

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.

1. Article Addressed to:

Chesapeake Operating Inc
PO Box 18496
Oklahoma City OK
[REDACTED]

2. Article Number (Copy from service label)

1000 1530 0000 1625 1443

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

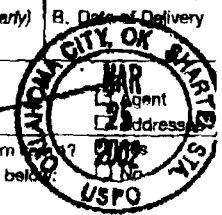
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X. [Signature]

D. Is delivery address different from [REDACTED]?
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

JUST RECEIVED 3/28/02