

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 3410 0000 2594 7834

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

8/29/11
 Postmark
 Here

Total Pos **Cathleen M. Osborn, Legal Counsel
 Kodiak Oil & Gas Corp.**

Sent To
 Legal Counsel
 1625 Broadway, Suite 250
 Denver, CO 80202

Street, Apt. or PO Box
 City, State, **CAA-08-2011-0020**

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

2

**Cathleen M. Osborn, Legal Counsel
 Kodiak Oil & Gas Corp.
 Legal Counsel
 1625 Broadway, Suite 250
 Denver, CO 80202**

2. Article (Tran) **7009 3410 0000 2594 7834**

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Krsinkeller** C. Date of Delivery **8/31/11**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

AUG 30 2011

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CAA-08-2011-0020

CAIRO

102595-02-M-1540