

7000 0520 0021 6896 3133

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

**Postmark Here**

**Recipient's Name (Please Print Clearly) (To be completed by mailer)**  
 Maralo, LLC  
 Attn: Mr. Joe Pulido  
 P. O. Box 832  
 Midland, TX 79702-0832

PS Form 3800, February 2000 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Maralo, LLC  
 Attn: Mr. Joe Pulido  
 P. O. Box 832  
 Midland, TX 79702-0832

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Carol Cook* B. Date of Delivery *8-19-03*

C. Signature *Carol Cook* ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

**AUG 21 2003**

**OIL CONSERVATION**  
**DIVISION**

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)  
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