P25 3358032

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENTTO Atn: B. L. Reed
Lively Exploration Company

	1(P.C HC)1().s1	O TATE	y Exploration DNC Lst City Natl AND ZIP CODE On, TX 7700	Bk	_ 1	
	R FEES	CE	RTI	TIED FEE		c	
			ı	ECIAL DELIVERY		c	
	STER FO	/ICES	VICE	SHOW TO WHOM AND DATE DELIVERED		¢	
	CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	RETURN RECEIPT SERVICE	SHOW TO WHOM DATE. AND ADDRESSION DELIVERY		c	
	NSULT	OPTION	RN RECE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED EEL VERY	-	¢	
9,	3		RETU	SHOW TO WHOM CATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢	
vpr. 19	<u>_</u>			TAGE AND FEES	\$		
PS Form 3800, Apr. 1976				0/82			

PS Form	SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.							
3811, Jan. 1979	1. The following service is requested (check one.) Show to whom and date delivered							
	(CONSULT POSTMASTER FOR FLES) 2. ARTICLE ADDRESSED TO: (attn: B.L. Reed							
RETURN	Lively Exploration Company 1010 First City Nat'l Bk Bldg Houston, TX 77002							
RECEIPT,	3. ARTICLE DESCRIPTION: REGISTERED NO. CERTIFIED NO. INSURED NO.							
REG	(Always obtain signature of addressee or agent)							
RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED	I have received the article described above SIGNATURE DAddressee DAuthorized agent DATE OF DELIVERY POSTMARK	E)						
AND CERTI	5. ADDRESS (Complete only If requested)							
FIED MAIL	6. UMABLE TO DELIVER BECAUSE: CLERK'S WITHALS							