



02054251

CERTIFIED MAIL RECEIPT FOR NOTICE OF ALLEGED VIOLATION (DOC. NO. 200199077)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: BILL BARRETT CORPORATION ATTN: SCOT DONATO 1099 18 TH STREET, STE 2300 DENVER CO 80202	B. Received by (<i>Printed Name</i>)	C. Date of Delivery 11/25
2. Article Number (<i>Transfer from service label</i>)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes 7003 1680 0000 6428 4432	Domestic Return Receipt 102595-02-M-1540