

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Energy Oil & Gas Corp.
6105 NW 32nd St.
Bethany, OK 73008

Attn. Andy Wilkerson

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

P 612 458 323

4b. Service Type

- | | |
|---|---|
| ☐ Registered | ☐ Insured |
| ☒ Certified | ☐ COD |
| ☐ Express Mail | ☐ Return Receipt for Merchandise |

7. Date of Delivery

9-16-87

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

6105 NW 32nd St.
Bethany, OK 73008

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Andy Wilkerson
Andy's Oil Consultant & Tractor
6105 N.W. 32nd
Bethany, Ok. 73008

4. Type of Service:

- | | |
|---|----------------------------------|
| ☐ Registered | ☐ Insured |
| ☒ Certified | ☐ COD |
| ☐ Express Mail | |

Article Number

P612 458 323

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X *Glenn Wilkerson*

6. Signature - Agent

X

7. Date of Delivery

9-16-87

8. Addressee's Address (ONLY if requested and fee paid)

6105 NW 32nd
Bethany, OK 73008

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT