

7012 2210 0000 5367 9157

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

| | |
|--|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Returned

Postmark Here

Halcon Resources Corp &
Halcon Holdings, Inc.
1000 Louisiana Street, Suite 1500
Austin, TX 78701
CAA-08-2018-0010

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

7012 2210 0000 5369 9834

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|--|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

*Resent
CAFO
9/20/18*

Sent To
Halcon
Street, Apt. No.,
or PO Box No. *CAA-08-2018-0010*
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Signature <i>Valentin Reyes Jr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Valentin Reyes Jr</i></p> <p>C. Date of Delivery <i>10/8/18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to: <i>Halcon Resources 1000 Louisiana St Suite 1500 Houston, TX 77002</i></p> <p><i>CAA-08-2018-0010</i></p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7012 2210 0000 5369 9834</p> |
| PS Form 3811, February 2004 | Domestic Return Receipt |
| | 102595-02-M-1540 |

D OCT 01 2018