

POGO PRODUCING COMPANY  
Case # 9054  
December 17, 1986  
Exhibit G

Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:  
Amoco Production Company  
Attn: Ms. Julie Talbot  
P. O. Box 3092  
Houston, Texas 77253

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 167 342 008  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *M. M. M.*

7. Date of Delivery  
DEC 01 1986

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:  
HNG Oil Company and  
BelNorth Petroleum Corporation  
P. O. Box 2267  
Midland, Texas 79702

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 167 342 007  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
DEC 1 1986

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:  
Phillips Petroleum Company  
Attn: Mr. Kent Crawford  
4001 Penbrook, SW 131  
Odessa, Texas 79762

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 167 342 010  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *Wendell Rushing*

7. Date of Delivery  
DEC 1-86

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:  
Maddox Energy Corporation  
Attn: Mr. Ray Pendley  
200 Crescent Court, Suite 1610  
Dallas, Texas 75201

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 167 342 009  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *Wendy Jay*

7. Date of Delivery  
DEC 1 1986

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Dinero Operating Co.  
Attn: Mr. Jim Dewey  
P.O. Drawer 10505  
Midland, Texas 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 012

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X

7. Date of Delivery  
DEC 1 1986

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

Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Sun Exploration and Production Co.  
Attn: Mr. Rick Everett  
#24 Smith Rd., Sun Twr., Ste. 600  
Midland, Texas 79705

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 011

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *Rick Everett*

6. Signature - Agent  
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)  
PM 12.1.86

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
R. C. Roberts  
P.O. Box 640  
Gilmer, Texas 75644

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 016

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *R. C. Roberts*

6. Signature - Agent  
X

7. Date of Delivery  
DEC 1 1986

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
J. R. Rowan  
P.O. Box 7907  
Midland, Texas 79708

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 015

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *J. R. Rowan*

6. Signature - Agent  
X

7. Date of Delivery  
DEC - 2 1986

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

Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:  
V. H. Westbrook  
P. O. Box 2264  
Hobbs, New Mexico 88242

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 018

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Barbara Weir*

6. Signature - Agent  
X

7. Date of Delivery  
*12-7-86*

8. Addressee's Address (ONLY if requested and fee paid)  
*12-7-86*

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Mr. Robert B. Coleman  
P. O. Box 501  
Midland, Texas 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 020

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Robert B. Coleman*

6. Signature - Agent  
X

7. Date of Delivery  
*12-1-86*

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

Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Ruth D. Roberts  
c/o Daniel Roberts  
3602 Bonnie  
Austin, Texas 78703

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 017

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Ruth D. Roberts*

6. Signature - Agent  
X

7. Date of Delivery  
*12-3-86*

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

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:  
John M. Westbrook  
P. O. Box 2264  
Hobbs, New Mexico 88242

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 019

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Barbara Weir*

6. Signature - Agent  
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)  
*12-1-86*

Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Vera Kochergen  
Box 11006  
Fresno, California 93771

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 086

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X *Vera Kochergen*

7. Date of Delivery  
NOV 29 1986

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

Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Bush Exploration Company  
P. O. Drawer 10626  
Midland, Texas 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 021

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X *Donny York*

7. Date of Delivery  
DEC 1 1986

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Laura Jean Hofer  
337 Monarch Bay  
South Laguna CA 92667

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 088

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *Laura Jean Hofer*

6. Signature - Agent  
X

7. Date of Delivery  
12/12/86

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Bureau of Land Management  
Attn: Armando Lopez  
P. O. Box 1397  
Roswell, New Mexico 88201

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 087

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X *Armando Lopez*

7. Date of Delivery  
12/28/86

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Jack G. Woods  
5205 18th Place  
Lubbock, TX 79416

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 167 342 091
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
1986 JUN 15

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Ruth Guitar Murchison  
P. O. Box 712  
Red Bluff CA 96080

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 167 342 089
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
DEC - 4 1986

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Laura Woods Gall  
11409 Snow White Drive  
Dallas TX 75229

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 167 342 093
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Dennis Woods, Jr.  
1042 Santos  
Abilene, TX 79605

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 167 342 092
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
12-2-86

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

Form 3811, July 1983 447-945

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:  
Martha Jane Rhodes  
P O. Box 58  
Abilene TX 79416

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 095

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery  
DEC 2 1986

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983 447-945

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- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:  
James M. Alexander  
P. O. Box 58  
Abilene TX 79605

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 094

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery  
DEC 2 1986

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:  
Betty W. Nevill, Trustee  
750 West Creekside Drive  
Houston TX 77024

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P167342 097

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery  
12-3-86

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:  
Jerri Alexander Lott  
P.O. Box 58  
Abilene TX 79416

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 096

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery  
DEC 4 1986

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
John G. Witherspoon, Sr.  
3824 Arroyo Road  
Fort Worth TX 76109

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 099

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X *John G. Witherspoon*

7. Date of Delivery  
12-3-86

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

Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Guy P Witherspoon, Jr.  
308 Hazelwood  
Fort Worth TX 76107

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 098

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *Guy P Witherspoon*

6. Signature - Agent  
X

7. Date of Delivery  
12-3-86

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

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

**SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Earl B. Guitar, Jr.  
P. O. Box 744  
Abilene TX 79605

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 341 101

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X *Bobbie Bohm*

7. Date of Delivery  
12/2/86

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

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Pardue Farms  
P. O. Box 2018  
CARLSBAD, NM 88220

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 100

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X *Jan Dale*

7. Date of Delivery  
12/3/86

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

Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
James Kelly Polk  
12 Augusta  
Abilene TX 79606

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 167 342 103  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *James Kelly Polk*

6. Signature - Agent  
X

7. Date of Delivery  
12/2/86

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

Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
John Guitar, Jr.  
1234 Leggett Drive  
Abilene TX 79605

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 167 342 102  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *John Guitar*

6. Signature - Agent  
X

7. Date of Delivery  
DEC 3 1986

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Repps B. Guitar, Jr., Trustee  
P O. Box 2283  
Big Spring TX 79721

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 167 342 105  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Repps B. Guitar*

6. Signature - Agent  
X

7. Date of Delivery  
DEC 2 1986

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Leslie David Guitar Trust  
P O. Box 2283  
Big Spring TX 79721

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 167 342 104  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Leslie David Guitar*

6. Signature - Agent  
X

7. Date of Delivery  
DEC 2 1986

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



Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 3 and 4.**

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1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:  
Maryilyn G. Galusha Trust  
P.O. Box 2283  
Big Spring TX 79721

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 107

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X

7. Date of Delivery  
DEC 2 1986

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

**DOMESTIC RETURN RECEIPT**

Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:  
Pressley H. Guitar Trust  
P. O. Box 2283  
Big Spring TX 79721

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 106

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X

7. Date of Delivery  
DEC 2 1986

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

**DOMESTIC RETURN RECEIPT**

PS Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:  
Repps B. Guitar, Jr. Trustee  
P. O. Box 2283  
Big Spring TX 79721

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 167 342 108

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X

7. Date of Delivery  
DEC 2 1986

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

**DOMESTIC RETURN RECEIPT**