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

For delivery information visit our website www.usps.com

OFFICIAL

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement P) _____
 Restricted (Endorsement) _____

Unocal/Chevron Corp.
 6101 Bollinger Canyon Road
 San Ramon, CA 94583
 Attn: Nicole Arceneaux

000455

Street, or PO Box _____
 City, State, ZIP+4® _____

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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>6/20/16</u></p>	
<p>Unocal/Chevron Corp. 6101 Bollinger Canyon Road San Ramon, CA 94583 Attn: Nicole Arceneaux</p>		<p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>or delivery address below: _____</p>	
		<p><input checked="" type="checkbox"/> Certified Mail® <input checked="" 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</p>	
<p>2. Article Number _____ (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	