

SENDER: Be sure to follow instructions on other side

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
(Additional charges required for these services)

☒ Show to whom, date and address where delivered

☐ Deliver ONLY to addressee

RECEIPT

Received the numbered article described below

REGISTERED NO.

618725

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

Marathon Oil Company

INSURED NO.

DATE DELIVERED

9-15-75

SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

P.O. Box 552, Midland, TX 79701

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618722

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

Jesse Wright

CERTIFIED NO.

INSURED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SEP 15 1975

SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

525 Midland Street

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618723

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

W. E. Stults

INSURED NO.

DATE DELIVERED

SEP 15 1975

SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

Box 670

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RECEIPT

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618719

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

Samnit

CERTIFIED NO.

INSURED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

AUG 15 1975

SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

Paula M. M.