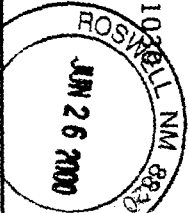



Is your **RETURN ADDRESS** completed on the reverse side?

| SENDER: | | I also wish to receive the following services (for an extra fee): | |
|--|--|---|--|
| <ul style="list-style-type: none">■ Complete items 1 and/or 2 for additional services.■ Complete items 3, 4a, and 4b.■ Print your name and address on the reverse of the form so that we can return the 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. | | <ul style="list-style-type: none">1. <input type="checkbox"/> Addressee's Address2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: Strata Production Company P.O. Box 1030 Roswell, NM 88202-1030 | | 4a. Article Number Z 559 572 878 | |
|  | | 4b. Service Type | |
| | | <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD | |
| 5. Received By: (Print Name)  | | 7. Date of Delivery | |
| 6. Signature: (Addressee or Agent) X | | 8. Addressee's Address (Only if requested and fee is paid) | |

PS Form 3811, December 1994

102395-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.