● **SENDER**: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
   †*(Extra charge)*†   †*(Extra charge)*†

3. Article Addressed to:	4. Article Number
Fina Oil + Chemical *6 Desta Dr, #4400* *Midland, TX 79705*	P 447 437 313 **Type of Service:** ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.
5. Signature — Addressee X *Klinget* 6. Signature — Agent X	8. Addressee's Address *(ONLY if requested and fee paid)*
7. Date of Delivery *6-28-90*	

'S Form **3811**, Mar. 1987   ★ U.S.G.P.O. 1987-178-268   **DOMESTIC RETURN RECEIPT**

● **SENDER**: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
   †*(Extra charge)*†   †*(Extra charge)*†

3. Article Addressed to:	4. Article Number
Conoco Inc *3817 Northwest Express* *Oklahoma City, OK wy* *73112-1400*	447 437 310 **Type of Service:** ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.
5. Signature — Addressee X	8. Addressee's Address *(ONLY if requested and fee paid)*
6. Signature — Agent X	
7. Date of Delivery *6-27-90*	

PS Form **3811**, Mar. 1987   ★ U.S.G.P.O. 1987-178-268   **DOMESTIC RETURN RECEIPT**