SENDER: *COMPLETE THIS SECTION*	*COMPLETE THIS SECTION ON DELIVERY*

SENDER: *COMPLETE THIS SECTION*

- ◢ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ■ Print your name and address on the reverse so that we can return the card to you.
- ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Doyle Hartman

Post Office Box 10426

Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*   B. Date of Delivery
3-16-01

C. Signature
X ⬜ Agent ⬜ Addressee

D. Is delivery address different from item 1? ⬜ Yes
If YES, enter delivery address below: ⬜ No

3. Service Type
- ☒ Certified Mail ⬜ Express Mail
- ⬜ Registered ☒ Return Receipt for Merchandise
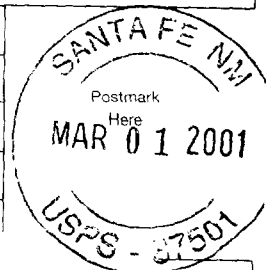- ⬜ Insured Mail ⬜ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ⬜ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3179 1791

PS Form 3811, July 1999   Domestic Return Receipt   102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 580-133

Postage	$ .55	
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	Postmark Here MAR 0 1 2001
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 3.95	

SANTA FE NM
USPS - 87501

Rec
Stre   Doyle Hartman
City   Post Office Box 10426
        Midland, Texas 79702

PS   Instructions

7000 0600 0024 3179 1791

SENDER: *COMPLETE THIS SECTION*

- ☑ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

Doyle Hartman
Post Office Box 10426
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*	B. Date of Delivery
	3--16-01

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X _____ ☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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3. Service Type
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*

7000 0600 0024 3129 1791

PS Form 3811, July 1999   Domestic Return Receipt   102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3129 1791

WR 580-155

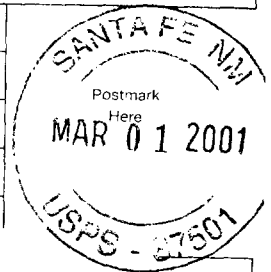|	
Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.45

Postmark Here
MAR 01 2001
SANTA FE NM
USPS - 87501

Rec
Stre   Doyle Hartman
City   Post Office Box 10426
        Midland, Texas 79702

PS   Instructions