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Postage	\$	Postmark Here <b>3 11 5</b>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

7009 2820 0001 4359 5210

NATIONAL CONVENIENCE STORES INC.  
 C/O CST BRANDS, INC.  
 ATTENTION: MR. GERARD SONNIER  
 ONE VALERO WAY BUILDING D, SUITE 200  
 SAN ANTONIO, TX 78249

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>X Luciano Lopez</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
NATIONAL CONVENIENCE STORES INC. C/O CST BRANDS, INC. ATTENTION: MR. GERARD SONNIER ONE VALERO WAY BUILDING D, SUITE 200 SAN ANTONIO, TX 78249	B. Received by (Printed Name) <i>LUCIANO LOPEZ</i>	C. Date of Delivery <i>8-31-15</i>
	delivery address different from item 1? <input type="checkbox"/> Yes YES, enter delivery address below: <input type="checkbox"/> No	
	Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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PS Form 3811, July 2013 Domestic Return Receipt