

State of New Mexico

ENERGY, MINERALS and NAT

1220 South Saint Francis Drive

P.O. Box 6429

Santa Fe, New Mexico 87505

Name

First **2** **Notice**

Second **Notice**

Return

CERTIFIED MAIL

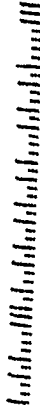


7000 0520 0021 3771 5695

United States Fire Insurance Company
c/o U.S. Insurance Group
ATTN: Surety Bond Department
P.O. Box 2639
Dallas, TX 75221

75221/5555

United States Fire Insurance Company



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

United States Fire Insurance Co.
c/o U. S. Insurance Group
ATTN: Surety Bond Department
P. O. Box 2639
Dallas, TX 75221

4a. Article Number

7000 0520 0021 3771 5695

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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

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

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102596-97-B-0179

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

United States Fire Insurance Company
305 Madison Avenue
Morristown, New Jersey 07960

Article Number

(Transfer from service label)

7001 1940 0004 7919 4792

S Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2512

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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 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 will show to whom the article was delivered and the date delivered.

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:

Underwriters Indemnity Co.
8 Greenway Plaza
Suite 400
Houston, TX 77048

4a. Article Number

7000 0520 0021 3771 5688

4b. Service Type

☐ Registered

☒ Certified

☐ Express Mail

☐ Insured

☐ Return Receipt for Merchandise

☐ COD

7. Date of Delivery

7/9/02

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service
CERTIFIED MAIL RE
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0021 3771 5688

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

United States Fire Insurance Company
ATTN: Surety Bond Department
Dallas, TX 75201

PS Form 3800, February 2000

See Reverse for Instructions

