

is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

J.M. Huber Corp.
P.O. BOX 100325
Houston, Tx 77212

5. Signature (Addressee)

6. Signature (Agent)

LAWRENCE DUPREE

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

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

Consult postmaster for fee.

4a. Article Number

P 158 942 823

4b. Service Type

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

7. Date of Delivery

SEP 16 1994

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

Thank you for using Return Receipt Service.

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3. Article Addressed to:

Yates Petroleum
P.O. BOX 818
Artesia, NM 88210-0818

5. Signature (Addressee)

Vina Huerta

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

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

4a. Article Number

P 158 942 826

4b. Service Type

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

7. Date of Delivery

9-14-94

SENDER:

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3. Article Addressed to:

Texaco
P.O. BOX 3109
Midland, Tx 79702

5. Signature (Addressee)

6. Signature (Agent)

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

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

Consult postmaster for fee.

4a. Article Number

P 158 942 825

4b. Service Type

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

7. Date of Delivery

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

Thank you for using Return Receipt Service.

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PS Form 3811, December 1991

*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT