CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87504 SEP 4 2002 Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Northwestern National INs. Co.
Street, Apt. No.; or PO Box No. Attn: Hugh GReene
709 Cuttis St.
City, State, ZIP+4 Middletown, OH 45044

PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0021 6896 4475

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:
Northwestern National INs. Co.
Attn: Hugh Greene
709 Cuttis St.
Middletown, OH 45044

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☑ Agent ☐ Addressee
B. Received by (Printed Name) JOHN BREENE C. Date of Delivery 9/27/02
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 (Transfer from service label) 7000 0520 0021 6896 4475

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

MIDDLETOWN OH 45042-9998 SEP 27 2002 USPS

12944

7000 0520 0021 6896 4475

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87504 SEP 4 2002 Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Shanley Oil Company
Street, Apt. No.; or PO Box No. PO Box 802415
City, State, ZIP+4 Dallas, TX 75380

PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0021 6896 4468

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:
Shanley Oil Company
PO Box 802415
Dallas, TX 75380

12944

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) JOHN F SHANLEY C. Date of Delivery 10/4/02
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 (Transfer from service label) 7000 0520 0021 6896 4468

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509