COASTAL ENERGY COLPOLATION UP DES 17-04		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	/ERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item	Agent Addressee C. Date of Delivery Q-29-(7) 12 Yes
1. Article Addressed to:	If YES, enter delivery address below	
Jill Bailey 702 N. Center St. Willow Springs, MO 65793	ECEIVE HEADQI 7 8 6 20	Ť
	3. Service Type Certified Mail Registered Insured Mail	pt for Merchandise
	4. Restricted Delivery? (Extra Fee)	□ Yes
2. Article Number (Transfer from service label)         7008         3230         0000         9476         6906		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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