


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Address</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <p><b>RS Used Oil Services, Inc.</b>  <b>c/o David H. Quigley</b>  <b>Akin Gump Strauss Hauer &amp; Feld, LLP</b>  <b>1333 New Hampshire Avenue, N.W.</b>  <b>Washington, D.C. 20036</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          IF YES, enter delivery address below:</p> <p>U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p>3. Service type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>Amended CAPD TSCA 05 2014 0009</p> <p>7011 1150 0000 2643 8593</p>
PS Form 3811, February 2004	Domestic Return Receipt <span style="float: right;">102595-02-M-11</span>

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
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• Sender: Please print your name, address, and ZIP+4 in this box •



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