

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> <p>1. Article Addressed to: 4/18/13 B.M.            PCB 2013-055            D.Dale Cummings            Equistar Chemicals, L.P.            1221 McKinney Street            Suite 700            Houston, TX 77010</p>	A. Signature <input checked="" type="checkbox"/> <i>Dale Cummings</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label)	B. Received by (Printed Name) <i>Anderson Dumas</i>	C. Date of Delivery <i>4-22-13</i>
PS Form 3811, February 2004	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7011 0110 0001 8270 3974		
PS Form 3811, February 2004	Domestic Return Receipt	
102595-02-M-1540		