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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent: Mr. John Cook
 Managing Partner
 Petroleum Wholesale, L.P.
 Street or PO: 8550 Technology Forest Place
 City, State: The Woodlands, TX 77381-1174

PS Form 3800, August 2006 See Reverse for instructions

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Raylee Steinkamp</i></p> <p>B. Received by (Printed Name) <i>Raylee</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: SEP 14 2017</p> <p>Mr. John Cook Managing Partner Petroleum Wholesale, L.P. 8550 Technology Forest Place The Woodlands, TX 77381-1174</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service lab)</p> <p>7012 2210 0000 5371 0973</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540