

7011 3500 0003 1848 1875

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CERTIFIED MAIL™ RECEIPT
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Return Receipt For (Endorsement Required)
 Restricted Delivery (Endorsement Required)

Equilon Enterprises, LLC
 20945 S. Wilmington Ave.
 Carson, CA 90810
 Attn: Ms. Andrea Wing

000415

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 X <u><i>Andrea Wing</i></u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Address different from item 1? <input type="checkbox"/> Yes If different, print delivery address below: <input type="checkbox"/> No	Equilon Enterprises, LLC 20945 S. Wilmington Ave. Carson, CA 90810 Attn: Ms. Andrea Wing	
2. Article Number (Transfer from service label)	7011 3500 0003 1848 1875	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013	Domestic Return Receipt	