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

3. Article Addressed to:
STATE OF NEW MEXICO
STATE LAND OFFICE
P.O. BOX 1148
SANTA FE, NM 87504-1148

4a. Article Number
Z 387 673 321

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

7. Date of Delivery
MAR 21 2000

5. Received By: *(Print Name)*

6. Signature *(Addressee or Agent)*

8. Addressee's Address *(Only if requested and fee is paid)*
SANTA FE NM
87501

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR G.S.

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.
- ☐ 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

3. Article Addressed to:
JAMES A. & H.H. BORLAND
222 FOURTEENTH ST, NW
Albuquerque, NM 87104

4a. Article Number
Z 289 643 754

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

7. Date of Delivery
4/4/00

5. Received By: *(Print Name)*
James A. Borland

6. Signature *(Addressee or Agent)*

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

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

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

3. Article Addressed to:
B.L.M.
1235 LAPLATA HIGHWAY
FARMINGTON, NM 87401

4a. Article Number
Z 289 643 753

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

7. Date of Delivery
3-30-00

5. Received By: *(Print Name)*
J. DuBois

6. Signature *(Addressee or Agent)*

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

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

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.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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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

3. Article Addressed to:
BURLINGTON RESOURCES
801 Cherry St., Ste 700
Ft. Worth, TX 76102

4a. Article Number
Z 289 643 755

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

7. Date of Delivery
4-3-12

5. Received By: *(Print Name)*
Christopher Bowie

6. Signature *(Addressee or Agent)*
Christopher Bowie

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

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Rece

TABOR GS

"C"
pg 1 of 7

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

3. Article Addressed to:

CONOCO INC
P.O. BOX 201940
HOUSTON TX 77216-1940

4a. Article Number: Z 289 643 757

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

7. Date of Delivery: APR 3 2000

5. Received By: *(Print Name)* **Jimmy Pinkney**

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

6. Signature *(Addressee or Agent)*

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

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.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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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

3. Article Addressed to:

CONOCO, INC
10 CONOCO PLAZA,
10 DESTA DR.
MIDLAND, TX 79705

4a. Article Number: Z 289 643 758

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

7. Date of Delivery: 4-03-00

5. Received By: *(Print Name)* PEGGY WEBERLING

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

6. Signature *(Addressee or Agent)* Peggy Weberling

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

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.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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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

3. Article Addressed to:

Marcia M. Daniels
% Coltilda M. Pope
5480 Wisconsin Ave #814
Chevy Chase, MD 20015

4a. Article Number: Z 289 643 759

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

7. Date of Delivery

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

5. Received By: *(Print Name)* M Coles

6. Signature *(Addressee or Agent)*

ARLINGTON CO. VA. APR 1, 2000 USPS

PS Form **3811**, December 1994 Tabor G.S. 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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

3. Article Addressed to:

LOUISE ADAIR McDOUGAL HADLEY
2 BLUFF RD
SWANSBORO NC 28584

4a. Article Number: Z 289 643 761

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

7. Date of Delivery: 4-4-00

5. Received By: *(Print Name)* N B HADLEY

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

6. Signature *(Addressee or Agent)* N B Hadley

PS Form **3811**, December 1994 TABOR GS 102595-99-B-0223 Domestic Return Receipt

"C"
Pg 2 of 7

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

3. Article Addressed to:

PATRICIA HARBIN
6401 GLENDORA NE
ALBUQUERQUE, NM
87109

4a. Article Number: Z 289 643 762

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

7. Date of Delivery: APR - 1 2000

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*: Patricia Harbin

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

Thank you for using Return Receipt Service.

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SENDER:

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- ☐ 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

3. Article Addressed to:

Robin Thomas Henderson
5028 River Road
Bethesda, MD 20016

4a. Article Number: Z 289 643 764

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

7. Date of Delivery: APR 4 2000

5. Received By: *(Print Name)*: Robert Henderson

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

6. Signature *(Addressee or Agent)*: Robert Henderson

BETHESDA, MD 20817 APR 4 2000 USPS

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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

3. Article Addressed to:

RUSSELL STEWART HENDERSON JR
5028 RIVER ROAD
BETHESDA, MD 20016

4a. Article Number: Z 289 643 765

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

7. Date of Delivery

5. Received By: *(Print Name)*: Robert Henderson

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

6. Signature *(Addressee or Agent)*: Robert Henderson

BETHESDA, MD 20817 APR 4 2000 USPS

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- ☐ 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

3. Article Addressed to:

WINIFRED & FORREST JACOBS
1000 SW SantaFe Lake Rd
Towanda, KS 67144-9213

4a. Article Number: Z 289 643 766

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

7. Date of Delivery: 04 04 00

5. Received By: *(Print Name)*: FORREST JACOBS

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

6. Signature *(Addressee or Agent)*:

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Re

TABOR GS

"C"
Pg 3 of 7

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.
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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

3. Article Addressed to:
Rilla E. King
P.O. Box 186
Dolores CO 81325

4a. Article Number
Z 289 643 769

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

7. Date of Delivery
3-30-00

5. Received By: *(Print Name)*
Rilla King

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

6. Signature *(Addressee or Agent)*
Rilla E. King

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

Is your RETURN ADDRESS completed on the reverse side?

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SENDER:

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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.

NORTH RIDGE STATION APR 07 2000 RALEIGH NC 27615

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:
Charles Alan McDougal
7928 Rocksley Ct.
Raleigh NC 27615

4a. Article Number
Z 289 643 770

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

7. Date of Delivery
04/06/00

5. Received By: *(Print Name)*
Charles McDougal

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

6. Signature *(Addressee or Agent)*
Charles Alan McDougal

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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.
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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

3. Article Addressed to:
Robert Bruce McDougal
6608 Penny Lane
Bartlesville, OK 74006

4a. Article Number
Z 289 643 771

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

7. Date of Delivery
4-3-00

5. Received By: *(Print Name)*
Robert B. McDougal

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

6. Signature *(Addressee or Agent)*
Robert B. McDougal

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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.
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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

3. Article Addressed to:
Joseph O. & Cicily M. Muench Family Trust
P.O. Box 779
Placitas NM 87043

4a. Article Number
P 358 628 273

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

7. Date of Delivery
March 30 2000

5. Received By: *(Print Name)*
J.O. Muench

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

6. Signature *(Addressee or Agent)*
J.O. Muench

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

TABOR GS

"C"
Pg 4 of 7

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

3. Article Addressed to:
Linda Orwitz Palley, Trustee
11201 Canby Ave.
Northridge, CA 91326

4a. Article Number
P 358 628 274

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

7. Date of Delivery
4-10-00

5. Received By: *(Print Name)*
Linda Richardson

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

6. Signature *(Addressee or Agent)*
Linda Richardson

PS Form **3811**, December 1994 TABOR GS 102595-99-B-0223 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.
- ☐ 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

3. Article Addressed to:
Clotilda M. Pope
5028 River Road
Bethesda, MD 20816

4a. Article Number
P 358 628 275

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

7. Date of Delivery
4-5-00

5. Received By: *(Print Name)*
Robert T. Henderson

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

6. Signature *(Addressee or Agent)*

PS Form **3811**, December 1994 TABOR GS 102595-99-B-0223 Domestic Return Receip

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.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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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

3. Article Addressed to:
Ms. Lori Wrotenbery
NMOCD
2040 So. Pacheco
Santa Fe, NM 87505

4a. Article Number
Z 387 671 976

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

7. Date of Delivery
3-31-00

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*

PS Form **3811**, December 1994 TABOR G.S. 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

"C"
Pg 5 of 7

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

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
Elsye L. Kilgore Trust
c/o Sunwest Trust Dept.
ATTN: Don Kerby
P.O. Box 26900
Albuquerque NM [redacted]

4a. Article Number
Z 289 643 767

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*
David Kilgore
TABORGS

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

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SENDER:

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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

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
Lee W. Kilgore Trust
c/o Sunwest Trust Dept.
ATTN: Don Kerby
P.O. Box 26900
Albuquerque NM [redacted]

4a. Article Number
Z 289 643 768

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*
David Kilgore
TABORGS

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 289 643 763

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

Sent to Anne S. Henderson	
Street & Number 7611 Maple Ave #811	
Post Office, State, & ZIP Code Silver Spring MD 20912	
Postage	$ 1.21
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.86
Postmark or Date 3/29/00	

PS Form **3800**, April 1995

"C"
Pg 6 of 7

"2"
pg 7 of 7

RETURNED TO SENDER
REASON CHECKED
Unclaimed ___ Refused
Attempted-Not Known
Insufficient Address
No such street ___ number
No such office in state
Do not remail in this envelope

DUGAN PRODUCTION CORP.
P.O. Box 420
Farmington, NM 87499

APR 1 1 2000

TEXON ENERGY CORPORATION
DEPT. 1041
P.O. Box 4554
HOUSTON, TX 77210-4554

TO

MAIL

Z 289 643 773

TABOR G.S.

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

3. Article Addressed to:
TEXON ENERGY CORP.
DEPT 1041
P.O. Box 4554
HOUSTON TX 77210-4554

4a. Article Number
Z 289 643 773

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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