: (X)Yes

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Please contact Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

ee

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 604 200

03/19/92  
STID# 3674

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

**Notice of Requirement to Reimburse**

Hue Crosby

3015 - 38th Ave  
Oakland, C A 94610

Responsible Party #1  
Property Owner

Miguel Florez

802 Sea Chase Dr  
Redwood City, C A 94605

Responsible Party #2  
Contact Person  
Contact Company

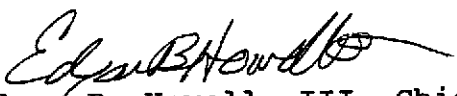
Dream Ride Limousine Service  
5330 Foothill Blvd.  
Oakland, CA 94610

SITE

Date First Reported 06/15/88  
Substance: Gasoline  
Petroleum: (X)Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of overseeing removal or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been indentified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

ll

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC #3674  
R0282

Edward T. Simas  
2307 Pacific Avenue  
Alameda CA 94501

4a. Article Number  
P 029 244 606

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
3/2

5. Signature (Addressee)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC #3674  
R0282

M. & Jorge Del Rio  
732 Crespi Drive  
Pacifica CA 94044

4a. Article Number  
P 029 244 605

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
3/2/94

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
*Patricia Del Rio*

PS Form 3811, December 1991 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC #3674  
R0282  
Hue & Ruby Crosby  
3015 38th Avenue  
Oakland CA 94610

4a. Article Number  
P 029 244 603

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
3/3/94

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

*Mike Stecker*

PS Form 3811, December 1991

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC #3674  
R0282  
John Mc Dougal  
Receiver for Ashland Oil Co.  
4864 American River Dr.  
Carmichael CA 94601

4a. Article Number  
P 029 244 598

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
3-14-94

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

PS Form 3811, December 1991

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC #3674  
 00282  
 Walter Simas  
 C/O Walter Youngman, Conservator  
 1981 N. Broadway, #300  
 Walnut Creek CA 94596

4a. Article Number  
 P 029 244 597

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 3/2

5. Signature (Addressee)  
 CRS

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
 B. J.

PS Form 3811, December 1991

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC R0282  
 John McDougal, as Receiver  
 for Ashland Oil Co., a Limited  
 Partnership  
 4864 American River Drive  
 Carmicheal CA 94596

4a. Article Number  
 P 386 338 154

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 4-25-94

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
 John McDougal

PS Form 3811, December 1991

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

SENDER: \_\_\_\_\_ I also wish to receive the \_\_\_\_\_

front

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Walter Youngman R0282  
 Consequence for Walter J. Simas  
 1981 N. Broadway, Suite 300  
 Walnut Creek, Ca 94596

4. Article Number  
 P.122 218 104

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address  
 X

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 12-20

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to: EC R0282

Jorge Del Rio  
 802 Sea Chase Drive  
 Redwood City CA 94605

4a. Article Number  
 P 422 218 045

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 10-14-93

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
 X *[Signature]*

6. Signature (Agent)  
 X *[Signature]*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to  
 M/M Edward  
 Xtra Oil Co  
 2307 Pacific Ave  
 Alameda, Ca 94501

4a. Article Number  
 P 422 218 077

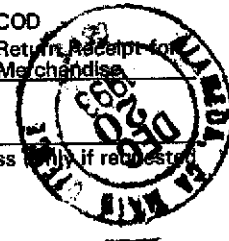
- 4b. Service Type
- Registered
  - Insured
  - Certified
  - COD
  - Express Mail
  - Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (ONLY if restricted and fee is paid)



PS Form 3811, October 1963

U.S. POST OFFICE

**DOMESTIC RETURN RECEIPT**

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1.  Show to whom delivered, date, and addressee's address. (Extra charge)
- 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Jorge Del Rio  
 802 Sea Chase Drive  
 Redwood City, Ca 94605

4. Article Number  
 P 422 218 123

- Type of Service:
- Registered
  - Insured
  - Certified
  - COD
  - Express Mail
  - Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

8. Addressee's Address (ONLY if requested and fee paid)

7. Date of Delivery

PS Form 3811, Mar. 1963

U.S. POST OFFICE

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC *R0282*

Jorge Del Rio  
802 Sea Chase Drive  
Redwood City CA 94605

4a. Article Number  
P 422 218 045

## 4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

*10-14-93*

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, October 1990

U.S. GPO: 1989-279-001

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC *R0282*

Hue Crosby  
3015 38th Avenue  
Oakland CA 94610

4a. Article Number  
P 422 218 043

## 4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

*10/7/93*

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, October 1990

U.S. GPO: 1989-279-001

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

EC

Marcela & Miguel Flores  
802 Sea Chase Drive USA  
Redwood City CA 94605

4a. Article Number

P 422 218 044

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

10-14-93

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, October 1990

U.S. POST OFFICE

**DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>EC #3674</b> <i>EC 3674</i> Walter Simas C/O Walter Youngman, Conservator 1981 N. Broadway, #300 Walnut Creek CA 94596		4a. Article Number <b>P 029 244 597</b>	
5. Signature (Addressee) <i>CRS</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>B. J.</i>		7. Date of Delivery <b>3/2</b>	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991		<b>DOMESTIC RETURN RECEIPT</b>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>EC R0282</b> John McDougal, as Receiver for Ashland Oil Co., a Limited Partnership 4864 American River Drive Carmichael CA 94596		4a. Article Number <b>P 386 338 154</b>	
5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>John McDougal</i>		7. Date of Delivery <b>4-25-94</b>	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991		<b>DOMESTIC RETURN RECEIPT</b>	

Thank you for using Return Receipt Service.

SENDER: \_\_\_\_\_ I also wish to receive the \_\_\_\_\_

front

F.C.

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Walter Young <sup>APR 2:51</sup> Consejer for Walter J. Simas 1981 N. Broadway, Suite 300 Walnut Creek, Ca 94596	4. Article Number P.122 218 104 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>  8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 12-20	

PS Form 3811, Mar. 1988 • U.S.P.S. 800-218-888 DOMESTIC RETURN RECEIPT

F.C.

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Marcela & Miguel Flores 802 Sea Chase Dr. Redwood City, Ca 94065	4. Article Number P 422 218 125 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X <i>[Signature]</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>  8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 12-20-73	

PS Form 3811, Mar. 1988 • U.S.P.S. 800-218-888 DOMESTIC RETURN RECEIPT