COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3, Also complete 25 JUL Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery Received by (Printed Name) Attach this card to the back of the mailpiece, 7-26-11 s delivery address different rous. If YES, enter delivery address below: Vatha 1-10/4 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? Article Addressed to: 7/21/11 B.M. ☐ No PCB 2012-005 & PCB 2012-006 John S. Swearingen Marathon Ashland Petroleum P.O. Box 1200 Refinery Office Building 3. Service Type Robinson, IL 62454 Certified Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number-7011 0110 0001 8269 8966 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540