 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 malipiece, or on the front if space permits. 	A-Signature X/1/Hester Agent B Received by (Printed Name) C. Date of Delive 11-12-4
1. Article Addressed to: John Wilkinson Chevron Michigan, LLC 10691 E. Carter Road Suite 201 Traverse City, MI 49684	D. Is delivery address different from item 1? If YES, enter delivery address below: PP PP PP PP PP PP PP PP PP PP PP PP PP
Management and a second s	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7003 1	680 0000 S220 3700

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