Additional

Information

Return Receipts from Extension AOR Analysis 11/5/20

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1 2 and 2 Alexand	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Agent
Attach this card to the back of the	B. Received by (Printed Name) C. Date of Delivery
or on the nont if space permits.	Josh (10) 7/21/2000
1. Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: ☐ No
BTA Dil Producers	ii 723, enter delivery address below:
104 South Pecos	
Midland, 7x 79701	3. Service Type
/ / / / / / / /	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
prining by (ND#1	☐ Insured Mail ☐ C.O.D.
Article Number	4. Restricted Delivery? (Extra Fee)
Cansfer from servi	2008 6491
Form 3811, February 2004 Pomestic Return	rn Receipt 102595-02-M-1540 ;
	102000-02-101-1040
SENDER: COMPLETE THIS SECTION	
Complete items 1 0	COMPLETE THIS SECTION ON DELIVERY
Print your name and add servery is desired.	A. Signature
so that we can will address on the reverse	X Agent
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	1-12/1/19 7-33 Wery
1/4%	D. Is delivery address different from Item 17 Yes If YES, enter delivery address below:
Kaiser-Francis Micon	No
6733 S. Yale Ave.	' <i>J</i>
Thalsa, OK 74121	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Parties
Brining	Insured Mail I COD
Article Number	4. Hestricted Delivery? /Eutro E
Gransfer from service is 17014 0140 00	100 2008 65N7
S Form 3811 February 2004 Domestic Ret	turn Receipt
	102595-02-M-1540
	Colonia Control Colonia Coloni
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X—————————————————————————————————————
so that we can return the card to you.	B. Received by (Printed Rame) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below:
NGL Water Solutions	3 2 0
NGL Water Solutions Permian, LL	150 PS / N
	3. Service Type
3773 Cherry Creek North D	
Denver, Co. 80209	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Brininstock	4. Restricted Delivery? (Extra Fee)
2. Article Number	
(Transfer from service label, 7018 0680	0001 6620 5927
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540