



159477

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
841 Chestnut Building  
Philadelphia, Pennsylvania 19107

**NOTICE OF POTENTIAL LIABILITY AND OFFER TO NEGOTIATE  
FOR REMOVAL ACTION**  
**URGENT LEGAL MATTER -- PROMPT REPLY NECESSARY**  
**CERTIFIED MAIL: RETURN RECEIPT REQUESTED**

August 31, 1992

AVCO/LYCOMING  
Textron Inc  
652 Oliver Street  
Williamsport, Pennsylvania 17701

Re: METCOA Radiation Site  
Pulaski Township, Lawrence County, Pennsylvania (the "Site")

Dear Sir or Madam:

This letter confirms notification of potential liability, as defined by Section 107(a) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. § 9607(a), as amended (CERCLA), that your company, AVCO/LYCOMING, may incur or may have incurred with respect to the above-referenced Site. Prior notification of potential liability was given to your company on or about May 1990. This letter also notifies your company, AVCO/LYCOMING, of forthcoming removal activities at the Site which your company, AVCO/LYCOMING, may be asked to perform or pay for at a later date if EPA performs them.

**NOTICE OF POTENTIAL LIABILITY**

The United States Environmental Protection Agency (EPA) has documented the release or threatened release of hazardous substances, pollutants, or contaminants at the above-referenced Site. EPA has spent public funds on certain actions taken to investigate and/or control such releases or threatened releases at the Site. EPA is considering spending additional public funds on further actions to investigate and/or control such releases or threatened releases at the Site. Unless EPA reaches an agreement under which a potentially responsible party or parties (PRP/s) will properly perform or finance such actions, EPA may perform these actions pursuant to Section 104 of CERCLA. Alternatively, EPA may issue an administrative order pursuant to Section 106(a) of CERCLA, 42 U.S.C. § 9606(a), to require PRPs to commence cleanup activities. Failure to comply with an administrative order issued under Section 106(a) of CERCLA, 42 U.S.C. § 9606(a),

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may result in a fine of up to \$25,000 per day, under Section 106(b) of CERCLA, and/or imposition of treble damages, under Section 107(c)(3), 42 U.S.C. § 9607(c)(3).

Under Sections 106(a) and 107(a) of CERCLA, 42 U.S.C. §§ 9606(a) and 9607(a), Section 7003 of the Resource Conservation and Recovery Act, 42 U.S.C. § 6973 (RCRA), and other laws, PRPs may be obligated to implement response actions deemed necessary by EPA to protect public health or welfare or the environment, and may be liable for all costs incurred by the government in responding to any release or threatened release at the Site. Such actions and costs may include, but are not limited to, expenditures for investigations, planning, response, oversight, and enforcement activities. In addition, PRPs may be liable for damages to natural resources.

EPA has evaluated information in connection with hazardous substances sent to this Site. Based on this information, EPA believes that your company, AVCO/LYCOMING, may be a PRP with respect to this Site. PRPs under CERCLA include current owners and operators of a site, owners and operators at the time of disposal, as well as persons who arranged for disposal or treatment of hazardous substances sent to a site, or persons who accepted hazardous substances for transport to a site. By this letter, EPA notifies your company, AVCO/LYCOMING, of its potential liability with regard to this matter and encourages your company, AVCO/LYCOMING, to voluntarily perform or finance those response activities that EPA determines are necessary at the Site.

#### SITE RESPONSE ACTIVITIES

At present, EPA is planning to conduct certain response activities at the Site, including but not limited to:

1. Maintain Site security
2. Excavate the remaining contaminated soil at the Site;
3. Properly decontaminate and/or remove and dispose of radioactive areas identified in the METCOA building;
4. Sample and characterize all hazardous substances remaining at the Site for disposal purposes;
5. Overpack, transport and dispose of all hazardous substances remaining at the Site;
6. Conduct post-soil sampling to ensure effectiveness of removal activities;
7. Backfill areas excavated as described in #2, above, and revegetate such areas; and
8. Dispose of all contaminated water generated at the Site.

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**DECISION NOT TO USE SPECIAL NOTICE**

Under CERCLA Section 122(e), 42 U.S.C. § 9622(e), EPA has the discretionary authority to invoke special notice procedures to negotiate formally the terms of an agreement between EPA and PRPs to conduct or finance response activities. Use of these special notice procedures triggers a moratorium on certain EPA activities at the site while formal negotiations between EPA and a PRP or PRPs are conducted.

In this case, EPA has decided not to invoke the Section 122(e) special notice procedures because use of such procedures is not practicable or in the public interest, nor would use of such procedures facilitate an agreement or expedite remedial action. It is EPA's policy not to use the special notice procedures for removals unless there is a six-month planning lead time after the decision to respond and prior to the initiation of the action. Since the planning lead time prior to the initiation of this response action is less than six months, special notice procedures will not be used. Nonetheless, EPA is willing to discuss settlement opportunities without invoking a moratorium, but will initiate the response action as planned if such discussions do not lead to settlement expeditiously.

**INFORMATION TO ASSIST RESPONSIBLE PARTIES**

EPA encourages good faith negotiations between the PRPs and EPA, and among the PRPs. To assist PRPs in preparing a proposal and in negotiating with EPA concerning this matter, EPA is providing a list of names and addresses of PRPs to whom this notification is being sent as an attachment to this letter. See Attachment A. This list represents EPA's preliminary findings on the identities of PRPs. Inclusion on, or exclusion from, the list does not constitute a final determination by EPA concerning the liability of any party for the release or threat of release of hazardous substances at the Site.

**PRP STEERING COMMITTEE**

To the extent that a steering group does not already exist or does not include all parties listed in Attachment A, EPA recommends that all PRPs meet to select a steering committee responsible for representing the group's interests. Establishing a manageable group is critical for successful, expeditious, and efficient negotiations with EPA.

AR102781

**DEMAND FOR PAYMENT**

In accordance with CERCLA, EPA already has undertaken certain actions and incurred certain costs in response to conditions at the Site. These response actions include investigations, enforcement activities and oversight. To the extent that EPA has not already sought to recover these costs, EPA may demand these costs from AVCO/LYCOMING at some time in the future. Your company, AVCO/LYCOMING, may be potentially liable for additional costs including any costs for enforcement or collection, plus interest if EPA conducts additional activities at the Site.

**ADMINISTRATIVE RECORD**

Pursuant to CERCLA Section 113(k), 42 U.S.C. § 9613(k), EPA will establish an administrative record that contains documents that form the basis of EPA's decision on the selection of any future response action for this Site. The administrative record files, which contain such documents related to the response action selected for this Site will be available to the public for inspection and comment. The primary location is generally the EPA Regional office located at 841 Chestnut Building, 9th floor, Philadelphia, PA.

**ERP RESPONSE AND EPA CONTACT**

You are encouraged to contact EPA within ten (10) business days to indicate your willingness to participate in future negotiations at this Site. You may respond individually or through a steering committee if such a committee has been formed. If EPA does not receive a timely response, EPA will assume that you have declined any involvement in performing the response activities described above. As stated above, you may be held liable under Section 107 of CERCLA for the cost of the response activities EPA performs at the Site and for any damages to natural resources.

The factual and legal discussions contained in this letter are intended solely for notification and information purposes. They are not intended to be and cannot be relied upon as final EPA positions on any matter set forth herein. Your response to this notice letter should be sent to:

Carol Manning, OSC (3HW33)  
U.S. Environmental Protection Agency  
841 Chestnut Building  
Philadelphia, PA 19107  
(215) 597-6684

AR102782

If you or your attorney have any questions pertaining to this matter, please direct them to Carol Manning, of my staff, at (215) 597-6684, or Kathleen Root, Assistant Regional Counsel at (215) 597-8920.

Sincerely,

Abraham Ferdas, Associate Division  
 Director for Superfund Programs  
 Hazardous Waste Management Division

CONCURRENCES

SYMBOL	3HW33	3HW33	3RC23	3HW30	3HW02		
SURNAME	Manning	Root	Root	Carney	Ferdas		
DATE	8/31/92	8/21/92	K/R 9/1/92	9/1/92	9/1/92		
EPA Form 1320-1 (12-70)						AR102783	

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.
- 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.

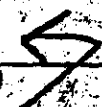
I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
  2.  Restricted Delivery
- Consult postage meter for fee.

3. Article Addressed to:

Standard Lead Co.

21000 Hoyer St.  
Warren, MI 48089

*Shawn Miller* 

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

P 408-787 856

4b. Service Type

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

7. Date of Delivery

SEP 28 1992

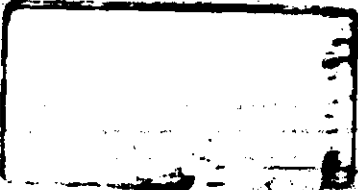
8. Addressee's Address (Only if requested and fee is paid)

*M. P. [unclear]*

PS Form 3811, October 1989

DOMESTIC RETURN RECEIPT

ARI02784



**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:

Sall Theodore, Inc.  
 C/o C T. Corporation System  
 1635 Market St.  
 Philadelphia, PA 19103

4a. Article Number  
P 408 787 859

4b. Service Type

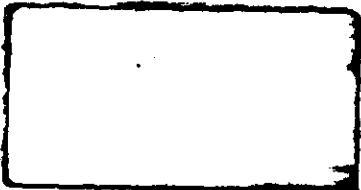
- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

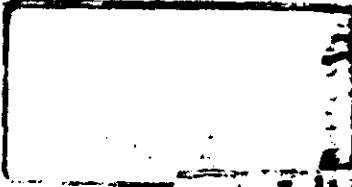
7. Date of Delivery  
9/17/92

5. Signature (Addressee)

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

6. Signature (Agent)





**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:  
 Intra-American Metals Inc  
 5875 Castle Creek Pkwy  
 Suite 191  
 Indianapolis, Indiana 46250

*Charles Durr*

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number  
P 408 787 858

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

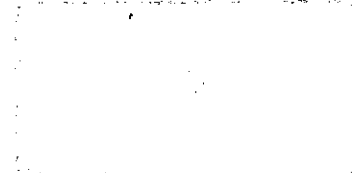
7. Date of Delivery

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

PS Form 3811, October 1990

U.S. GPO: 1990-873-001

**DOMESTIC RETURN RECEIPT**



AR102786





Fold at line over

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 item from being returned to you. The return receipt fee will provide you the name of the person to whom the item was delivered, the date of delivery. For additional fees the following services are available. Consult the master fee listing and check box(es) for additional service(s) requested.

Show to whom delivered, date, and addressee's address:      2:  Restricted Delivery.

Article Addressed to: <b>LUNTZ CORP.</b> <b>P.O. Box 1077</b> <b>CANTON, OHIO 44702</b>	4. Article Number <b>P-408-787950</b>
5. Signature - Addressee <b>X</b>	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COB <input type="checkbox"/> Express Mail
6. Signature - Agent <b>X Kate A. Heineke</b>	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>
Date of Delivery <b>9-9-92</b>	8. Addressee's Address (ONLY if requested and fee paid)

3875, Feb. 1992

**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.

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:  
 Moskowitz & Brothers,  
 5300 Vine St INC.  
 Cincinnati, Ohio 45217

4a. Article Number  
R-408-787-958

4b. Service Type

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

7. Date of Delivery  
9-9-92

5. Signature (Addressee)  
*H. L. D.*

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

6. Signature (Agent)





**SENDER**

- Complete items 1 and 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:  
 Columbia Iron & Metal Co  
 6600 Brentone  
 Cleveland, OH 44105

4a. Article Number  
P-753-243-704

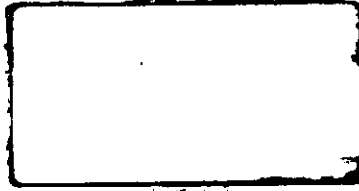
- 4b. Service Type
- Registered
  - Certified
  - Express Mail
  - Insured
  - COD
  - Return Receipt for Merchandise

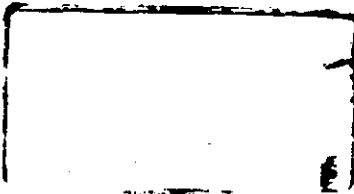
7. Date of Delivery  
9-8-93

5. Signature (Addressee)

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

6. Signature (Agent)  
MBL





**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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:**

XEROX CORP  
 XEROX SQUARE-020  
 100 SOUTH CENTON AVE  
 ROCHESTER, NY 14644

**4a. Article Number**

P-753-243-705

**4b. Service Type**

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

**7. Date of Delivery**

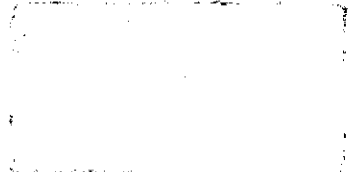
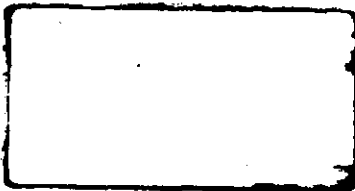
8/21/92

**5. Signature (Addressee)**

**6. Signature (Agent)**

*Tom Culver*

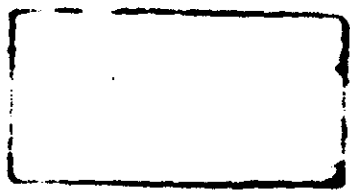
**8. Addressee's Address (Only if requested and fee is paid)**





<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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following services (for an extra fee): 1. <input checked="" type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <u>SHENANGO ST STATION</u> <u>LAWRENCE COUNTY</u> <u>INDUSTRIAL DEVELOPMENT</u> <u>AUTHORITY</u> <u>FIRST FEDERAL PLAZA</u> <u>NEWCASTLE, PA 16101</u> <u>ATTN: MR. J. BALLARD, SCLC</u>		4a. Article Number <u>P 753 243 708</u>	
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		7. Date of Delivery <u>7-8-9</u>	
5. Signature (Addressee) <u>M. Polley</u>		8. Addressee's Address (Only if requested and fee is paid) <u>63</u>	
6. Signature (Agent)			

PS Form 3811, November 1990 • U.S. GPO: 1991-287-089 DOMESTIC RETURN RECEIPT



AR102791



**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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:

CLIMAX PERFORMANCES  
 CLIMAX MOLYBDENUM  
 1707 COLE BLVD  
 GOLDEN, CO 80401

4a. Article Number

P 408 787 865

4b. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Registered              | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified    | <input type="checkbox"/> COD                            |
| <input checked="" type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

SEP 8 1992

5. Signature (Addressee)

6. Signature (Agent)

*Ray M. Hill*

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

PS Form 3811, November 1990 • U.S. GPO: 1991-287-088

**DOMESTIC RETURN RECEIPT**



AR102792

**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.      2.  Restricted Delivery.

3. Article Addressed to: <sup>23</sup> @KE P.O. Box 211 Lucerne Mines Pa. 15754	4. Article Number R686411599 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
5. Signature - Addressee X <i>Ronald J. Steiner</i>	Addressee's signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 9-9-92	

PS Form 3826, Feb. 1988

DOMESTIC RETURN RECEIPT

82000134

AR102793

**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.      2.  Restricted Delivery.

<p>3. Article Addressed to:</p> <p>Unocal Corp Lois Ellen Gold, Esq. 1201 West 5th St. P.O. Box 7600 Los Angeles, California 90051</p>	<p>4. Article Number</p> <p>P-753-243-700</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered      <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD  <input checked="" type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature - Addressee</p> <p>X</p>	<p>6. Addressee's Address (ONLY if requested and fee paid)</p> <p><b>SEP 08 1992</b></p>
<p>6. Signature - Agent</p> <p>X <i>[Signature]</i></p>	
<p>7. Date of Delivery</p> <p><i>SEP 8 1992</i></p>	

PS Form 3811, Feb 1992 DOMESTIC RETURN RECEIPT

AR102794



● **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. 2.  Restricted Delivery.

3. Article Addressed to:

COUSINS, INC  
P.O. BOX 787  
CRAWFORD Rd  
MANSFIELD, OHIO  
44901

4. Article Number

P 408 787 945

Type of Service:

Registered  Insured  
 Certified  COD  
 Express Mail

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

Signature - Addressee

Signature - Agent

Date of Delivery

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

SEP - 9 1992

PS Form 3811, Feb. 1986

POSTNET RETURN RECEIPT

AR102795



**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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:**

MARVIN PASSES  
 C/O STEVE D. SALLER  
 3RD FLOOR ESSEX  
 Center  
 Southfield, MI 48037

**4a. Article Number**

P 753 243 709

**4b. Service Type**

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

**7. Date of Delivery**

NOV 10

**5. Signature (Addressee)**

**6. Signature (Agent)**

Henry Jane

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



AR102796



**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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:**

SUSSMAN & BLOEMENTHOL  
 C/O Aerospace Metals  
 500 FLATBUSH AVE  
 HARTFORD, CT  
 06106

**4a. Article Number**

D-753-243-706

**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 |

**7. Date of Delivery**

SEP 10 1992

**5. Signature (Addressee)**

*A. Hauliker*

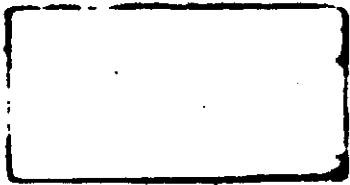
**6. Signature (Agent)**

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

PS Form 3811, November 1990

U.S. EPC: 1991-257-000

**DOMESTIC RETURN RECEIPT**



AR102797

SHIP TO ME

REGIONS Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your selections in "SHIPPED TO" area on the reverse side. Failure to do this will prevent the card from being returned to you. The return receipt has self-addressed return slip 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.

2.  Restricted Delivery.

3. Article Addressed to:  
Seibel & Sons, Inc.  
104 S. 80th Street  
Warrick, Pennsylvania 16385

4. Article Number:  
D-41086787954

Type of Service:  
 Registered Certified Express Mail  
 Insured COD

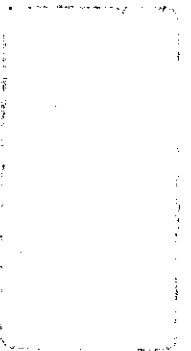
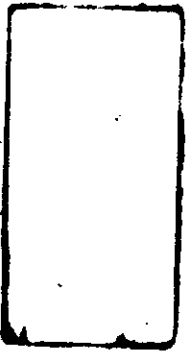
Always obtain signature of addressee or shipper. DATE DELIVERED

5. Shipper's Address:  
Seibel & Sons, Inc.  
104 S. 80th Street  
Warrick, Pennsylvania 16385

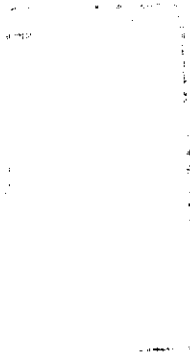
6. Addressee's Address (ONLY if requested on the back)  
Seibel & Sons, Inc.  
104 S. 80th Street  
Warrick, Pennsylvania 16385

PS Form 3826, 1-78, 15c

MAILING THE RETURN RECEIPT



AR102798



Put your address in the "RETURN TO" area of the envelope. Put your address and return 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 services if indicated.

1.  Show to whom delivered, date, and address of addressee.  Restricted Delivery

3. Article Addressed to:  
**COMMERCIAL CHEMICAL CO**  
**P O BOX 10464**  
**DALLAS, TEXAS 75224**

Article Number:  
**681411600**

Type of Service:  
 Registered  
 Certified  
 Insured  
 Collect on Delivery  
 Return Receipt

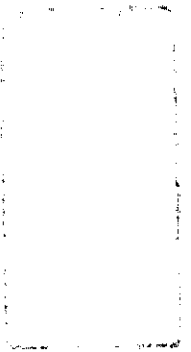
4. Signature - Address:  
*[Signature]*

5. Addressee's Address (ONLY if requested and fee paid):  
 Always check signature of addressee on card and DATE DELIVERED.

6. Signature - Name:  
*[Signature]*

7. Date of Delivery:  
**SEP 1962**

PS Form 3875, Post. 1962



407541150

ARI02799

● **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. Insurance on 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 charges (see) for additional service(s) requested.

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

3. Article Addressed By:  
**AVCO/Lycamine**  
**Te. Y. Teop. Inc.**  
**852 OLIVER ST.**  
**WILLIAMSPORT, PA (17701)**

4. Article Number:  
**12-681-5115598**

Types of Services:  
 Registered  Insured  
 Certified  CODD  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

6. Signature of Addressee:  
**[Signature]**

7. Date of Delivery:  
**[Date]**

PS Form 3811, Feb. 1989  
**POSTAGE RETURN RECEIPT**

ARI02800



As soon as you know your new address, mail this card to all of the people, businesses, and publications who send you mail.

For publications, tape an old address label over name and old address sections and complete new address.

Your Name (Print or type last name, first name, middle initial.)							
Michael C. Veysey, Esq.							
Old Address	Gould Inc.			/Suite	PO Box	RR No.	Rural Box No.
	10 Gould Center						
Rolling Meadows, IL 69008						ZIP + 4	
New Address	No. & Street			Apt./Suite No.	PO Box	RR No.	Rural Box No.
	GOULD INC.						
35129 CURTIS BLVD.						ZIP + 4	
City EASTLAKE, OHIO 44095-4001						State	
Sign Here				Date new address in effect		Keyline No. (if any)	

PS Form 3576, November 1990

RECEIVER: Be sure to record the above new address.





INTERNATIONAL

**Standard Carrier (Form 1)** and **2** when additional services are desired, and completed items **3** and **4**.  
 Put your address in the "RETURN TO" area on the reverse side. Failure to do this will prevent this card from being returned to you. This return receipt has 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.

Show to whom delivered, date, and addressee's address.  Restricted Delivery

**3. Article Addressed to:**  
 Bould Inc  
 10 Good Center  
 Rolling Meadows  
 IL 60018, CAAD

**4. Article Number:**  
 25108-782949

**Type of Service:**  
 Registered  Insured  
 Certified  COD  
 Express Mail

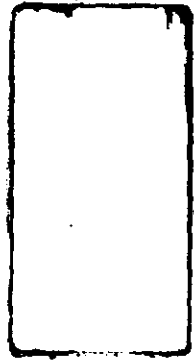
**5. Signature - Addressee:**  
 X [Signature]

**6. Signature - Agent:**  
 [Signature]

**7. Date of Delivery:**  
 4/15/82

**8. Addresser's Address (ONLY if requested and fee paid):**  
 Always obtain signature of addresser as agent and DATE DELIVERED.

PS Form 3871, Nov. 1980



0000000000

ARI02802





<p>and/or 2 for additional services, and 4a &amp; b. address on the reverse of this form so card to you.</p> <p>Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p>• Write "Return Receipt Requested" on the mailpiece next to the article number.</p>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Rochester Smelting &amp; Refining Co., Inc.          23 Shener Street          Rochester, N.Y. 14611</p>		<p>4a. Article Number          P 253-243-710</p>	
<p>5. Signature (Addressee)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered      <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail      <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>6. Signature (Agent)</p> <p><i>J. M. ...</i></p>		<p>7. Date of Delivery          02 9 9 92</p>	
<p>PS Form 3811, October 1990</p>		<p>DOMESTIC RETURN RECEIPT</p>	



20030130

AR102803



**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. This 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.      2.  Restricted Delivery.

3. Article Addressed to:  
 OMMITEK INC  
 HACKETTSTOWN INDUSTRIAL  
 P.O. Box 378  
 STIGER STREET  
 HACKETTSTOWN, N.J. 07840

4. Article Number:  
 PHO 8-787953

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee:  
 X: *[Signature]*

6. Signature - Agent:  
 X

7. Date of Delivery:  
 [Stamp]

PS Form 3817, Feb. 1966

DOMESTIC RETURN RECEIPT



AR102804



**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:**

FRANK H. NOTT, INC.  
 P.O. Box 27225  
 Richmond, Virginia  
 23244

**4a. Article Number**

P 753-243-712

**4b. Service Type**

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

**7. Date** SEP 8 1992

**5. Signature (Addressee)**

**6. Signature (Agent)**

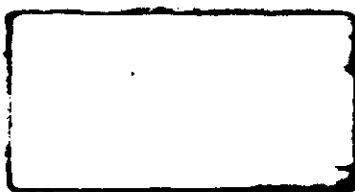
*Mary Moore*

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

PS Form 3811, October 1990

U.S. EPO: 100-273-200

**DOMESTIC RETURN RECEIPT**



40030100

AR102805



**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:

Flowline CORPORATION  
 c/o MAR KOWITZ  
 ENTERPRISES,  
 1400 BUTTERFIELD RD.  
 PO BOX #869  
 NEW CASTLE PA 16103

4a. Article Number

A753-243696

4b. Service Type

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

7. Date of Delivery

SEP - 8 1992

5. Signature (Addressee)

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

6. Signature (Agent)

*[Handwritten Signature]* FR  
 CB

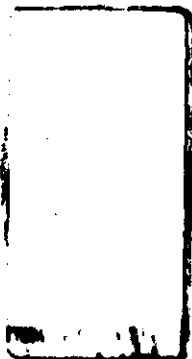
PS Form 3811, October 1990

U.S. GPO: 1990-273-801

**DOMESTIC RETURN RECEIPT**



AR102806



**SENDER: Complete form.**

Put your address in the RETURN TO box unless you are receiving mail. Return addresses 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 us for fees and check boxes for additional services requested.

Show us when delivered, date and address's address.  Restricted Delivery.

3. Article Address:  Yes  No

DAVE R. CARPENTARIU

P.O. BOX 1400

124030 OHIO

43697

4. Article Number:  Yes  No

PHOS-717-946

5. Insurance:  Insured  COD

6. Signature:  Signature  Marked

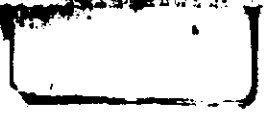
7. Delivery:  Regular  Registered Mail  Registered Mail/Post

8. Address:  Address  Only

9. Return:  Return  No Return

10. Postage:  Postage  No Postage

PS Form 3875, Post-1984 STURN RECEIPT



8003201111

AR102807

**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. Please stamp and fill present this card from being returned to you. The return receipt will DIVIDE YOU THE TITLE OF THE PERIODIC PUBLICATION 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. 2.  Registered Delivery.

3. Article Addressed to:  
 MOLYCORP. INC.  
 BOONVILLE, W. VA. 26006  
 WASHINGTON, DC 20530

4. Article Number:  
 P2108787957

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

5. Addressee's Address (ONLY IF REQUESTING FOR FIELD)  
 Always obtain signature of addressee of registered, DATE DELIVERED.

6. Signature - Agent  
 X  
 [Signature]

7. Date of Delivery  
 9-8-72

PS Form 3871, Feb. 1968

ARI02808



**SENDER:** Completes items 1 and 2 when additional services are desired, and completes 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 address of addressee. 2.  Restricted Delivery.

<p>3. Article Addressed to:</p> <p>MOTOROLA, INC 8000 West Sunrise BLVD FT. LAUDERDALE FLORIDA 33322</p>	<p>4. Article Number:</p> <p>FDX-787-952</p>
<p>5. Signature - Addressee</p> <p>X</p>	<p>Types of Services</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>6. Signature - Agent</p> <p>X <i>[Signature]</i></p>	<p>Address of Addressee (ONLY if requested and fee paid)</p>
<p>7. Date of Delivery</p> <p>9-8-92</p>	

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**



208501BA

ARI02809

AR102810



Put your address in the "RETURN TO" space on the reverse side. Failure to do so 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 and check boxes, for additional services requested, postmaster for fees and check boxes, for additional services requested.

1.  Show to whom delivered, date, and address's address. 2.  Registered Delivery.

3. Article Addressed to:  
 Charles Bluestone Co.  
 P.O. Box 326  
 ELIZABETH, N.J. 07207

4. Article Number: **1753 243 705**

Type of Service:  
 Registered  
 Insured  
 COD  
 Certified  
 Express Mail

Always indicate number of articles or items and DATE DELIVERED.

5. Signature - Address: *W. W. Woodard*

6. Signature - Agent: *W. W. Woodard*

7. Date of Delivery: *9-8-97*

PS Form 3811, Post Office







**SENDER:**

- Complete this form
- Print your name and address on the reverse so that we can return this card to you.
- Attach this form to the front of the mailpiece or the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

ve the  
extra

essee's Address

2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
**THE HEIMER BROTHERS  
 INC.**  
**5550 WHITAKER AVE.**  
**MOUNT VERNON, New York**  
**19134**

4a. Article Number  
**P-408-787-956**

- 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 |

7. Date of Delivery **1992**  
**SEP 1 - 1992**

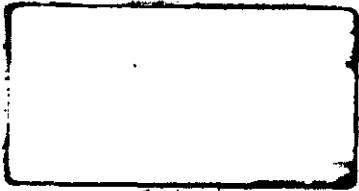
5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, Oct

RECEIPT



0135011A

ARI02811



**SENDER:**

- Complete items 3 and/or 4 for additional services.
- Complete items 5, and 6a & 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:

DoPONT CO  
 LEGAL DEPARTMENT  
 1007 MARKET ST  
 WILMINGTON, DE 19898

4a. Article Number

P 753 243 703

4b. Service Type

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

7. Date of Delivery

9/4/92

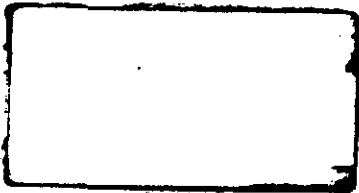
5. Signature (Addressee)

IA

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

6. Signature (Agent)

Chuck Roderick





● **SENDER'S CHECKS:** Items 3 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. Postmaster details will process 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. 2.  Restricted Delivery.

3. Article Addressed to:  
*C. O. Perkins, Inc.*  
*108 M. V. Williams Road*  
*Thomson, Pa. 15687*

4. Article Number:  
*787948*

Type of Service:  
 Registered  
 Insured  
 COD  
 Signature Required

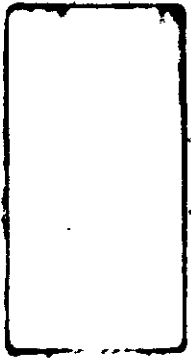
5. Signature—Address:  
*[Signature]*

6. Signature—Address (ONLY IF requested and fee paid):

7. Date of Delivery: *5-9-58*

PS Form 3813, Feb. 1956.

POSTMASTER 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 below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:  
 Dreyfuss Metals Co.  
 6600 S. Nashville  
 Bedford Park, Il 60638

4a. Article Number  
 P 350 003 999

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

7. Date of Delivery  
*10/24*

5. Signature (Addressee)

6. Signature (Agent)

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



AR102814