

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
HANSON ENERGY
R. 342 HALDEMAN ROAD
ARTESIA, NM 88210

4a. Article Number
P 614 928 445

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-30-94

5. Received By: (Print Name)
MATHIE HANSON

6. Signature: (Addressee or Agent)
Mathie Hanson

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

P 614 928 435
 CASE 11811

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Thank you for using Return Receipt Service.

Sent to
GULF INSURANCE CO.

Street & Number
PO BOX 1771

Post Office, State, & ZIP Code
DALLAS TX 75221

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

SENDER:
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
KEVIN HANRATTY ESQ
BOX 1330
ARTESIA, NM 88210

4a. Article Number
P 624 835 417

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
7-1-97

5. Received By: (Print Name)
Tobie Holder

6. Signature: (Addressee or Agent)
Tobie Holder

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

P 614 928 440
 CASE 11811

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Thank you for using Return Receipt Service.

Sent to
HANSON ENERGY

Street & Number
R. 342 S. HALDEMAN RD

Post Office, State, & ZIP Code
ARTESIA NM 88210

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

PS Form 3800 April 1995

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
KEVIN HANRATTY ESQ

Street & Number
BOX 1330

Post Office, State, & ZIP Code
ARTESIA, NM 88210

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

P 624 835 417

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Fold at line over top of envelope to the right of the return address

CERTIFIED

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
GULF INSURANCE CO.
PO BOX 1771
DALLAS, TX 75221

4a. Article Number
P 614 928 435
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
JUN 23 1997

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X *[Handwritten Signature]*

PS Form 3831, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
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 ■ 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.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
HANSON ENERGY
R. 342 S. HALDEMAN ROAD
ARTESIA, NM 88210

4a. Article Number
P 614 928 440
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
6-24-97

5. Received By: (Print Name)
ATHIE HANSON

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X *[Handwritten Signature]*

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 614 928 445
 CASE 11811

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	HANSON ENERGY
Street & Number	R. 342, HALDEMAN ROAD
Post Office, State, & ZIP Code	ARTESIA, NM 88210
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	