

Fax Cover Sheet

To: U.S Department of Labor
James Bibeault/Brian Combs

From: Gary S. Vander Boegh

Fax: (904) 357-4704

Date: 12-16-10

Phone: (270) 450-0850

Pages: ___ Pages including the Cover Sheet

Re: Robert Jeffords

CC:

File: xxx-xx-7145

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Dear Mr. Bibeault and Mr. Coombs,

Attached please find the information Mrs. Jeffords provides that supports her husband's CBD claim per 42 USC § 7384l (13) (B) "**Characteristic chest radiographic (or computed tomography (CT)) abnormalities**" **Criteria I**. The information is included as follows:

Pg. 1/ Report dated 5/9 & 16/ 72 indicating Mr. Jeffords had a chest x-ray, "which shows paratracheal nodes which are calcified and gives the impression a distal trachea may be narrowed."

Pg. 2/ March 26, 1991 discharge summary report indicating Mr. Jeffords had another chest x-ray and that reflected "atelectasis within the right mid and left lung base."

Pg. 3/ Consultation report dated August 27, 1995 that confirms Mr. Jeffords history of "chronic obstructive pulmonary disease" and that "HE WAS NOT A SMOKER."

Pgs. 4-6/ Case precedent "Docket Number 57973-2005 dated January 7, 2005 confirms Mrs. Jeffords compliance pursuant with § 7384L(13)(B), Criteria I. COPD was established as consistent with CBD.

If either of you have any further concerns with Mr. Jeffords compliance with the statutes, please let me know!

Respectfully,
Gary

**Claim for Survivor Benefits Under the Energy Employees
Occupational Illness Compensation Program Act**

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



Note: Provide all information requested below. Do not write in the shaded areas. OMB Number: 1215-0197
Expiration Date: 08/31/2010

Deceased Employee Information (Please Print Clearly)

1. Name (Last, First, Middle Initial) Jeffords Robert W		2. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. Social Security Number [REDACTED]
4. Date of Birth [REDACTED] Month Day Year	5. Date of Death [REDACTED] Month Day Year	6. Was an autopsy performed on the employee? <input type="checkbox"/> YES - List Medical Facility: _____ <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW	

Survivor Information (Please Print Clearly)

7. Name (Last, First, Middle Initial) Jeffords Evelyn		8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	9. Social Security Number [REDACTED]
10. Date of Birth [REDACTED] Month Day Year	11. Your relationship to the deceased employee <input checked="" type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> step-child <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> Other:		
12. Address (Street, Apt. #, P.O. Box) [REDACTED] (City, State, ZIP Code) [REDACTED]		13. Telephone Numbers a. Home: ([REDACTED]) [REDACTED] - [REDACTED] b. Other: ([REDACTED]) - [REDACTED]	

14. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)

	15. Date of Diagnosis		
	Month	Day	Year
<input type="checkbox"/> Cancer (List Specific Diagnosis Below)			
a.			
b.			
c.			
<input type="checkbox"/> Beryllium Sensitivity			
<input checked="" type="checkbox"/> Chronic Beryllium Disease (CBD)			
<input type="checkbox"/> Chronic Silicosis			
<input type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)			
a.			
b.			
c.			

Awards and Other Information

16. Did the employee work at a location designated as a Special Exposure Cohort (SEC)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you or the deceased employee filed a lawsuit seeking either money or medical coverage for the claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. Have you or the deceased employee filed any workers' compensation claims in connection with the claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
19. Have you, the deceased employee, or another person received a settlement or other award in connection with the above claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. Have you or the employee applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)? If yes, provide RECA Claim #: [REDACTED]	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
22. Have you or the employee applied for an award under Section 4 of the Radiation Exposure Compensation Act?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Other Potential Survivors

23. Are you aware of any person(s) who may also qualify as a survivor of the deceased employee? YES NO

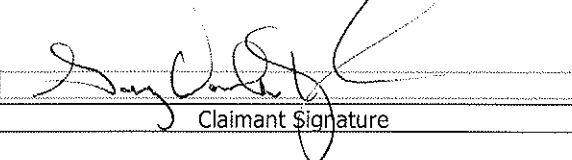
If YES, please provide the following:

	Name	Relationship to the deceased employee	Address	Phone Number(s)
a.			†	Home: Other:
b.			†	Home: Other:
c.			†	Home: Other:
d.			†	Home: Other:
e.			†	Home: Other:
f.			†	Home: Other:
g.			†	Home: Other:
h.			†	Home: Other:
i.			†	Home: Other:
j.			†	Home: Other:

Survivor Declaration

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Any change to the information provided on this form once it is submitted must be reported immediately to the District Office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency, including the Social Security Administration) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.

Resource Center Date Stamp



 Claimant Signature

12/16/2010

 Date

MINOR HISTORY

(To be used in short stay cases only)

Family Name JEFFORDS, ROBRET	First Name	Attending Physician KILMER	Room No.	Hosp. No. 72- 5192
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Date _____ Age _____ Sex _____ S. M. W. D. Race _____ Occupation _____

Diagnosis—Working _____

Final _____

Complications _____

Family History _____

Personal History This 43 year old white male admitted to the hospital for respiratory distress. The patient was in the hospital from March 20, through March 23, because of probable ureteral stone. He complains of awakening in the night, sometimes with a severe choking sensation. Otherwise, no serious health problems. This has gone on for some time.

Present Illness—Onset—History—Complaint—Physical Examination Physical examination reveals a WD, WN, white male, in no acute distress.

HEAD: Symmetrical Scalp is clear

EYES: EOM's intact. Pupils round, equal, react to light

NTM: Clear

NECK: Supple. Trachea midline, thyroid not hypertrophied
No cervical adenopathy

SPINE: Straight and supple

CHEST: Hemothoraces move with equal excursion. Lungs clear to auscultation

HEART: No murmurs or cardiomegaly. BP 120/70. Pulse 80, regular

ABDOMEN: Soft, non-tender. No abnormal masses. No hernias noted. Both testes in scrotum

Progress Notes EXTREMITIES: No abnormalities. Reflexes physiologic.

The patient had a chest x-ray in the office, which shows paratracheal nodes which are calcified and gives the impression a distal trachea may be narrowed.
IMPRESSION: R.O. Tracheo-bronchial compression.

Condition on Discharge _____

5/9/72

5/16/72

cb

Intern _____ Signature _____ M.D.

PORTER MEMORIAL HOSPITAL

VALPARAISO, INDIANA

Paul

DISCHARGE SUMMARY

NAME: JEFFORDS, ROBERT HOSP.# 145601 ADM.: 3/22/91

ATTENDING PHYSICIAN: MICHAEL WHEAT, M.D. DIS.: 3/26/91

PAGE 1

FINAL DIAGNOSIS:
ATRIAL FIBRILLATION.

SECONDARY DIAGNOSIS:
HISTORY OF HYPERTENSION.
HISTORY OF CHRONIC BRONCHITIS.
HISTORY OF GOUT, MILD CARDIOMEGALY.

OPERATIONS:
None.

TRANSFUSIONS:
None.

COMPLICATIONS:
None.

HISTORY:

This is a 62 year old white male patient with long standing history of hypertension for which he had been taking Lopressor. He has had no prior cardiac history. On the day prior to admission, while working in his yard, he noted the acute onset of mild diaphoresis and general body fatigue. He then felt nauseated and dyspneic which lasted approximately 4 hours. The patient eventually presented to the Convenience Center at which point he was found to be in atrial fibrillation and was subsequently admitted to the hospital for further evaluation and treatment.

Physical examination revealed an obese white male patient in no apparent distress. Blood pressure was 126/80, pulse 48 and irregular, respirations 16 and unlabored. Temperature, afebrile. Height, 6'2". Weight, 250 pounds HEENT was unremarkable. Neck was thick and muscular with no increased jugular venous distension. Carotid upstrokes were brisk bilaterally without bruits. Lungs were clear to A and P. Cardiac examination revealed irregularly irregular S1 and S2 without abnormal heart sounds. Abdomen was very obese and soft with no pulsatile masses or bruits. Extremities were warm and free of edema.

LAB DATA:

Chest x-ray showed cardiac silhouette to be mildly enlarged with minimal atelectasis within the right mid and left lung base. Hilar regions were prominent. These findings had not significantly changed from prior examination. EKG showed atrial fibrillation at rate of approximately 60 beats per minute and also nonspecific ST-T wave changes and left axis, left anterior vasicular block. SMA showed sodium of 140, potassium 4.1, chloride

CONSULTATION

NAME: JEFFORDS, ROBERT W
ATTENDING: K. BLACK, MD
CONSULTING: V. DIBIASE, MD
DOB: [REDACTED]
PT TYPE: I

ROOM NO: 2N-0264-1
MR#: 145601
ACCT#: 1430147
ADM DATE: 08/21/95
DATE: 08/27/95
DIS DATE: 00/00/00

NEUROLOGY

FINDINGS, DIAGNOSIS & RECOMMENDATIONS:

Thank you for asking me to see Robert.

This is a 66 year old white gentleman with a history significant for hypertension, paroxysmal nocturnal dyspnea, and atrial fibrillation controlled on Amiodarone, chronic obstructive pulmonary disease, benign prostatic hypertrophy, mild diverticulosis, who is admitted with back pain and left leg pain and weakness. He was found to have significant L2-3 spinal stenosis by MRI and lumbar myelogram. He was evaluated by Dr. Zelaya and on 8/23/95 had bilateral foraminotomies at L2-3 but mainly on the left. It appears that postoperatively he developed some disorientation and confusion which escalated over several days and he was not sleeping at all. He is quite sleep deprived. He has received a total of 8 mg of Haldol since 8/25 and a total of 2 mg of Xanax since 8/26. He had received only a few doses of Vicodin on 8/24.

This morning he was found to be extremely lethargic and sleepy and neurological consultation was requested.

His family gives no prior history of dementia or encephalopathy or other central nervous system symptomatology.

PRESENT MEDICATIONS: Naprosyn, Cardarone, Allopurinol, Altace, Azactam, Kefzol.

PERSONAL HISTORY: He is not a smoker. He is not a drinker.

PHYSICAL EXAMINATION:

VITAL SIGNS: He is currently afebrile although he had a temperature maximum of 100 on 8/26. Blood pressure 130/70. Respiration is 20 with a heart rate of 74.

NECK: He has no carotid or extra cranial bruits.

NEUROLOGICAL:

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
 OFFICE OF WORKERS' COMPENSATION PROGRAMS
 DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL
 ILLNESS COMPENSATION
 FINAL ADJUDICATION BRANCH



EMPLOYEE: [Name Deleted]
CLAIMANT: [Name Deleted]
FILE NUMBER: [Number Deleted]
DOCKET NUMBER: 57973-2005
DECISION DATE: January 7, 2005

NOTICE OF FINAL DECISION

This is the decision of the Final Adjudication Branch concerning your claim for compensation under Part B of the Energy Employees Occupational Illness Compensation Program Act of 2000, as amended, 42 U.S.C. § 7384 *et seq.* (EEOICPA or the Act). This decision affirms the recommended acceptance issued on November 30, 2004.

STATEMENT OF THE CASE

On May 28, 2004, you filed a claim for survivor benefits, as the widow of **[Employee]**, Form EE-2, under Part B of the EEOICPA. You identified "breathing problems" and chronic beryllium disease (CBD) as the claimed conditions. You also filed a Form EE-3 indicating that your husband was employed by F.H. McGraw at the Paducah Gaseous Diffusion Plant in Paducah, Kentucky from 1951 to "I don't remember." The Department of Energy (DOE) was unable to verify employment, however, they did confirm that F.H. McGraw held a number of contracts, during this time, at the Paducah Site. You submitted Social Security records indicating that your husband was employed by F.H. McGraw from the fourth quarter of 1951 to the third quarter of 1954. Social Security reported maximum reportable earnings (\$3600.00) for 1952, 1953 and 1954. The DOE also submitted a "Personnel Clearance Master Card" from F.H. McGraw and Company that indicated **[Employee]** was terminated on December 17, 1954 due to a reduction in force; this notice also indicated that a Q Clearance was granted on February 14, 1952.[1]

Based upon the DOE response that F.H. McGraw held a number of contracts from 1951 to 1954 and the security Q clearance notification, the district concluded that the DOE had a business or contractual arrangement with F.H. McGraw. The district office further concluded that your husband worked with F.H. McGraw at the Paducah Gaseous Diffusion Plant for at least one day on December 17, 1954 based upon the reduction in force notice.[2]

The death certificate submitted showed that **[Employee]** died on October 12, 1999, and the immediate cause of death as congestive heart disease. The death certificate indicated that the surviving spouse was **[Claimant]**. You submitted a marriage certificate showing that **[Employee]** and **[Claimant]** were married on March 23, 1940.

pg. 4

You submitted a medical report dated February 23, 1991, from Lowell F. Roberts, M.D., which indicates a history of chronic obstructive pulmonary disease (COPD), shortness of breath, and dyspnea. A February 23, 1991 X-ray report, from D.R. Hatfield, M.D., indicates a diagnosis of COPD. A February 25, 1991 CT-scan, from Barry F. Riggs, M.D., indicates abnormal nodular densities of the right lower lobe and a diagnosis of COPD. A February 26, 1991 medical report from M.Y. Jarfar, M.D. indicated that pulmonary function tests showed mild obstructive defects and mild diffusing lung capacity defects. You also submitted an X-ray report dated September 6, 1994, from Robert A. Garneau, M.D., that indicated diagnoses of COPD and Interstitial Fibrosis. A November 27, 1994 medical report from David Saxon, M.D., indicated findings of rales and wheezing. A December 2, 1994 medical report from Dr. Saxon, indicates hypoxemia to the left lower lung. A December 2, 1994 medical report from Lowell F. Roberts, M.D., indicated diagnoses of shortness of breath, congestive heart failure, dyspnea and cough, and rales in the lung base. An August 13, 1995 X-ray report from Charles Bea, M.D., indicates a diagnoses of bibasilar infiltrates. A December 30, 1996 X-ray report from Sharron Butler, M.D., indicates an increase of lung markings since the September 14, 1992 study. In the March 1, 1998 X-ray report from Dr. Butler diagnoses of "advanced chronic lung changes, mild interstitial prominence diffusely, and patch density of the posterior right lung" are indicated. An August 19, 1998 CT-scan from James D. Van Hoose, indicates diagnoses of pleural thickening and pulmonary calcifications. An August 6, 1999 pulmonary function test from William Culberson, M.D. indicates a diagnosis of moderately severe restrictive disease. An October 12, 1999 discharge summary from Eric B. Scowden, M.D. indicates diagnoses of progressive shortness of breath, congestive heart disease, COPD, and history of right-sided empyema complicating pneumonia necessitating prolonged chest tube drainage with a continued open sinus tract." Based upon these reports the district office concluded that you had CBD prior to January 1, 1993.[3]

On November 30, 2004, the district office issued a recommended decision concluding that your husband was a covered beryllium employee, that he was exposed to beryllium, and that he had symptoms and a clinical history similar to CBD prior to January 1, 1993. They further concluded that you are entitled to compensation in the amount of \$150,000 pursuant to § 7384s of the EEOICPA.

Section 30.316(a) of the EEOICPA implementing regulations provides that, "if the claimant does not file a written statement that objects to the recommended decision and/or requests a hearing within the period of time allotted in 20 C.F.R. § 30.310, or if the claimant waives any objection to all or part of the recommended decision, the Final Adjudication Branch (FAB) will issue a decision accepting the recommendation of the district office, either whole or in part." 20 C.F.R. § 30.316(a). On December 1, 2004, the FAB received your signed waiver of any and all objections to the recommended decision. After considering the evidence of record, your waiver of objection, and the NIOSH report, the FAB hereby makes the following:

FINDINGS OF FACT

1. You filed a claim for benefits under Part B of the EEOICPA on May 28, 2004.
2. Your husband was employed at the Paducah Gaseous Diffusion Plant for at least one day on December 17, 1954.
3. Medical evidence has been submitted establishing a diagnosis of chronic beryllium disease before January 1, 1993.
4. You were married to the employee from March 23, 1940, until his death on October 12, 1999.

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Based on these facts, the undersigned makes the following:

CONCLUSIONS OF LAW

Section 7384s of the Act provides for the payment of benefits to a covered employee, or his survivor, with an "occupational illness," which is defined in § 7384l(15) of the EEOICPA as "a covered beryllium illness, cancer. . .or chronic silicosis, as the case may be." 42 U.S.C. §§ 7384l(15) and 7384s. 42 U.S.C. § 7384l.

Pursuant to § 7384l(13)(B) of the EEOICPA, to establish a diagnosis of CBD before January 1, 1993, the employee must have had "an occupational or environmental history, or epidemiologic evidence of beryllium exposure; and (iii) any three of the following criteria: (I) Characteristic chest radiographic (or computed tomography (CT)) abnormalities. (II) Restrictive or obstructive lung physiology testing or diffusing lung capacity defect. (III) Lung pathology consistent with chronic beryllium disease. (IV) Clinical course consistent with a chronic respiratory disorder. (V) Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred)." 42 U.S.C. § 7384l(13)(B).

The evidence of record establishes that the employee was a covered beryllium employee who had at least three of the five necessary medical criteria to establish pre-1993 CBD under the EEOICPA.

Therefore, you have provided sufficient evidence to establish that your husband was diagnosed with pre-1993 CBD, pursuant to § 7384l(13)(B) of the EEOICPA.

The undersigned has reviewed the facts and the district office's November 30, 2004 recommended decision and finds that you are entitled to \$150,000 in compensation.

The decision on the claim that you filed under Part E of the EEOICPA is being deferred until issuance of the Interim Final Regulations.

Washington, DC

Tom Daugherty
Hearing Representative
Final Adjudication Branch

[1] The Paducah Gaseous Diffusion Plant was a DOE facility from 1952 to July 28, 1998 and July 29, 1998 to present (remediation) where radioactive and beryllium material were present, according to the Department of Energy Office of Worker Advocacy Facility List (<http://www.hss.energy.gov/HealthSafety/FWSP/Advocacy/faclist/findfacility.cfm>).

[2] Per Chapter 2-100.3h (January 2002) of the Federal (EEOICPA) Procedure Manual, "The OWCP may receive evidence from other sources such as other state and federal agencies" to support a claim under the EEOICPA.

[3] Per Chapter 2-700.4 (September 2004) of the Federal (EEOICPA) Procedure Manual, "To determine whether to use the Pre or Post 1993 CBD criteria, the medical evidence must demonstrate that the employee was either treated for, tested or diagnosed with a chronic respiratory disorder. If the earliest dated document is prior to January 1, 1993, the pre-1993 CBD criteria may be used. Once it is established that the employee had a chronic respiratory disorder prior to 1993, the CE is not limited to use of medical reports prior to 1993 to meet the three of five criteria."

CBD CHART [PM 2-700 eff February 2007]

CBD prior 01/01/1993 at least 3 of the following:
 *if employee is alive, an BeLPT/BeLTT is required

Date of Training: 3/15/2007

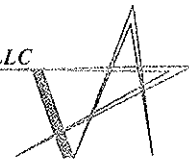
Characteristic Chest X-Ray or CT Abnormalities	Restrictive or Obstructive Lung Physiology Testing (on PFT) or Diffusing Lung Capacity Defect	Lung Pathology Consistent with CBD	Clinical Course Consistent with a Chronic Respiratory Disorder & Treatment	Immunological Test Showing Be Sensitivity
<p>X-Ray:</p> <ul style="list-style-type: none"> Opacities (round, irregular, diffuse) Other findings may include Interstitial Lung or Pleural Fibrosis (pleural fibrosis alone is not enough, there must be other findings too) Granulomas (non-calcified and non-caseating) Coarse Linear Fibrosis (in advanced CBD) 	<ul style="list-style-type: none"> Restrictive Defect (i.e., reduced lung volumes), Obstructive Defect (i.e., air trapping), or a Combination of Both Diffusing Lung Capacity (DLC) Testing showing Defects Arterial Blood Gas (ABG) Test may not be used in lieu of a PFT 	<p>Biopsy (including Autopsy) showing:</p> <ul style="list-style-type: none"> Fibrosis Chronic Inflammatory changes Non-caseating or caseating Granulomas 	<p>Hypoxemia</p> <ul style="list-style-type: none"> Oxygen & supplies <p>Air Flow Obstruction (COPD, Emphysema, Asthma, etc)</p> <ul style="list-style-type: none"> Inhalers Corticosteroid drugs Bronchodilators Oxygen therapy <p>Right Heart Failure, Cor Pulmonale, Pulmonary Hypertension</p> <ul style="list-style-type: none"> Cardiology consult/tx Diuretics (e.g., Lasix) Supplemental oxygen <p>Respiratory Infections (Pneumonia, Acute Bronchitis)</p> <ul style="list-style-type: none"> Antibiotics Sputum cultures Blood cultures Bronchoscopy <p>Sarcoidosis</p> <ul style="list-style-type: none"> Corticosteroids (i.e., prednisone) 	<p>Skin Patch</p> <p>Beryllium Blood Test</p> <ul style="list-style-type: none"> Beryllium Lymphocyte Proliferation Test (BeLPT) Beryllium Lymphocyte Transformation Test (BeLT) <p>NOTE:</p> <p>Results must show abnormal findings and interpreted by physician.</p>
<p>CT Scan:</p> <ul style="list-style-type: none"> Consolidation, ground glass, septal thickening, diffuse nodules, (different distributions), interstitial fibrosis, bronchiectasis and honeycombing Other findings may include parenchymal nodules, septal lines, patches of ground-glass attenuation, bronchial wall thickening and thickening of the interlobular septa. Large subpleural cysts (in advanced CBD) 	<p>NOTE:</p> <p>Any of the above test results must be interpreted by a medical doctor or reviewed by a medical consultant.</p>	<p>12/10/07</p> <p><i>[Signature]</i></p> <p>CBS, LLC</p>	<p>NOTE:</p> <p>Results must show abnormal findings and interpreted by physician.</p>	<p>CE90133</p>

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	4883
DEPT. ID	151
DESTINATION ADDRESS	919043574704
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	12/16 18:40
USAGE T	02' 57
PGS.	10
RESULT	OK

COMMONWEALTH ENVIRONMENTAL SERVICES, LLC
 "A Native American - Woman Owned Company"



Fax Cover Sheet

To: U.S Department of Labor James Bibeault/Brian Combs	From: Gary S. Vander Boegh
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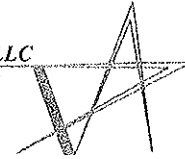
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JOB NO. 4883
 DEPT. ID 151
 ST. TIME 12/16 18:39
 PGS. 10
 SEND DOCUMENT NAME
 TX IMCOMPLETE -----
 TRANSACTION OK 919043574704
 ERROR -----

COMMONWEALTH ENVIRONMENTAL SERVICES, LLC
 "A Native American - Woman Owned Company"



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