

# Additional Information

Return Receipts from Extension  
AOR Analysis 11/5/20

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| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>   |  |
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br><input checked="" type="checkbox"/> <i>[Signature]</i>   |  |
| 1. Article Addressed to:<br><br>BTA Oil Producers<br>104 South Pecos<br>Midland, TX 79701<br><br>Brininstock SWD#1   |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee<br>B. Received by (Printed Name) <i>Josh [Signature]</i><br>C. Date of Delivery <i>7/21/2004</i>  |  |
|  |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |  |
|  |  | 3. Service Type<br><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
|  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |
| Article Number<br>(Transfer from service label) <i>7019 0140 0000 2008 6491</i>  |  |  |  |
| PS Form 3811, February 2004  |  | Domestic Return Receipt  |  |
|  |  | 102595-02-M-1540   |  |

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| 1. Article Addressed to:<br><br>Kaiser - Francis Oil company<br>6733 S. Yale Ave.<br>Tulsa, OK 74121<br><br>Brininstock  |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee<br>B. Received by (Printed Name) <i>3621 Louis [Signature]</i><br>C. Date of Delivery <i>7-25-04</i>  |  |
|  |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |  |
|  |  | 3. Service Type<br><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
|  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |
| Article Number<br>(Transfer from service label) <i>7019 0140 0000 2008 6507</i>  |  |  |  |
| PS Form 3811, February 2004  |  | Domestic Return Receipt  |  |
|  |  | 102595-02-M-1540   |  |

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| 1. Article Addressed to:<br><br>NGL Water Solutions<br>Permian, LLC<br><br>3773 Cherry Creek North Drive<br>Denver, CO. 80209<br><br>Brininstock   |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee<br>B. Received by (Printed Name)<br>C. Date of Delivery   |  |
|  |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |  |
|  |  | 3. Service Type<br><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
|  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |
| Article Number<br>(Transfer from service label) <i>7018 0680 0001 6620 5927</i>  |  |  |  |
| PS Form 3811, February 2004  |  | Domestic Return Receipt  |  |
|  |  | 102595-02-M-1540   |  |