

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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: CONOCO INC. P. O. BOX 460 HOBBS, NM 88240	
4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	Article Number P 495 091 412
Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED.</u>	
5. Signature — Addressee X	
6. Signature — Agent X	
7. Date of Delivery	
8. Addressee's Address (<i>ONLY if requested and fee paid</i>)	

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1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: AMERADA HESS CORP. P. O. BOX 840 SEMINOLE, TX 79360	
4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	Article Number P 495 091 411
Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED.</u>	
5. Signature — Addressee X	
6. Signature — Agent X	
7. Date of Delivery	
8. Addressee's Address (<i>ONLY if requested and fee paid</i>)	

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1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: FIRST INTERSTATE BANK OF LEA COUNTY ATTN: MR. RON MILLER P. O. BOX 400 HOBBS, NM 88240	
4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	Article Number P 495 091 413
Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED.</u>	
5. Signature — Addressee X	
6. Signature — Agent X	
7. Date of Delivery	
8. Addressee's Address (<i>ONLY if requested and fee paid</i>)	