

PS 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
P.O. Box 68
Hobbs, New Mexico 88240

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <i>P139</i> <i>236456</i>

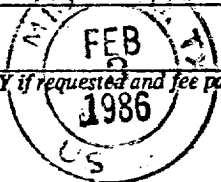
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Jean Williams*

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

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2. ☐ Restricted Delivery.

3. Article Addressed to:
Phillips Petro
BH 1967
Houston - 77001

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <i>P18628757A</i>

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *H Jackson*

6. Signature - Agent
 X

7. Date of Delivery
 FEB 10 1986

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

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2. ☐ Restricted Delivery.

3. Article Addressed to:
Scharbauer Cattle Company
P.O. Box 1471
Midland, TX. 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <i>P139</i> <i>236457</i>

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Jane Doe*

7. Date of Delivery

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

2-4-86

RECEIVED
 FEB 26 1986
 DOMESTIC RETURN RECEIPT

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3. Article Addressed to:
Cities Service Oil Co.
Mr. K.D. Van Horn
P.O. Box 1919
Midland, TX 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <i>P186287569</i>

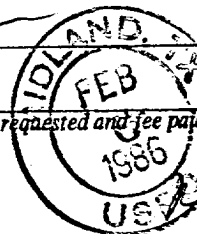
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

FEB 26 1986

O.C.D.

HOBBS OFFICE

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

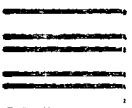
- Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
 - Attach to front of article if space permits, otherwise affix to back of article.
 - Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Murphy H. Baxter
(Name of Sender)
P.O. Box 2040
(No. and Street, Apt., Suite, P.O. Box or R.D. No.)
Middletown, CT 06452
(City, State, and ZIP Code)



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UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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OFFICIAL BUSINESS

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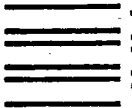
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