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EQUILON ENTERPRISES, LLC
ATTN: ANDREA WING
20945 S. WILMINGTON AVE
CARSON, CA 90810

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Robert Schmitt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Robert Schmitt</i>	C. Date of Delivery <i>7(3)/17</i>
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> EQUILON ENTERPRISES, LLC ATTN: ANDREA WING 20945 S. WILMINGTON AVE CARSON, CA 90810 </div>	<input type="checkbox"/> Any address different from item 1? <input type="checkbox"/> Enter delivery address below:	
2. Article Number (Transfer from service label) 7011 3500 0003 1848 1790	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102595-02-M-1540	