STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL COMPANY FOR COMPULSORY POOLING AND AN UNORTHODOX WELL LOCATION, EDDY COUNTY, NEW MEXICO. **Case No. 15274**

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Mewbourne Oil Company.

3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

James Bruce

SUBSCRIBED AND SWORN TO before me this 29th day of April, 2015 by James Bruce.

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-22-18

My Commission Expires: 10-22-18

Notary Public

Oil Conservation Division
Case No. 3
Exhibit No.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

March 12, 2015

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a well in the W½ of Section 3, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 2, 2015, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, March 26, 2015. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

James Bruce

Attorney for Mewbourne Oil Company

Attachment A

Parties Being Pooled

Anna Pauline Swearingen
512 Cedar Street
Concordia, Kansas 66901

Sheryl and Craig Collins, husband and wife
3209 SW Belle Ave.
Topeka, Kansas 66614

Sheryl Collins, dealing in her sole and separate property
3209 SW Belle Ave.
Topeka, Kansas 66614

Terry A. White and Carla K. White, Trustees
Of the Terry A. White and Carla K. White Trust dated 5-7-2014
P.O. Box 27
Tunkawa, Oklahoma 74653

James A. Collier, III
P.O. Box 63
Elgin, Oklahoma 73538

Gregory Collier
Address Unknown

Richard Allen Swearingen
3444 NE Happy Hollow Road
Topeka, Kansas 66617-3529

Melvin Rogers
3104 E. Broadway, Space 108
Mesa, Arizona 85204

Darlene Pearson a/k/a Liana Darlene Pearson
1107 Oakmont Street
Hays, Kansas 67601-1823

Norma Gupton, DSSP
1902 Moody Court
Arlington, Texas 76102-2031

Ronald Rogers
19955 Indian Summer Lane
Monument, Colorado 80132-9414

Marilyn Denkert
1330 S. 156th Court, Apt. 108
Omaha, Nebraska 68130-2575

Seniors Center of Kenesaw, Nebraska
110 W. Maple Avenue
Kenesaw, Nebraska 68956

American Legion of Kenesaw, Nebraska
P.O. Box 29
Kenesaw, Nebraska 68956

Cemetery Association of Kenesaw, Nebraska
Address Unknown

Hastings College
710 Turner Avenue
Hastings, Nebraska 68901

Rescue Unit
c/o City of Hastings Fire and Rescue
1313 North Hastings Avenue
Hastings, Nebraska 69801

Marvin L. Lundblade
527 E. Clackamas Circle
Woodburn, Oregon 97071-4409

Julie J. Martin
P.O. Box 10911
Southport, North Carolina 28461

John A. Brown
3669 Seneca Circle
Las Vegas, Nevada 89109

Peggy Sue Lawson
18395 W. FM 2790
Lytle, Texas 78052

Tiffany Gunther, DSSP
16702 East 49th Place
Tulsa, Oklahoma 74134

Dale M. Richardson, DSSP
5093 E. Highway 62
Gainsville, Texas 76240

Linda Richardson, a widow
13363 E Asbury Drive, Apt. 104
Aurora, Colorado 80014-6551

Harry T. Richardson, DSSP
13363 E Asbury Drive, Apt. 104
Aurora, Colorado 80014-6551

Robert D. Richardson, DSSP
13363 E Asbury Drive, Apt. 104
Aurora, Colorado 80014-6551

Estate of Flora Ruiz, Deceased
P.O. Box 111
Malaga, New Mexico 88263
Attn: Harvey G. Ruiz

Anastacia R. Blanco
430 Hillview Drive, Apt. 202
Linthicum Heights, Maryland 21090-3814

Bill C. Ruiz
41718 Sultana Road
Sultana, California 93666

Harvey G. Ruiz
P.O. Box 111
Malaga, New Mexico 88263

Lee Ann Voss Ruiz
Address Unknown

Joshua Lee Ruiz
Address Unknown

John Erby Ruiz
P.O. Box 111
Malaga, New Mexico 88263

John Bill Ruiz, DSSP
P.O. Box 161
Sultana, California 93666

Dela Inez Masterpolito, DSSP
1720 E. Monte Vista Road, Apt. 101
Phoenix, Arizona 85006-1973

Erma Lee Garcia
121 S. Quintana Dr.
Anaheim Hills, California 92807

Mary Jane Ruiz, DSSP
758 Shaw Avenue, #20
Clovis, California 93612-3216

Michael Kyle Leonard Child's Trust
Attn: Michael Kyle Leonard, Trustee
P.O. Box 2625
Eagle Pass, Texas 78853

Boys Club of America
1275 Peachtree Street NE
Atlanta, Georgia 30309-3506

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, Texas 78681

Virginia Lee Davis
P.O. Box 1065
Carlsbad, New Mexico 88221

LBD, a Limited Partnership
P.O. Box 686
Hobbs, New Mexico 88240

Irma J. Gregory, Personal Representative of
The Estate of Bonnie R. Gregory
14 Cork Street
Alva, Florida 33920

Irma J. Gregory, Individually
14 Cork Street
Alva, Florida 33920

Thomas W. Gregory
1705 Black Gold St., SE
Albuquerque, New Mexico 87123

William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, New Mexico 87123

Estate of Stanley J. Gregory
608 Lakeside Drive
Carlsbad, New Mexico 88220
Attn: Kathy Gregory

Clarence W. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

Brian L. McGonagill and wife, Shirley C.
1612 Westridge Road
Carlsbad, New Mexico 88220

Chasity Garza
1410 E. Broadway
Brownfield, Texas 79316

Mary Jo Beeman Dickerson
P.O. Box 642
Glenpool, Oklahoma 74033

Panagopoulos Enterprises
511 W. Reinken Ave.
Belen, New Mexico 87002

Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

John E. Hall, III
Address Unknown

Nevill Manning
2112 Indiana
Lubbock, Texas 79410

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, Texas 79424

Louis M. Ratliff and Mary D. Ratliff, his wife
8 Firwood Court
The Hills, Texas 78738

Eland Energy, Inc.
16400 Dallas Parkway, Suite 100
Dallas, Texas 75248

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.

Article Addressed to:

Marvin L. Lundblade
527 E. Clackamas Circle
Woodburn, Oregon 97071-4409

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen E Jones ☒ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 5.27.14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7013 3020 0000 4637 5597

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 5627

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

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

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

Postmark Here

Sent To: American Legion of Kenesaw, Nebraska
Street, Apt. No., or PO Box No.: P.O. Box 29
City, State, ZIP+4: Kenesaw, Nebraska 68956

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 5597

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

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

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

Postmark Here

Sent To: Marvin L. Lundblade
Street, Apt. No., or PO Box No.: 527 E. Clackamas Circle
City, State, ZIP+4: Woodburn, Oregon 97071-4409

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:

American Legion of Kenesaw, Nebra
P.O. Box 29
Kenesaw, Nebraska 68956

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna Perr ☒ Agent ☐ Addressee

B. Received by (Printed Name) Donna Perr | C. Date of Delivery: 5-5-15

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

3. Service Type
☒ Certified Mail® ☒ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 5627

PS Form 3811, July 2013 Domestic Return Receipt

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.

Article Addressed to:

Norma Gupton, DSSP
1902 Moody Court
Arlington, Texas 76102-2031

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) M. Clin Gupton C. Date of Delivery

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

MAR 20 2015

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7013 3020 0000 4637 5375

PS Form 3811, July 2013 Domestic Return Receipt

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

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

7013 3020 0000 4637 5382

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

Postmark Here

Sent To
Darlene Pearson a/k/a Liana Darlene Pearson
Street, Apt. No., or PO Box No. 1107 Oakmont Street
City, State, ZIP+4 Hays, Kansas 67601-1823

PS Form 3800, August 2006 See Reverse for Instructions

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

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

7013 3020 0000 4637 5375

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

Postmark Here

Sent To
Norma Gupton, DSSP
Street, Apt. No., or PO Box No. 1902 Moody Court
City, State, ZIP+4 Arlington, Texas 76102-2031

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:

Darlene Pearson a/k/a Liana Darlene Pearson
1107 Oakmont Street
Hays, Kansas 67601-1823

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Darlene Pearson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Darlene Pearson C. Date of Delivery 3-17-15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 5382

PS Form 3811, July 2013 Domestic Return Receipt

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:

Louis M. Ratliff and Mary D. Ratliff, his wife
8 Firwood Court
The Hills, Texas 78738

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 3-20

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6211

PS Form 3811, July 2013 Domestic Return Receipt

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

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

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

Postmark Here

Sent To: Panagopoulos Enterprises
Street, Apt. No. or PO Box No.: 511 W. Reinken Ave.
City, State, ZIP+4: Belen, New Mexico 87002

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 6259

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

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

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

Postmark Here

Sent To: Louis M. Ratliff and Mary D. Ratliff, his wife
Street, Apt. No. or PO Box No.: 8 Firwood Court
City, State, ZIP+4: The Hills, Texas 78738

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 6211

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:

Panagopoulos Enterprises
511 W. Reinken Ave.
Belen, New Mexico 87002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Pamela Eeen ☑ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 3/16/15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6259

PS Form 3811, July 2013 Domestic Return Receipt

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

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

7013 3020 0000 4637 6266

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

Postmark Here

Sent To: Sue Osborn Powell, f/k/a Sue Osborn
Street, Apt. No., or PO Box No.: 899 Hedgewood Drive
City, State, ZIP+4: Georgetown, Texas 78620

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:

John W. Osborn
P.O. Box 419
Tipton, Oklahoma 76570

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John W Osborn ☐ Agent ☑ Addressee

B. Received by *(Printed Name)*: John W Osborn
C. Date of Delivery: MAR 17 2015

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)*: 7013 3020 0000 4637 6273

PS Form 3811, July 2013 — Domestic Return Receipt

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:

Sue Osborn Powell, f/k/a Sue Osborn
899 Hedgewood Drive
Georgetown, Texas 78620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sue O Powell ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*: Powell
C. Date of Delivery:

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)*: 7013 3020 0000 4637 6266

PS Form 3811, July 2013 — Domestic Return Receipt

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

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

7013 3020 0000 4637 6273

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

Postmark Here

Sent To: John W. Osborn
Street, Apt. No., or PO Box No.: P.O. Box 419
City, State, ZIP+4: Tipton, Oklahoma 76570

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:

Patricia Gae Stamps
P.O. Box 817
Panhandle, Texas 79068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Gae Stamps ☐ Agent ☐ Addressee

B. Received by (Printed Name) Patricia G Stamps C. Date of Delivery 3-17-15

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

PO BOX 249
Panhandle Tx 79068

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6280

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 6297

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

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

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

Postmark Here

Sent To: Brian L. McGonagill and wife, Shirley C.
Street, Apt. No.; or PO Box No.: 1612 Westridge Road
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 6280

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

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

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

Postmark Here

Sent To: Patricia Gae Stamps
Street, Apt. No.; or PO Box No.: P.O. Box 817
City, State, ZIP+4: Panhandle, Texas 79068

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:

Brian L. McGonagill and wife, Shirley C.
1612 Westridge Road
Carlsbad, New Mexico 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6297

PS Form 3811, July 2013 Domestic Return Receipt

ENDER: 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:

Clarence W. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X (W Ervin) ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 3-17

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 6303

PS Form 3811, July 2013 Domestic Return Receipt

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

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

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

Postmark Here

Sent To: William E. Gregory
Street, Apt. No.; or PO Box No.: 11910 Central Ave., SE, Suite B
City, State, ZIP+4: Albuquerque, New Mexico 87123

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 6310

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

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

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

Postmark Here

Sent To: Clarence W. Ervin
Street, Apt. No.; or PO Box No.: 4016 Jones Street
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 6303

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:

William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, New Mexico 87123

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ann Wood ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 3-16

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 6310

PS Form 3811, July 2013 Domestic Return Receipt

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.

Article Addressed to:

Thomas W. Gregory
1705 Black Gold St., SE
Albuquerque, New Mexico 87123

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tommy Gregory C. Date of Delivery 3/7/15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7013 3020 0000 4637 6327

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

7013 3020 0000 4637 6341

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

Postmark Here

Sent To: Irma J. Gregory, Personal Representative of
The Estate of Bonnie R. Gregory
Street, Apt. No.; or PO Box No.: 14 Cork Street
City, State, ZIP+4: Alva, Florida 33920

PS Form 3800, August 2006 See Reverse for Instructions

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

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

7013 3020 0000 4637 6327

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

Postmark Here

Sent To: Thomas W. Gregory
Street, Apt. No.; or PO Box No.: 1705 Black Gold St., SE
City, State, ZIP+4: Albuquerque, New Mexico 87123

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:

Irma J. Gregory, Personal Representative of
The Estate of Bonnie R. Gregory
14 Cork Street
Alva, Florida 33920

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) IRMA GREGORY C. Date of Delivery 3-27-15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6341

PS Form 3811, July 2013 Domestic Return Receipt

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:

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, Texas 78681

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 3/21

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6358

PS Form 3811, July 2013 Domestic Return Receipt

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

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

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

Postmark Here

Sent To: John Bill Ruiz, DSSP
Street, Apt. No.; or PO Box No.: P.O. Box 161
City, State, ZIP+4: Sultana, California 93666

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 6426

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

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

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

Postmark Here

Sent To: Mary Camille Hall
Street, Apt. No.; or PO Box No.: 3812 Tailfeather Drive
City, State, ZIP+4: Round Rock, Texas 78681

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:

John Bill Ruiz, DSSP
P.O. Box 161
Sultana, California 93666

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 3/20/15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6426

PS Form 3811, July 2013 Domestic Return Receipt

NDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete
tem 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.

Article Addressed to:

Harvey G. Ruiz
P.O. Box 111
Malaga, New Mexico 88263

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alice S Ruiz ☑ Agent ☐ Addressee

B. Received by (Printed Name) Alice S. Ruiz | C. Date of Delivery 3/19/15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7013 3020 0000 4637 5504

Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 5535

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

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

Postmark Here

Sent To: Estate of Flora Ruiz, Deceased
Street, Apt. No.; or PO Box No.: P.O. Box 111
City, State, ZIP+4: Malaga, New Mexico 88263
Attn: Harvey G. Ruiz

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 5504

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

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

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

Postmark Here

Sent To: Harvey G. Ruiz
Street, Apt. No.; or PO Box No.: P.O. Box 111
City, State, ZIP+4: Malaga, New Mexico 88263

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:

Estate of Flora Ruiz, Deceased
P.O. Box 111
Malaga, New Mexico 88263
Attn: Harvey G. Ruiz

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alice S Ruiz ☑ Agent ☐ Addressee

B. Received by (Printed Name) ALICE S. RUIZ | C. Date of Delivery 3/19/15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☑ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 5535

PS Form 3811, July 2013 Domestic Return Receipt

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:

Julie J. Martin
P.O. Box 10911
Southport, North Carolina 28461

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Martin ☐ Agent ☑ Addressee

B. Received by (Printed Name) D. Martin C. Date of Delivery 3/19/15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service l) 7013 3020 0000 4637 5580

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 5603

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	$

Postmark Here

Sent To: Rescue Unit
Street, Apt. No.; or PO Box No.: c/o City of Hastings Fire and Rescue
City, State, ZIP+4: 1313 North Hastings Avenue, Hastings, Nebraska 69801

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 5580

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	$

Postmark Here

Sent To: Julie J. Martin
Street, Apt. No.; or PO Box No.: P.O. Box 10911
City, State, ZIP+4: Southport, North Carolina 28461

PS Form 3800, August 2006 See Reverse for Instructions

DER: 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:

Rescue Unit
c/o City of Hastings Fire and Rescue
1313 North Hastings Avenue
Hastings, Nebraska 69801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Walton ☐ Agent ☐ Addressee

B. Received by (Printed Name) Linda Walton C. Date of Delivery 3/17

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service lab) 7013 3020 0000 4637 5603

PS Form 3811, July 2013 Domestic Return Receipt

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:

Marilyn Denkert
1330 S. 156th Court, Apt. 108
Omaha, Nebraska 68130-2575

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marilyn Denkert ☐ Agent ☒ Addressee

B. Received by (Printed Name): Marilyn Denkert
C. Date of Delivery: 03-19-15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 5351

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 6235

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

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

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

Postmark Here

Sent To: Eland Energy, Inc.
Street, Apt. No.; or PO Box No.: 16400 Dallas Parkway, Suite 100
City, State, ZIP+4: Dallas, Texas 75248

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 5351

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

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

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

Postmark Here

Sent To: Marilyn Denkert
Street, Apt. No.; or PO Box No.: 1330 S. 156th Court, Apt. 108
City, State, ZIP+4: Omaha, Nebraska 68130-2575

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:

Eland Energy, Inc.
16400 Dallas Parkway, Suite 100
Dallas, Texas 75248

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6235

PS Form 3811, July 2013 Domestic Return Receipt

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:

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Colin Watts | C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6204

PS Form 3811, July 2013 Domestic Return Receipt

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

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

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

Postmark Here

7013 3020 0000 4637 6242

Sent To: Klipstine & Hanratty
Street, Apt. No., or PO Box No.: 1601 N. Turner, Suite 400
City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800, August 2006 See Reverse for Instructions

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

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

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

Postmark Here

7013 3020 0000 4637 6204

Sent To: Nolan Greak
Street, Apt. No., or PO Box No.: 8008 Slide Road, Suite #33
City, State, ZIP+4: Lubbock, Texas 79424

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:

Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Hillary Graytan | C. Date of Delivery 3-20-15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6242

PS Form 3811, July 2013 Domestic Return Receipt

ENDER: 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.

Article Addressed to:

Chasity Garza
1410 E. Broadway
Brownfield, Texas 79316

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] Garza
C. Date of Delivery 3-17-15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7013 3020 0000 4637 6389

PS Form 3811, July 2013 Domestic Return Receipt

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

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

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

Postmark Here

Sent To: Chasity Garza
Street, Apt. No., or PO Box No.: 1410 E. Broadway
City, State, ZIP+4: Brownfield, Texas 79316

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 6389

7013 3020 0000 4637 6334

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

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

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

Postmark Here

Sent To: Irma J. Gregory, Individually
Street, Apt. No., or PO Box No.: 14 Cork Street
City, State, ZIP+4: Alva, Florida 33920

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:

Irma J. Gregory, Individually
14 Cork Street
Alva, Florida 33920

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) IRMA GREGORY
C. Date of Delivery 3-19-15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 6334

PS Form 3811, July 2013 Domestic Return Receipt

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:

Boys Club of America
1275 Peachtree Street NE
Atlanta, Georgia 30309-3506

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3/18/15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service lab) 7013 3020 0000 4637 6365

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 6372

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	$

Postmark Here

Sent To: Michael Kyle Leonard Child's Trust
Street, Apt. No.; or PO Box No.: Attn: Michael Kyle Leonard, Trustee
City, State, ZIP+4: P.O. Box 2625, Eagle Pass, Texas 78853

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 6365

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	$

Postmark Here

Sent To: Boys Club of America
Street, Apt. No.; or PO Box No.: 1275 Peachtree Street NE
City, State, ZIP+4: Atlanta, Georgia 30309-3506

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:

Michael Kyle Leonard Child's Trust
Attn: Michael Kyle Leonard, Trustee
P.O. Box 2625
Eagle Pass, Texas 78853

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Michael Leonard C. Date of Delivery 3-19-15

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

3. Service Type
☑ Certified Mail® ☑ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service) 7013 3020 0000 4637 6372

PS Form 3811, July 2013 Domestic Return Receipt

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:

John Erby Ruiz
P.O. Box 111
Malaga, New Mexico 88263

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alice S. Ruiz ☑ Agent ☐ Addressee

B. Received by (Printed Name) ALICE S. RUIZ C. Date of Delivery 3/19/15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 5498

PS Form 3811, July 2013 Domestic Return Receipt

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

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

7013 3020 0000 4637 5528

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

Postmark Here

Sent To: Anastacia R. Blanco
Street, Apt. No.; or PO Box No.: 430 Hillview Drive, Apt. 202
City, State, ZIP+4: Linthicum Heights, Maryland 21090-3814

PS Form 3800, August 2006 See Reverse for Instructions

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

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

7013 3020 0000 4637 5498

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

Postmark Here

Sent To: John Erby Ruiz
Street, Apt. No.; or PO Box No.: P.O. Box 111
City, State, ZIP+4: Malaga, New Mexico 88263

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:

Anastacia R. Blanco
430 Hillview Drive, Apt. 202
Linthicum Heights, Maryland 21090-3814

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A. R Blanco ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 5528

PS Form 3811, July 2013 Domestic Return Receipt

NDER: *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.

Article Addressed to:

Robert D. Richardson, DSSP
13363 E Asbury Drive, Apt. 104
Aurora, Colorado 80014-6551

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Amy Taylor ☐ Agent ☐ Addressee

B. Received by (Printed Name) Amy Taylor | C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

Article Number *(Transfer from service label)* 7013 3020 0000 4637 5542

Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 5610

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

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

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

Postmark Here

Sent To: Hastings College
Street, Apt. No.; or PO Box No.: 710 Turner Avenue
City, State, ZIP+4: Hastings, Nebraska 68901

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 5542

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

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

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

Postmark Here

Sent To: Robert D. Richardson, DSSP
Street, Apt. No.; or PO Box No.: 13363 E Asbury Drive, Apt. 104
City, State, ZIP+4: Aurora, Colorado 80014-6551

PS Form 3800, August 2006 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 3-17-15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

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:

Hastings College
710 Turner Avenue
Hastings, Nebraska 68901

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 5610

PS Form 3811, July 2013 Domestic Return Receipt

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:

Ronald Rogers
19955 Indian Summer Lane
Monument, Colorado 80132-9414

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) RONALD ROGERS C. Date of Delivery 3/18/2015

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7013 3020 0000 4637 5368

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

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

Postmark Here

Sent To: Ronald Rogers
Street, Apt. No.; or PO Box No.: 19955 Indian Summer Lane
City, State, ZIP+4: Monument, Colorado 80132-9414

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 5368

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

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

Postmark Here

Sent To: Seniors Center of Kenesaw, Nebraska
Street, Apt. No.; or PO Box No.: 110 W. Maple Avenue
City, State, ZIP+4: Kenesaw, Nebraska 68956

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 5344

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:

Seniors Center of Kenesaw, Nebraska
110 W. Maple Avenue
Kenesaw, Nebraska 68956

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carroll Burling ☒ Agent ☐ Addressee

B. Received by (Printed Name) Carroll Burling C. Date of Delivery 3-19-15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 5344

PS Form 3811, July 2013 Domestic Return Receipt

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:

Sheryl and Craig Collins, husband and wife
3209 SW Belle Ave.
Topeka, Kansas 66614

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 5429

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 5429

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

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

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

Postmark Here

Sent To
Sheryl and Craig Collins, husband and wife
Street, Apt. No.; or PO Box No. 3209 SW Belle Ave.
City, State, ZIP+4 Topeka, Kansas 66614

PS Form 3800, August 2006 **See Reverse for Instructions**

7013 3020 0000 4637 5412

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

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

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

Postmark Here

Sent To	Sheryl Collins, dealing in her sole and separate property
Street, Apt. No.; or PO Box No.	3209 SW Belle Ave.
City, State, ZIP+4	Topeka, Kansas 66614

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:

Collins, dealing in her sole and separate property
W Belle Ave.
Kansas 66614

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 5412

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 5566

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	$

Postmark Here

Sent To: Linda Richardson, a widow
Street, Apt. No.; or PO Box No.: 13363 E Asbury Drive, Apt. 104
City, State, ZIP+4: Aurora, Colorado 80014-6551

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:

Linda Richardson, a widow
13363 E Asbury Drive, Apt. 104
Aurora, Colorado 80014-6551

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service lab)* 7013 3020 0000 4637 5566

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 5573

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

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

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

Postmark Here

Sent To: Dale M. Richardson, DSSP
Street, Apt. No.; or PO Box No.: 5093 E. Highway 62
City, State, ZIP+4: Gainsville, Texas 76240

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:

Dale M. Richardson, DSSP
5093 E. Highway 62
Gainsville, Texas 76240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

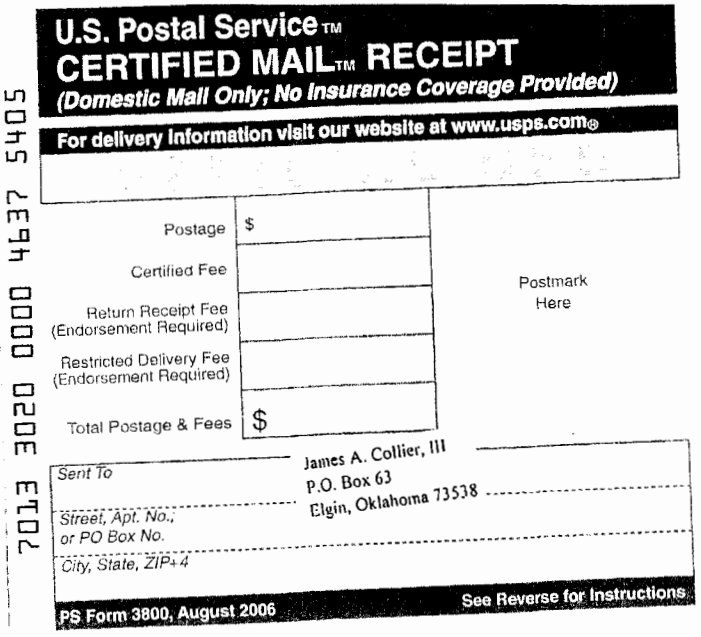
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 5573

PS Form 3811, July 2013 Domestic Return Receipt



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

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

7013 3020 0000 4637 5405

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

Postmark Here

Sent To: James A. Collier, III
Street, Apt. No., or PO Box No.: P.O. Box 63
City, State, ZIP+4: Elgin, Oklahoma 73538

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:

James A. Collier, III
P.O. Box 63
Elgin, Oklahoma 73538

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

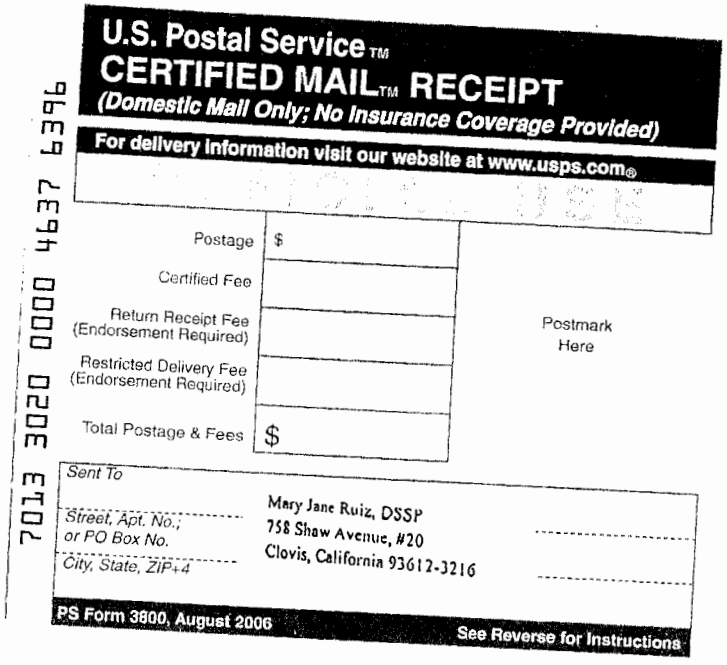
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 5405

PS Form 3811, July 2013 Domestic Return Receipt



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

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

7013 3020 0000 4637 6396

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

Postmark Here

Sent To
Mary Jane Ruiz, DSSP
Street, Apt. No.; or PO Box No. 758 Shaw Avenue, #20
City, State, ZIP+4 Clovis, California 93612-3216

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:

Mary Jane Ruiz, DSSP
758 Shaw Avenue, #20
Clovis, California 93612-3216

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

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

RETURNED TO SENDER
NOT DELIVERABLE AS ADDRESSED, UNABLE TO FORWARD.

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 6396

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7013 3020 0000 4637 5511

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

Postmark Here

Sent To: Bill C. Ruiz
Street, Apt. No., or PO Box No.: 41718 Sultana Road
City, State, ZIP+4: Sultana, California 93666

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:

Bill C. Ruiz
41718 Sultana Road
Sultana, California 93666

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

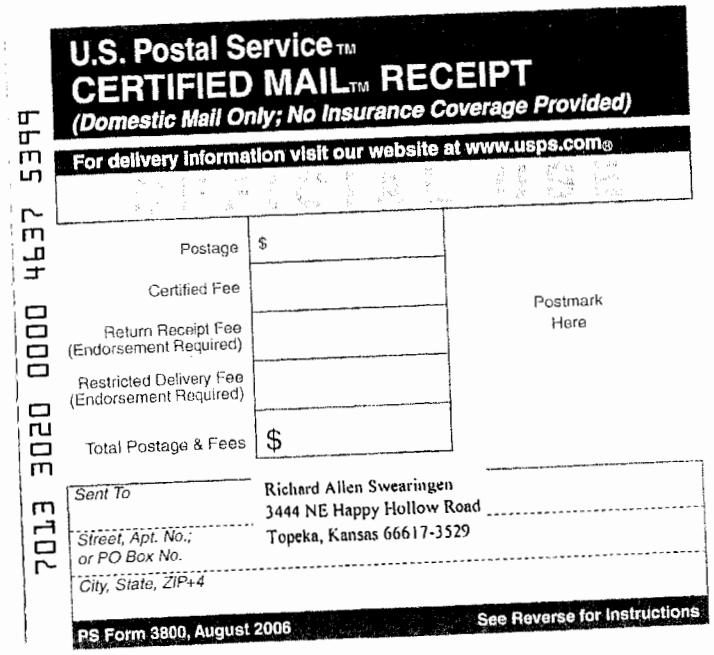
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 5511

PS Form 3811, July 2013 Domestic Return Receipt



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

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

7013 3020 0000 4637 5399

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

Postmark Here

Sent To: Richard Allen Swearingen
Street, Apt. No., or PO Box No.: 3444 NE Happy Hollow Road
City, State, ZIP+4: Topeka, Kansas 66617-3529

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:

Richard Allen Swearingen
3444 NE Happy Hollow Road
Topeka, Kansas 66617-3529

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 3020 0000 4637 5399

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 6419

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

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

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

Postmark Here

Sent To
Dela Inez Masterpolito, DSSP
Street, Apt. No., or PO Box No. 1720 E. Monte Vista Road, Apt. 101
City, State, ZIP+4 Phoenix, Arizona 85006-1973

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:

Dela Inez Masterpolito, DSSP
1720 E. Monte Vista Road, Apt. 101
Phoenix, Arizona 85006-1973

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 6419

PS Form 3811, July 2013 Domestic Return Receipt

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

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

7013 3020 0000 4637 5559

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

Postmark Here

Sent To: Harry T. Richardson, DSSP
Street, Apt. No.; or PO Box No.: 13363 E Asbury Drive, Apt. 104
City, State, ZIP+4: Aurora, Colorado 80014-6551

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:

Harry T. Richardson, DSSP
13363 E Asbury Drive, Apt. 104
Aurora, Colorado 80014-6551

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 4637 5559

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4637 6228

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

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

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

Postmark Here

Sent To Nevill Manning
Street, Apt. No.; or PO Box No. 2112 Indiana
City, State, ZIP+4 Lubbock, Texas 79410

PS Form 3800, August 2006 **See Reverse for Instructions**

7013 3020 0000 4637 6402

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

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

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

Postmark Here

Sent To Erma Lee Garcia
Street, Apt. No.; or PO Box No. 121 S. Quintana Dr.
City, State, ZIP+4 Anaheim Hills, California 92807

PS Form 3800, August 2006 **See Reverse for Instructions**