| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| 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 A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: 6/8/17 B.M. | If YES, enter delivery address below: |
| PCB 2017-067 Kevin D. Bogard | |
| Marathon Petroleum Company, LP | |
| 400 South Marathon Avenue Robinson, IL 62454 | 3. Service Type |
| ROBINSON, 12 GLOS | Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (1) 7014 0510 0001 5481 1327 | |
| PS Form 3811, July 2013 Domestic Return Receipt | |