

Chevron Michigan LLC *11DC 13-03*

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 X <i>Norma Petrie</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Norma Petrie 5169 St. Johns Road East Jordan, MI 49727		B. Received by (Printed Name) <i>Norma Petrie</i> C. Date of Delivery <i>11/20/13</i>	
		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
		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 Number (Transfer from service label)		7003 1680 0000 5220 1694	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540