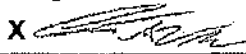


011-010-2014-3304 - CITGO

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ■ 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 <input checked="" type="checkbox"/>  <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| 1. Article Addressed to: <p style="text-align: center;"> C T CORP SYSTEM Registered Agent for CITGO 1999 Bryan St., Ste. 900 Dallas, TX 75201-3136 </p> | B. Received by (Printed Name) <p style="text-align: center;">Chris Wells</p> | C. Date of Delivery <p style="text-align: center;">SEP 19 2014</p> |
| 2. Article Number <i>(Transfer from service label)</i> | 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. | |
| Domestic Return Receipt | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <div style="text-align: center; font-size: 1.2em;"> 7001 0360 0003 6674 4560 </div> | |
| 02-M-1540 | | |