

7009 3410 0000 2594 7612

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE *Order*

Postage	\$	<i>9/23/11</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		

Postmark
Here

Restricted Delivery
(Endorsement Required)

Kirby J. Iler, Its Counsel
Marathon Oil Co.
1501 Stampede Avenue
Cody, WY 82414

Total Postage &

Sent To

DOCKET NO.: SDWA-08-2011-0051

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Kirby J. Iler, Its Counsel
Marathon Oil Co.
1501 Stampede Avenue
Cody, WY 82414

DOCKET NO.: SDWA-08-2011-0051

2. Article Number
(Trans)

7009 3410 0000 2594 7612

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert Kaelber

- Agent
 Addressee

B. Received by (Printed Name)

Robert Kaelber

C. Date of Delivery

9/26

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Order