## P 268 437 197

ļ	US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)  Sent to		
ļ	Sent to Rouis DR	egrus	
	Post Office, State, & ZIP Code		
	Postage	\$	
	Certified Fee	1.30	
	Special Delivery Fee		
	Restricted Delivery Fee	1.20	
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$3.60	
PS Form <b>3800</b> , April 1995	Postmark or Date		

N ADDRESS completed on the reverse side?	■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.		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:  Louis Dreyfus Natural Gas  1400 Quail Springs, Suite 600  OKlahoma City, OK 73134	4a. Article Number  268 437197  4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery		
Is your RETUF	6. Signatures (Addressee or Agent) PS Form 3611, December 1994	8. Addressee and fee is	o's Address (Only i paid) Domestic Retu	

## P 268 437 198

	Receipt for Cer No Insurance Coverage Do not use for Internation Sent to	Provided. nal Mail <i>(See reverse)</i>	
	Street & Number		
	Post Office, State, & ZIP Code		
	Postage	\$	
	Certified Fee	1.30	
	Special Delivery Fee		
ıΩ	Restricted Delivery Fee	1.20	
199	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$ 3.60	
PS Form 3800, April 1995	Postmark or Date		

	ACHDED				
se side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.	I also wish to receive the following services (for an extra fee):		øi.	
reverse	■ Attach this form to the front of the mailpiece, or on the back if space does not		1. Addressee's Address		Service
the re	permit.  "Write"Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.		2.  Restricted Delivery		Ser
on th			Consult postmaster for fee.		ceipt
	3. Article Addressed to:	4a. Article N		_	æ
completed	Merit Energy Co. 12222 Merit DR., Suita	<b>₹</b>	<del>18 437 19</del>	<u>18</u>	٤
		4b. Service Type			Return
Ξ.		☐ Registered		□ Certified	8
ES	1500	☐ Express I		☐ Insured	using
IN ADDRESS	Dollas TX 75251				
		7. Date of D	elivery 97		you for
RETUF	5. Received By: (Print Name)	Addressee's Address (Only if requested and fee is paid)		requested	Fhank you
5	6. Signature: (Addressee or Agent)				•
s your	XXX Muses				
<u></u>	PS Form <b>3811</b> , December 1994	•	Domestic Retu	ırn Receipt	