

PS Form 3811, December 1991

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach this form to the front of the mailpiece, or on the back if space does not permit.
• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

L.H. McConnell
#13

3. Article
Carolyn
c/o Du
P. O. E
Farmin

No. 11324

5. Signature (Addressee)

6. Signature (Agent)
Vinny Rangel

so that we can back if space the article number, red and the date	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
4a. Article Number <i>P 223-764-400</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery <i>8/3/91</i>	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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3. Article Addressed to:
Apache Corporation
(MW Petroleum Corp.)
1700 Lincoln Street, Suite 1900
Denver, Colorado 80203

5. Signature (Addressee)

6. Signature (Agent)
Dea Reine

I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
4a. Article Number <i>P 223-764-401</i>
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery <i>8/1/91</i>
8. Addressee's Address (Only if requested and fee is paid)

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3. Article Addressed to:
Joseph B. Gould
430 South Third Street
Las Vegas, Nevada 89101

5. Signature (Addressee)

6. Signature (Agent)

I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
4a. Article Number <i>P 223-764-399</i>
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery <i>8/3/91</i>
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.