

CAA-06-2014-3304

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px;"> <p>C T CORP SYSTEM              Registered Agent for CITGO Petroleum              1999 Bryan St., Ste. 900              Dallas, TX 75201-3136</p> </div>	B. Received by (Printed Name) <input type="checkbox"/> Restricted Delivery <p>Chris Walle <b>MAY 27 2005</b></p>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 0150 0000 2453 5188	
Domestic Return Receipt 102595-02-M-1540	

Attorney: Brian Tomasovic

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 2015 JUN -4 PM 2:02  
 REGIONAL HEARING CLERK  
 EPA REGION VI