SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes
1. Article Addressed to: #CAA-08-2018-0004 \$\frac{1}{2}	If YES, enter delivery address below: No
Glen Jasek	
General Manager, Vice President	
Williams Four Corners LLC	3. Service Type ☐ Certified Mail ☐ Express Mail
188 County Road 4900	Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
Bloomfield, NM 87413	4. Restricted Delivery? (Extra Fee)
THE RESIDENCE OF THE PERSON OF	
7012 2210 0000 5369 8608	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 :	

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