

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7011 3500 0003 1848 1783

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

RO254

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 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.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Robert Schmitt
 d by (Printed Name) C. Date of Delivery
Robert Schmitt 7/31/17
 address different from item 1? Yes
 or delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from servic

7011 3500 0003 1848 1783

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540