191	U.S. Postal Service TIM CERTIFIED MAILTER RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
m	OFFIGIAL. HOF				
4					
9220		Postage	\$	9/30/13	
m		Certified Fee			
000	Retr (Endorse	urn Receipt Fee ment Required)		Postmark Here	
	Restrict (Endorse	ed Delivery Fee			
3230		Scott Weatherholt, Assistant General Counsel			
m	Total I	Operations			
000	Sent To	Samson Plaza			
	-84	Two West So	wo West Second Street		
7	Street, a or PO E	Tulsa, OK 74103			
	City, Sta			***************************************	
	PS Form	3800, August 2	006	See Reverse for Instructions	

SEND MIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Demplete 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 Ministration  G. Date of Delivery	
1. Article Addressed to:  Scott Weatherholt, Assistant General Counsel Operations Samson Plaza Two West Second Street	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No	
Tulsa, OK 74103  SEP 3 0 2013	3. Service Type Certified Mail Registered Insured Mail C.O.D.	
2 Artic	4. Restricted Delivery? (Extra Fee)   Yes	
(Tran. ?UUB 323U UUB3 U?CB	CAIFO	
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540	