your <u>BETURN ADDRESS</u> completed on the reverse side?	7. Date of D		30 571 179 Type Certified Mail Insured weipt for Merchandise COD Delivery Sets Address (Only if requested)		rhank you for using Return Receipt Service.
la your B	6. Signature: (Addressee or Agent) X PS Form 3811 , December 1994	102595-98-8-0229 Domestic Return Receipt			
	NDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired.		S SECTION ON DELL Please Print Clearly)	VERY B. Date of Delive	ery
•	Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature X D. Is delivery add If YES, enter	- 🗌 Agent		see
GPT	Article Addressed to: Iruy Petroleum Management O Box 140907 Lruing, TX. 75014	3. Service Type			
		Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes			
2. Article Number (Copy from service label)					
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789					

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