CWA-06-2011-1728 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature Agent x Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailplece, 8 UE or on the front if space permits. D. Is delivery address different from item 12 Yes If YES, enter delivery address below: 400 No 1. Article Addressed to: Mr. Robert Merrifield Petro General, Inc. P.O. Box 52285 415 3. Service Type Tulsa, OK 74152 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) I Yes 2. Article Number 7005 1820 0003 7457 7440 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540