

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 1/23/14 B.M.
PCB 2014-092 thru PCB 2014-097
D. Dale Cummings
Equistar Chemicals, LP
1221 McKinney Street
Suite 700
Houston, TX 77010

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Roberto ABC* Agent
 Addressee

B. Received by (Printed Name)
Roberto ABC C. Date of Delivery
JAN 28 2014

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article
(Transit)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540