

7009 3410 0000 2594 7957

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE** *order*

Postage \$		<i>8/25/2011</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage & Fees  
**Kirby J. Iler, Its Counsel**  
**Marathon Oil Co.**  
1501 Stampede Avenue  
Cody, WY 82414

Sent To  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
**DOCKET NO.: SDWA-08-2011-0051**

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 (Trans:)

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**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *Robert Koelbe*  Agent  Addressee
- B. Received by (Printed Name) *Robert Koelbe* C. Date of Delivery *8/29*
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

**AUG 25 2011**

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*