



02142454

P 105 217 405

US Postal Service
Receipt for Certified Mail
Insurance Coverage Provided.CENEX
P O BOX 80770
BILLINGS, MT 59102

OP # 14825

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

2/12/98

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

CENEX
P O BOX 80770
BILLINGS, MT 59102

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Paul Kaercher*

PS Form 3811, December 1994

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 105 217 405

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

2/12/98

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

DEPARTMENT OF NATURAL RESOURCES
Oil & Gas Conservation Commission
1120 Lincoln Street, Suite 801
Denver, Colorado 80203
341000526

COGCC

NOAV

FEB 17 98

RECEIVED

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