Control of the second of the s	
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 X
1. Article Addressed to: Mr. Stephen Rowe, Dwree Bobby Rowe Energy, Inc	D. Is delivery address different from item 2 (5) es If YES, enter delivery address below:
P.O. Box 240 Reggs, OK 74421	3. Service Type ☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mall ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
cle Number 7007 30	120 0000 1523 1A15 /
3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-154