

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

NOT VALID FOR PRIVATE USE TO AVOID
PENALTY OF POSTAGE, \$300

PS-16-71549-8

PS Form 3811 Oct. 1965

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article RETURN RECEIPT REQUESTED.



RETURN
TO

NAME OF SENDER

F. F. Loring Phillips Petroleum Company

STREET AND NO. OR P.O. BOX

Room B-2 Phillips Bldg.

POST OFFICE, STATE, AND ZIP CODE

Okla., Tulsa 79760

DATE DELIVERED _____

INSURED NO.

CERTIFIED NO.

REGISTERED NO.

SHOW WHERE DELIVERED (only if requested)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

Received the numbered article described below.

(Additional charges required for these services)

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and when delivered

☐ Show to whom, when, and address where delivered

☐ Deliver ONLY to addressee