FILED FILED 2012 JUN -5 PM 2:01 -5 PH 2:01 REGIONAL HEARING 5DWA-06-2012-1115 SDWA-06-2012-1115/Com alaint COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. х Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) Date of Delivery Attach this card to the back of the mallpiece, XUSTIN JACOBSEN or on the front if space permits. D. Is delivery address different from item 1? T Yes 1. Article Addressed to: D No If YES, enter delivery address below: Mr. Justin Jacobsen Osage Energy Resources, LLC 2200 McKenzie Road 3. Service Type Certified Mall Registered Pawhuska, OK 74056 Express Mail Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes 2. Article Number 7010 2780 0002 4356 5051 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540