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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage \$		Postmark
Certified Fee		
Return Receipt Fee (Endorsement Required)		

Re: (Enc) Teryl C. Rose
 Regional Vice President
 To: Kansas Gas Service
 ONEOK
 1001 Edison Place
 Salina, Kansas 67401

Sent _____
 Street or PO _____
 City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <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. <p>1. Article Addressed to: CWA-07-2009-0035</p> <p>Teryl C. Rose Regional Vice President Kansas Gas Service ONEOK 1001 Edison Place Salina, Kansas 67401</p> <p>2. Article Number (Transfer from service label)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tom Anderson</i></p> <p>C. Date of Delivery 6-1-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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