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SENDER	
o Complete L.L. MCConnel	I also wish to receive the following services (for an extra
return this ca • Attach this • Attach this • Attach this	so that we can fee):
T GGES BOT DET	so that we can back if space 1. Addressee's Address red and the date 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered I postrad
What "Ret The Return 3. Article Caroly C/o Du P. O. E Farmin	ne article number. 2.
3 delivered.	Consult postmaster for fee.
3. Article No-11324	4a. Article Number
2 Caroly	P 223-764-400
s c/ơ Đu	4b. Service Type
P. O. E	
Farmin	Certified. 7 COD
	7. Date of Delivery
	8-3 9
5 Signature ,	8. Addressee's Address (Only if requested
	7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)
D. Signature (Agent)	4
PS Form 3811, December 1991 #U.S. GPO: 199	
2 PS Form 3811 , Decémber 1991 + U.S. GPO: 199	3-352-714 DOMESTIC RETURN RECEIPT
SENDER:	/
 Complete items 1 and/or 2 for additional services. 	I also wish to receive the
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form 	so that we can following services (for an extra fee): back if space 1. □ Addressee's Address ne article number. 2. □ Restricted Delivery ared and the date Consult postmaster for fee. 4a. Article Number 11.0.1.4.4.401 4b. Service Type 11.0.4.4.4.01
 return this card to you. Attach this form to the front of the mailpiece, or on the line of the mailpiece. 	pack if space 1. Addressee's Address
does not permit. • Write "Return Receipt Requested" on the mailpiece below the	
The Return Receipt will show to whom the article was delived	ared and the date
5 delivered. 3 Article Addressed to:	Consult postmaster for fee.
2	P223-764-401 5
Apache Corpration	4b. Service Type
	L Registered L Insured
 1700 Lincoln Street, Suite 1900 Denver, Colorado 80203 	Certified COD
Denver, Colorado 80203	Merchandise
	7. Date of Delivery
출 5. Signature (Addressee)	8. Addressee's Address (Ohly if requested and fee is paid)
5. Sighaturg (Agent) - (¹
PS Form 3811, December 1991 #0.5. GPo: 1993	
SENDER:	I also wish to receive the
 Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 	
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form s return this card to you. 	that we can fee):
Attach this form to the front of the mailpiece, or on the b	ack if space 1. Addressee's Address
 Write "Beturn Receipt Requested" on the mailpiece below th 	ne article number. 2.
The Return Receipt will show to whom the article was delive delivered.	Consult postmaster for fee.
3. Article Addressed to:	following services (for an extra fee): hack if space the article number. ared and the date 4a. Article Number <i>P 223 - 164 - 379</i> 4b. Service Type
Joseph B. Gould 430 South Third Street	P 2 2 3 - 76 4 - 379
5 430 South Third Street	Begistered Insured
Las Vegas, Nevada 89101	Certified COD
	Express Mail Return Receipt for Merchandise
	7. Date of Delivery/
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5. Signature (Addressee)	Addressee's Address (Only if requested and fee is paid)
then 2 m	and the is paid)
(). Signature (Agent)	
PS Form 3811, December 1991 #U.S. GPO: 199	3-352-714 DOMESTIC RETURN RECEIPT