P 003 195 724

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Beard Oil Comp & Mr. John M. Beard	
Street and No. 2000 Classen Blvd, Suite 200	
P.O., State and ZIP Code Oklahoma City, OK 73106	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date 9-19-85 #4 Federal 11 AM 1322'N-609'E 30-20N-9W NM-025448 8	

PS Form 3800, Feb. 1982 ★ U.S.G.P.O. 1984-446-014

RECEIVED
MAY -2 1986
OIL CON. DIV.
DIST. 3

P 003 195 725

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to John M. Beard	
Street and No. United Founders Life Tower	
P.O., State and ZIP Code Oklahoma City, OK 73112	
Postage	$3.13
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date 9-19-85 #4 Federal 11 AM 1322'N-609'E 30-20N-9W NM-025448 8	

PS Form 3800, Feb. 1982 ★ U.S.G.P.O. 1984-446-014

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
John M. Beard
United Founders Life Tower
Oklahoma City OK 73112
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P 003 195 725

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X Liz Wilson
7. Date of Delivery
9/23/85
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Beard Oil Company & Mr. John M. Beard
2000 Classen Blvd, Suite 200
Oklahoma City OK 73106
4. Type of Service: ☒ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail
Article Number: P 003 195 724

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X Missy McClain
7. Date of Delivery
9-23-85
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT