<ul> <li>SENDER: COMPLETE THIS SECTION</li> <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>		COMPLETE THIS SECTION ON DELIVERY				
		A. Signature  X  Agent  Addresse  B. Received by (Printed Name)  C. Date of Deliver				
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yés If YES, enter delivery address below: ☐ No				
Mykel Stockton, President Stockton Oil Company 1607 4 <sup>th</sup> Avenue North Billings, MT 59103 RCRA-08-2014-0002						
		3. Service Type  Certified Mail  Registered  Return Receipt for Merchandis				
		☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from service label)	2075	5570	0000	5370	2251	J.
PS Form 3811, February 2004	Domestic Return Receipt					102595-02-M-154