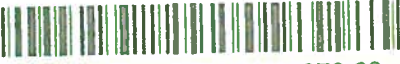





| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Danielle Warner</i> </p> | |
| <p>1 Article Addressed to:</p> <p>MERIT ENERGY PARTNERS 13727 NOEL RD, STE 1200, TOWER 2 DALLAS, TX 75240</p> <p>UP113X22/GKNA</p>  <p>9590 9402 1345 5285 9072 23</p> | | <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 12/10/18 </p> | |
| <p>2 Article Number (Transfer from service label)</p> <p>7017 1070 0000 9758 5386</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | | <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | | <p>Domestic Return Receipt</p> | |

| USPS TRACKING# | | First-Class Mail Postage & Fees Paid USPS Permit No. G-10 | |
|--|--|---|--|
|  <p>9590 9402 1345 5285 9072 23</p> | |  | |
| <p>United States Postal Service</p> | | <p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <p>CHEVRON U.S.A. INC. ATTN: DONNA BRADEN 6301 DEAUVILLE BLVD., S-4115 MIDLAND, TX 79706</p> | |
|  | | | |