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DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
mplete items 1, 2, and 3. Also complete m 4 if Restricted Delivery is desired. nt your name and address on the reverse that we can return the card to you. tach this card to the back of the mailpiece, on the front if space permits.	A. Segature X Agent Addressee
	B. Received by (Printed Name) C. Date of Delivery
icle Addressed to: 11/3/11 B.M. 2012-018	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
othy J. Mauntel Premcor Refining Group, Inc.	
tford Refinery	
East Hawthorne	3. Service Type
tford, IL 62048-0007	DXCertified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4 Restrictert Delivery? (Extra Fee) Yes