BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CHI ENERGY, INC. FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 13193**

AFFIDAVIT REGARDING NOTICE

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

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 Applicant.

3. Applicant 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 correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 20th day of January, 2004, by James Bruce.

Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 6

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) 982-2151 (FAX)

jamesbruc@aol.com

December 18, 2003

To: Unleased mineral owners in the S½ of Section 3, Township 22 South, Range 26 East, N.M.P.M.

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc., regarding the S½ of Section 3, Township 22 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, January 8, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, January 2, 2004, if you intend to enter an appearance and participate in the case.

You have probably been contacted in the past by Tierra Oil Company, seeking to lease your interest. Tierra Oil Company is acting on behalf of Chi Energy, Inc. If you have signed a lease, you can ignore this letter. If you are interested in leasing your interest, please contact Chris Barnhill at Tierra Oil Company, P.O. Box 700968, San Antonio, Texas, 78270, (830) 438-7196. Thank you.

Very truly yours,

James Bruce

Attorney for Chi Energy, Inc.

Unleased Owners

Miguel C. Morales

Paulina Morales
3909 Jones Street
Carlsbad, NM 88220

Gretta L. Cooper, a widow
1312 West Thomas Street
Carlsbad, NM 88220

Gladys L. Pryor, as
separate property

John E. Dean and
wife Ruth Dean

Wilson L. Akins, as
separate property

Theo A. Bennett and
wife Maurine Bennett

Richard L. Asbury and
wife Debra E. Asbury

Lupe G. Lara and wife
Mary V. Lara, as
joint tenants

Ruby E. Derington, a widow
4301 West Texas
Carlsbad, NM 88220

Leo B. Estrada III and
wife Vickie Estrada
607 South 11th
Carlsbad, NM 88220

John R. Rogers and wife
Janet Neosha Rogers

C.L. Thacker and wife
Annie M. Thacker
711 North Happy Valley Road
Carlsbad, NM 88220

Robert L. Graves and wife
Yolanda H. Graves
109 South Abner
Carlsbad, NM 88220

Juan Rascon and wife
Adela Rascon
603 Boyd Drive
Carlsbad, NM 88220

Jimmy C. Barnett and
wife Janice Barnett
1034 North Edwards
Carlsbad, NM 88220

Happy Valley Baptist Church
P.O. Box 281
Carlsbad, NM 88221

Emma Loftis, a widow
2312 Parsifal NE
Albuquerque, NM 87112

Marvin Albright
1302 South Canal
Carlsbad, NM 88220

Leroy Albright
2016 Smedley Road
Carlsbad, NM 88220

The heirs of Annette Cranford,
who are apparently Jerry
Cranford, Dale Cranford,
Dorothy Debrosse, Penny
Ebersbacher, and Debbie
Fletcher

Carla Galloway
3017 Smedley Road
Carlsbad, NM 88220

Linda Calderon
1705 Watson
Carlsbad, NM 88220

Noely H. Burton, Jr. and
wife Darlene Burton
4016 Carlsbad, NM 88220

T.L. Spoonts, Jr. and
wife Hetty G. Spoonts

Eddy County
Suite 225
101 West Greene
Carlsbad, NM 88220

Kenneth Stiles and wife
Earlene Stiles (as joint
tenants) and Ida Norma
Ferrero (as separate property),
as joint tenants

Dan Leisle and Irene Leisle
107 South Happy Valley Road
Carlsbad, NM 88220

Ruth E. Davis
805 Hueco Street
Carlsbad, NM 88220

Beneficial Mortgage Company
406 West Mermod
Carlsbad, NM 88220

Johnny M. Hunt and
wife Mary P. Hunt

Roy B. Laney and
wife Barbara L. Laney
4001 Jones Street
Carlsbad, NM 88220

Alvis Mensch
3915 Jones Street
Carlsbad, NM 88220

Stephen M. Mensch
3915 Jones Street
Carlsbad, NM 88220

Charles G. Lowrance
Rural Route 1, Box 234
Sulphur, OK 73068

Layne Ellen Lowrance McAdoo
10031 Treasure Ct NW
Albuquerque, NM 87114

Arthur Carroll Miller
810 Rio Road
Bloomfield, NM 87413

Joseph Ray Miller
2285 N. 600 East
North Logan, Utah 84341

Mary Margaret Miller
4925 S. Old Wire Rd
Battlefield, MO 65619

Ima Jeanne Montgomery, Trustee
of the Ima Jeanne Montgomery
Revocable Trust Agreement dated
November 1, 1997
2202 Country Club Terrace
Duncan, OK 73533

H. Davis Holt
10145 Monaco
El Paso, TX 79925

Ruby N. Holt
1033 North Eddy
Carlsbad, NM 88220

Viola M. Jackson, a widow

W.C. Allen and wife
Clara Mae Allen

Clarence J. Ramsey and
wife Marjorie Ramsey

Successors to Grady L.
Bardwell, Sr., deceased
P.O. Box 266
Fairacres, NM 88033

Theda Phillips f/k/a
Theda F. Dart
P.O. Box 206
Shallowater, TX 79363

Ivana (Foreman) Morrison
17 Forsyth
Alamogordo, NM 88310

Kenna (Foreman) Crnkovic
13429 Highway 281 South
Santo, TX 76472

Casey Foreman

Thomas H. Painter and
wife Nancy Painter
P.O. Box 1137
Carlsbad, NM 88221

Roy G. Barton, Jr., as
separate property
1919 North Turner
Hobbs, NM 88240

E.L. Latham Co.
P.O. Box 1392
Hobbs, NM 88241

Cordie Mossier
302 Valley View
Carlsbad, NM 88220

The successors to Pete
Vaughn and Cleetus C.
Vaughn, who appear to be:

Lynn Collins
215 E. Parker,
Carlsbad, NM 88220; and

Delores Stubblefield

Bennie P. Grant
P.O. Box 128
Santa Cruz, NM 87562

Clinton A. Grant
P.O. Box 128
Santa Cruz, NM 87562

Marion Lee Smith
719 El Alhambra Circle NW
Albuquerque, NM 87107

Hilton W. McKinney
9122 Leader
Houston, Texas 77036

Javier Hinojos and wife
Charlotte Hinojos
107 South Swigart
Carlsbad, NM 88220;

or Eduvijen Calderon,
subject to Real Estate
Contract in favor
of Yolanda Mendoza

Juanita M. Joseph a/k/a
Juanita M. Tomsic
109 South Swigart
Carlsbad, NM 88220

Patricia J. Bramblett
207 South Swigart
Carlsbad, NM 88220

Howard E. Plum and Geneva
P. Plum, Trustees of the
Plum Family Revocable
Living Trust
4401 West Texas Street
Carlsbad, NM 88220

Oneta F. Marler
103 Carter
Carlsbad, NM 88220

Janet Louise Dewey and husband
John E. Dewey

Howard E. Plum
4401 West Texas Street
Carlsbad, NM 88220

Successors to Robert J.
Harris and G. Marie
Harris, both deceased

Donald R. Couch and wife
Virginia M. Couch

Duane L. Pearson and wife
Jackie G. Pearson
2019 Peppertree
Carlsbad, NM 88220

Ramiro N. Graziano and wife
Kathleen Graziano
4304 Jones Street
Carlsbad, NM 88220

Michael Lee DeMoss

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Arthur Carroll Miller
810 Rio Road
Bloomfield, NM 87413

Joseph Ray Miller
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North Logan, Utah 84341

Mary Margaret Miller
4925 S. Old Wire Rd
Battlefield, MO 65619

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Theda F. Dart
P.O. Box 206
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Kenna (Foreman) Crnkovic
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Cordie Mossier
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Carlsbad, NM 88220

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Carlsbad, NM 88220; and

Delores Stubblefield

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P.O. Box 128
Santa Cruz, NM 87562

Clinton A. Grant
P.O. Box 128
Santa Cruz, NM 87562

Marion Lee Smith
719 El Alhambra Circle NW
Albuquerque, NM 87107

Hilton W. McKinney
9122 Leader
Houston, Texas 77036

Javier Hinojos and wife
Charlotte Hinojos
107 South Swigart
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Carlsbad, NM 88220

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John E. Dewey

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2019 Peppertree
Carlsbad, NM 88220

Ramiro N. Graziano and wife
Kathleen Graziano
4304 Jones Street
Carlsbad, NM 88220

Michael Lee DeMoss

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

SANTA FE NM DEC 19 2003 Postmark Here USPS 87501

Sent To
Street, Apt. No.; or PO Box No. Patricia J. Bramblett
207 South Swigart
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Charles G. Lowrance
Rural Route 1, Box 234
Sulphur, OK 73068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Charlotte Lowrance ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* Charlotte Lowrance C. Date of Delivery 12-24-03

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

2. Article Number *(Transfer from service label)* 7003 1680 0000 7594 2857

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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 J. Bramblett
207 South Swigart
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia J. Bramblett ☐ 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

CARLSBAD NM 88220 DEC 24 2003 USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

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

2. Article Number *(Transfer from service label)* 7003 2260 0006 7446 0339

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 1680 0000 7594 2857

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

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Sent To
Street, Apt. No.; or PO Box No. Charles G. Lowrance
Rural Route 1, Box 234
City, State, ZIP+4 Sulphur, OK 73068

PS Form 3800, June 2002 See Reverse for Instructions

7003 1680 0000 7594 2895

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

SANTA FE NM DEC 1 USPS 87501 Postmark Here

Sent To
Street, Apt or PO Box
City, State,

Mary Margaret Miller
4925 S. Old Wire Rd
Battlefield, MO 65619

PS Form 3800, June 2002 — 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:

Ruth E. Davis
805 Hueco Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J D Brown ☐ Agent ☐ Addressee

B. Received by (Printed Name) J D Brown — C. Date of Delivery 12.26.03

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0391

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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 Margaret Miller
4925 S. Old Wire Rd
Battlefield, MO 65619

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jake Conrad — C. Date of Delivery 12/23/03

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

2. Article Number (Transfer from service label) 7003 1680 0000 7594 2895

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7446 0391

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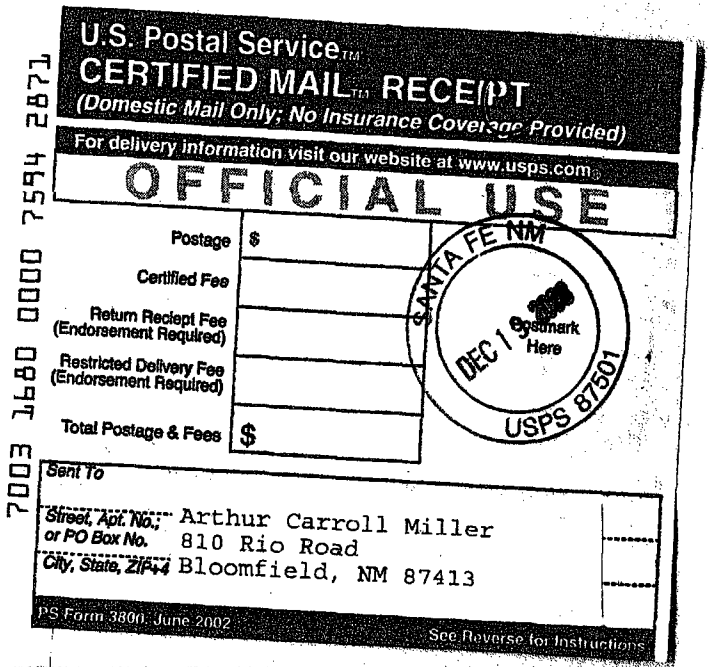
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM DEC 1 USPS 87501 Postmark Here

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

Ruth E. Davis
805 Hueco Street
Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions



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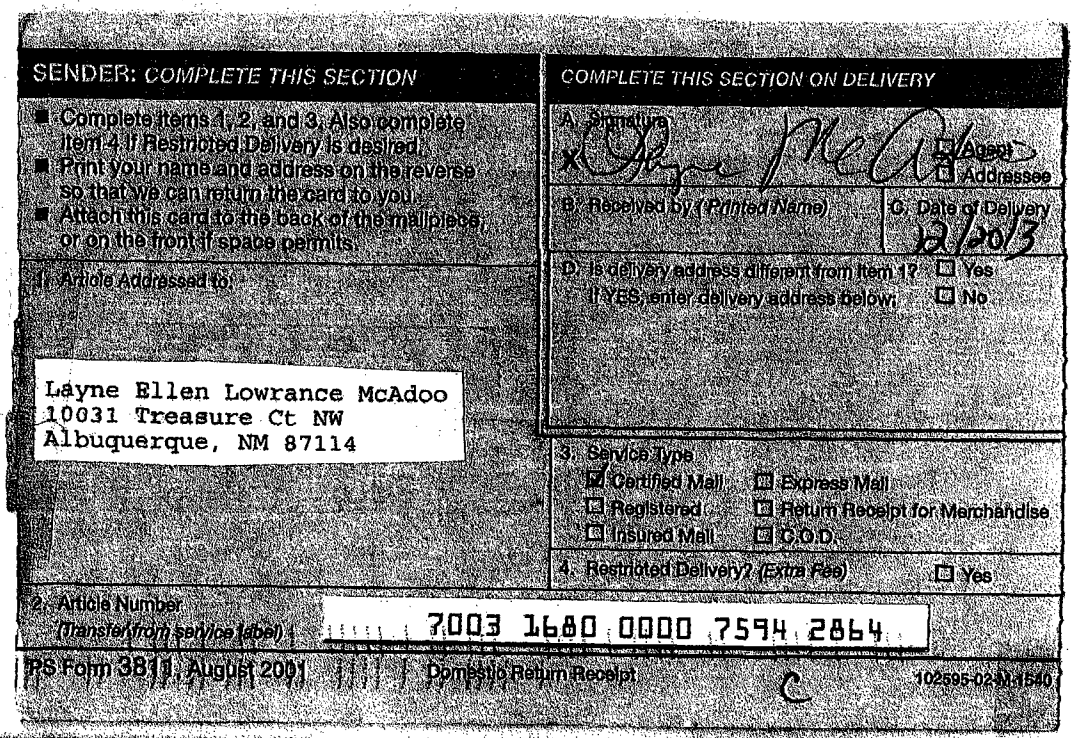
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

SANTA FE NM
DEC 19 2013
Postmark Here
USPS 87501

7003 1680 0000 7594 2871

Sent To
Street, Apt. No.; or PO Box No. Arthur Carroll Miller
810 Rio Road
City, State, ZIP+4 Bloomfield, NM 87413

PS Form 3800, June 2002 See Reverse for Instructions



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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Layne Ellen Lowrance McAdoo
10031 Treasure Ct NW
Albuquerque, NM 87114

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
12/20/13

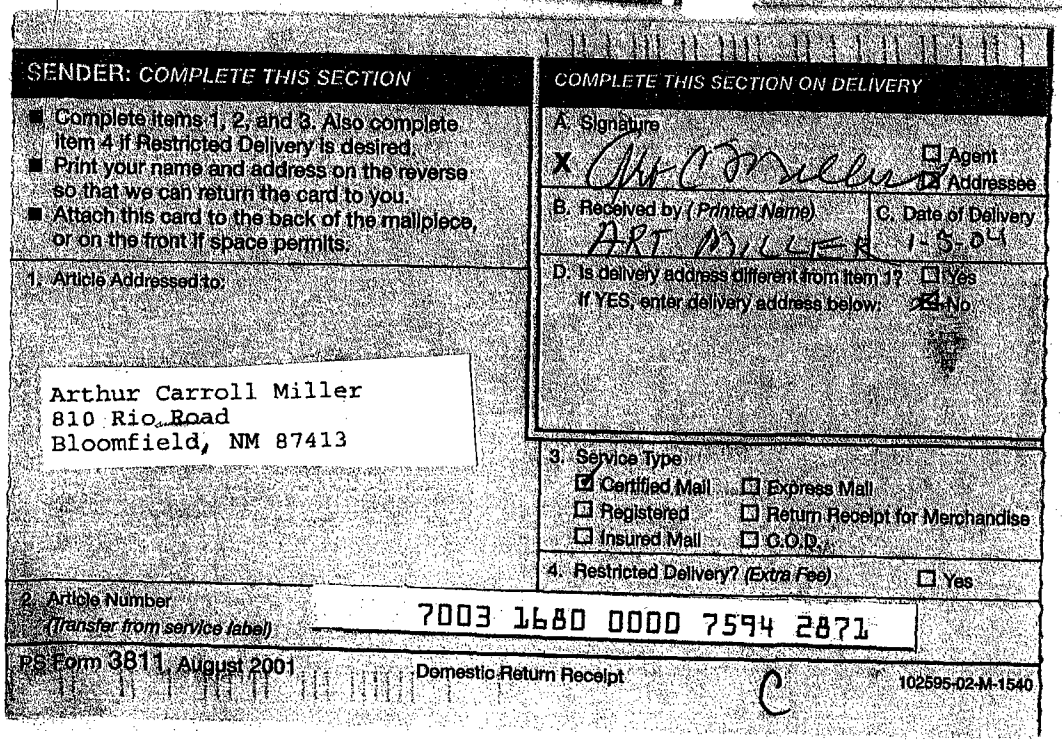
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 1680 0000 7594 2864

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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1. Article Addressed to:

Arthur Carroll Miller
810 Rio Road
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
ART MILLER 12-20-13

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

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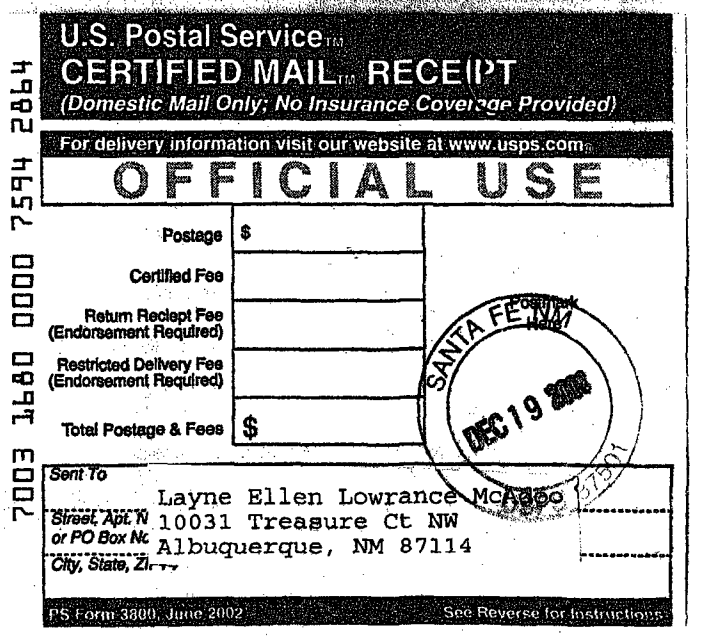
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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

SANTA FE NM
DEC 19 2013
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7003 1680 0000 7594 2864

Sent To
Layne Ellen Lowrance McAdoo
Street, Apt. No.; or PO Box No. 10031 Treasure Ct NW
City, State, ZIP+4 Albuquerque, NM 87114

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7003 2260 0006 7446 0322

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OFFICIAL USE

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

SANTA FE NM DEC 19 2003 Postmark Here USPS 87501

Sent To: Juanita M. Joseph a/k/a
Street, Apt. No.; or PO Box No.: Juanita M. Tomsic
109 South Swigart
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — 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:

Eddy County
Suite 225
101 West Greene
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Robin King ☐ Agent ☐ Addressee

B. Received by (Printed Name): So Beth King C. Date of Delivery: 12/20/03

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

2. Article Number (Transfer from service label): 7003 2260 0006 7446 0414

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Juanita M. Joseph a/k/a
Juanita M. Tomsic
109 South Swigart
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X J. Tomsic ☐ Agent ☐ Addressee

B. Received by (Printed Name): D. Tomsic C. Date of Delivery: 12/29

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

2. Article Number (Transfer from service label): 7003 2260 0006 7446 0322

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7446 0414

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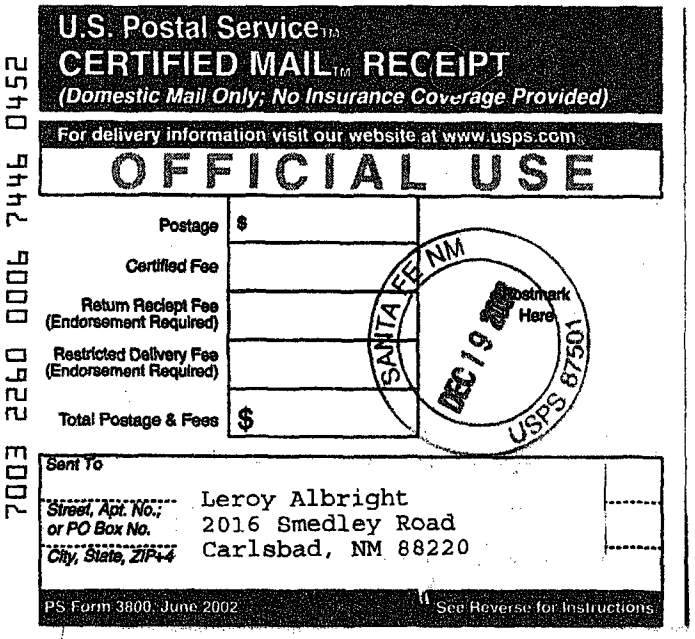
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM DEC 19 2003 Postmark Here USPS 87501

Sent To: Eddy County
Street, Apt. No.; or PO Box No.: Suite 225
101 West Greene
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions



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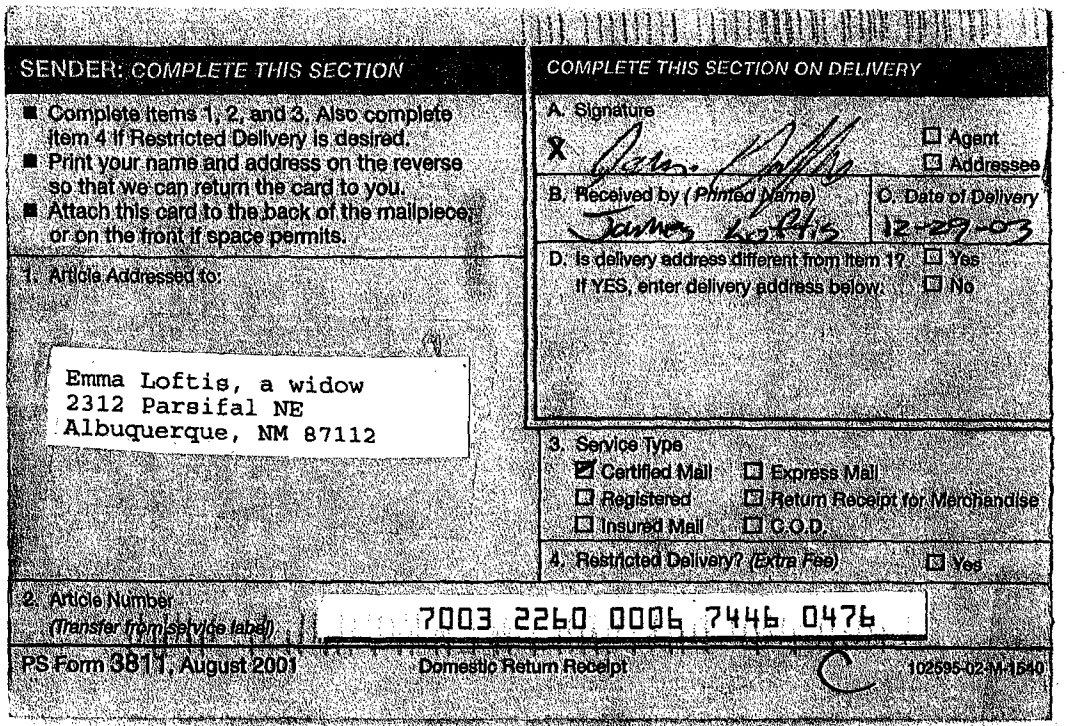
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

SANTA FE NM DEC 19 2003 Postmark Here USPS 87501

7003 2260 0006 7446 0452

Sent To
Street, Apt. No.; or PO Box No. Leroy Albright
2016 Smedley Road
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Emma Loftis, a widow
2312 Parsifal NE
Albuquerque, NM 87112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) James Loftis C. Date of Delivery 12-29-03

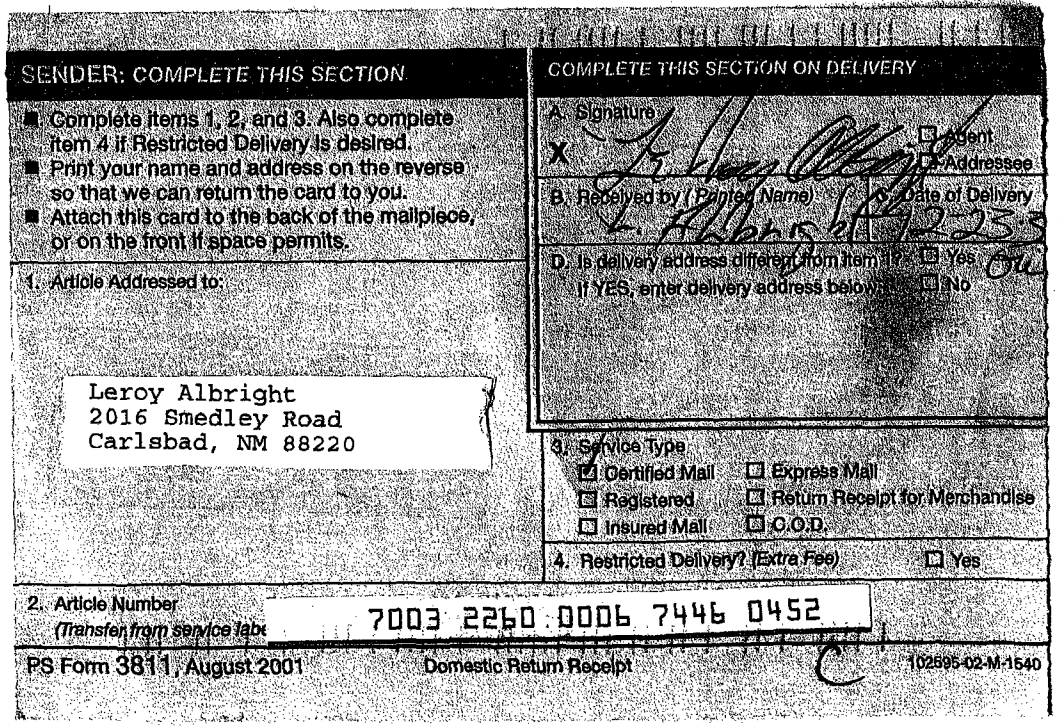
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0476

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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:

Leroy Albright
2016 Smedley Road
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) L. Albright C. Date of Delivery 12-23-03

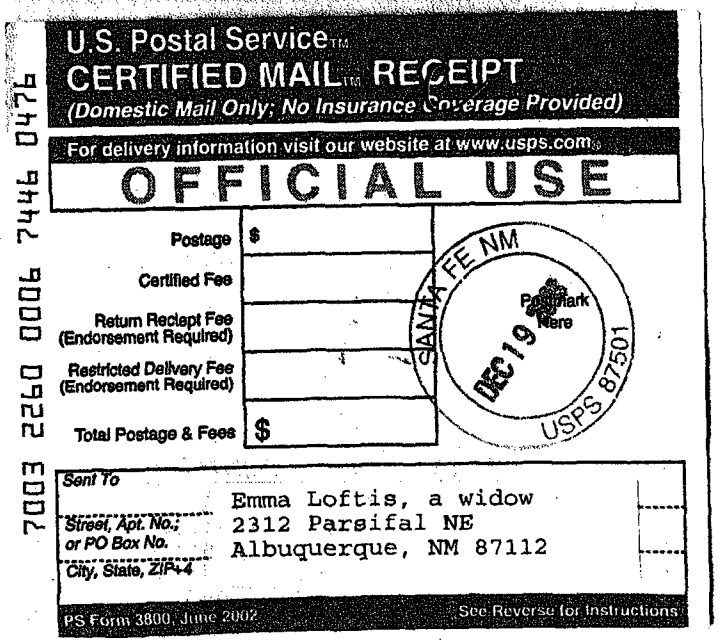
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0452

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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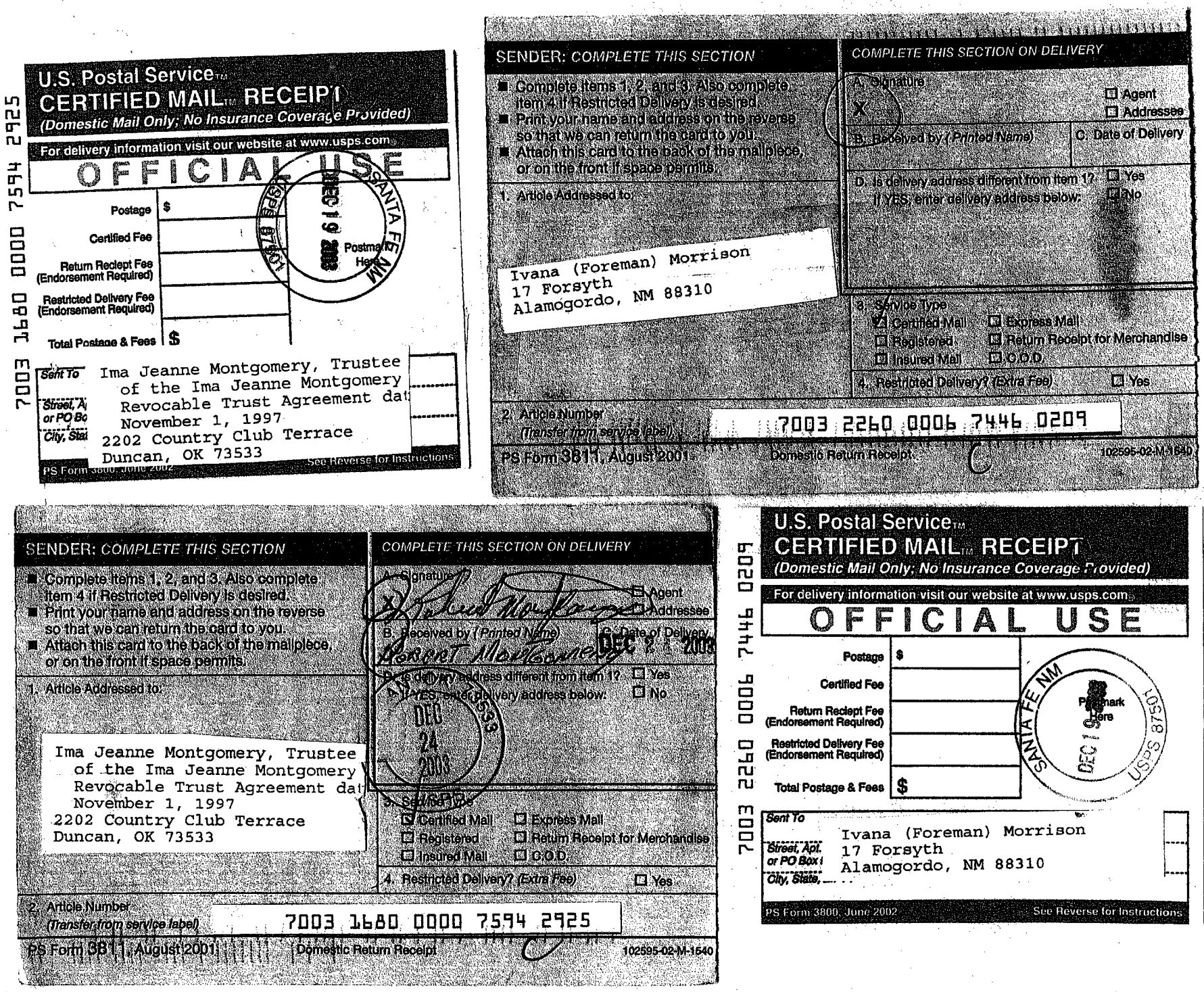
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

SANTA FE NM DEC 19 2003 Postmark Here USPS 87501

7003 2260 0006 7446 0476

Sent To
Street, Apt. No.; or PO Box No. Emma Loftis, a widow
2312 Parsifal NE
City, State, ZIP+4 Albuquerque, NM 87112

PS Form 3800, June 2002 See Reverse for Instructions



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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
SANTA FE NM
DEC 19 2003
Sent To
Ima Jeanne Montgomery, Trustee
of the Ima Jeanne Montgomery
Revocable Trust Agreement dat
November 1, 1997
2202 Country Club Terrace
Duncan, OK 73533
Street, Apt. or PO Box
City, State
PS Form 3800, June 2002
See Reverse for Instructions
7003 1680 0000 7594 2925

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:
Ivana (Foreman) Morrison
17 Forsyth
Alamogordo, NM 88310

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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0209
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:
Ima Jeanne Montgomery, Trustee
of the Ima Jeanne Montgomery
Revocable Trust Agreement dat
November 1, 1997
2202 Country Club Terrace
Duncan, OK 73533

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Ima Jeanne Montgomery
☐ Agent
☐ Addressee
B. Received by (Printed Name) Ima Jeanne Montgomery
C. Date of Delivery DEC 22 2003
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
DEC 24 2003

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 1680 0000 7594 2925
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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OFFICIAL USE
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
SANTA FE NM
DEC 19 2003
USPS 87501
Sent To
Ivana (Foreman) Morrison
17 Forsyth
Alamogordo, NM 88310
Street, Apt. or PO Box
City, State
PS Form 3800, June 2002
See Reverse for Instructions
7003 2260 0006 7446 0209

7003 1680 0000 7594 2901

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OFFICIAL USE

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

SANTA FE NM 87501 USPS — Postmark Here — DEC 19

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Alvis Mensch
3915 Jones Street
Carlsbad, NM 88220

PS Form 3800, June 2002 — 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:

Roy B. Laney and
wife Barbara L. Laney
4001 Jones Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Laney ☐ Agent ☐ Addressee

B. Received by (Printed Name) Barbara Laney C. Date of Delivery 12-22

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

2. Article Number (Transfer from service label) 7003 1680 0000 7594 2956

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Alvis Mensch
3915 Jones Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alvis Mensch ☐ Agent ☐ Addressee

B. Received by (Printed Name) Alvis Mensch C. Date of Delivery 12-22

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

2. Article Number (Transfer from service label) 7003 1680 0000 7594 2901

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1680 0000 7594 2956

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

SANTA FE NM 87501 USPS — Postmark Here — DEC 1

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Roy B. Laney and
wife Barbara L. Laney
4001 Jones Street
Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7446 0285

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

SANTA FE NM DEC 7 2002 Postmark Here USPS 87501

Sent To
Street, Apt. No.; or PO Box No. Clinton A. Grant
P.O. Box 128
City, State, ZIP+4 Santa Cruz, NM 87562

PS Form 3800, June 2002 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:

Marvin Albright
1302 South Canal
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) LYNN STAFFORD C. Date of Delivery 12/22

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0469

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Clinton A. Grant
P.O. Box 128
Santa Cruz, NM 87562

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ 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

SANTA CRUZ NM 87567 DEC 3 2002

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0285

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0469

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

SANTA FE NM DEC 19 2002 Postmark Here USPS 87501

Sent To
Street, Apt. No.; or PO Box No. Marvin Albright
1302 South Canal
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7446 0575

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CARLSBAD, NM 88220

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500

USPS 87301 FEE NM Postmark Here Clerk: KOCK 12/19/07

Sent To: Ramiro N. Graziano and wife
Street, Apt. No.; or PO Box No.: Kathleen Graziano
City, State, ZIP+4: 4304 Jones Street
Carlsbad, NM 88220

PS Form 3800, June 2002 — 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:

Howard E. Plum
4401 West Texas Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] C. Date of Delivery: 12/22

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

2. Article Number (Transfer from service label): 7003 2260 0006 7446 0360

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Ramiro N. Graziano and wife
Kathleen Graziano
4304 Jones Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Ramiro Graziano C. Date of Delivery: 12/22

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

2. Article Number (Transfer from service label): 7003 2260 0006 7446 0575

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7446 0360

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CARLSBAD, NM 88220

Postage	$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500

USPS 87301 FEE NM Postmark Here Clerk: KOCK SANTA FE NM 12/19/07

Sent To: Howard E. Plum
Street, Apt. No.; or PO Box No.: 4401 West Texas Street
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

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OFFICIAL USE

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

SANTA FE NM 87501 DEC 9 2003 Postmark Here

7003 2260 0006 7446 0278

Sent To
Bennie P. Grant
Street, Apt. or PO Box: P.O. Box 128
City, State: Santa Cruz, NM 87562

PS Form 3800, June 2002 — 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:

Successors to Grady L. Bardwell, Sr., deceased
P.O. Box 266
Fairacres, NM 88033

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery: DEC 24 2003

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7003 2260 0006 7446 0186

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Bennie P. Grant
P.O. Box 128
Santa Cruz, NM 87562

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

SANTA CRUZ NM 87567 DEC 23 2003 USPS

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7003 2260 0006 7446 0278

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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

USPS 87501 DEC 24 2003 Postmark Here SANTA FE NM

7003 2260 0006 7446 0186

Sent To
Successors to Grady L. Bardwell, Sr., deceased
Street, Apt. or PO Box: P.O. Box 266
City, State: Fairacres, NM 88033

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7446 0254

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

SANTA FE NM DEC USPS 87501 Postmark Here

Sent To
Street, Apt. No. or PO Box No.
City, State, Zi

Cordie Mossier
302 Valley View
Carlsbad, NM 88220

PS Form 3800, June 2002 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:

E.L. Latham Co.
P.O. Box 1392
Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x E L Latham ☐ Agent ☐ Addressee

B. Received by (Printed Name) E.L.LATHAM C. Date of Delivery 12-22-3

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0247

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Cordie Mossier
302 Valley View
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Cordie Mossier ☐ 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

DEC 23 2002 CARLSBAD NM

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0254

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0247

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OFFICIAL USE

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

SANTA FE NM DEC 19 Postmark USPS 87501

Sent To
Street, Apt. No. or PO Box No.
City, State, Z

E.L. Latham Co.
P.O. Box 1392
Hobbs, NM 88241

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7446 0490

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OFFICIAL USE

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

SANTA FE NM DEC 19 2003 Postmark Here USPS 87501

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

Jimmy C. Barnett and
wife Janice Barnett
1034 North Edwards
Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Marion Lee Smith
719 El Alhambra Circle NW
Albuquerque, NM 87107

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 12-22-03

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0292

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Jimmy C. Barnett and
wife Janice Barnett
1034 North Edwards
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 12-22-03

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0490

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0292

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

SANTA FE NM DEC 19 2003 Postmark Here USPS 87501

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

Marion Lee Smith
719 El Alhambra Circle NW
Albuquerque, NM 87107

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7446 0537

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OFFICIAL USE

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

SANTA FE NM DEC 19 2003 Postmark Here USPS 87501

Sent To
Street, Apt. No.; or PO Box No. Gretta L. Cooper, a widow
1312 West Thomas Street
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Happy Valley Baptist Church
P.O. Box 281
Carlsbad, NM 88221

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ 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

SANTA FE NM DEC 19 2003 USPS 87501

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0483

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Gretta L. Cooper, a widow
1312 West Thomas Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-22

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0537

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0483

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

SANTA FE NM DEC 19 2003 Postmark Here USPS 87501

Sent To
Street, Apt. No.; or PO Box No. Happy Valley Baptist Church
P.O. Box 281
City, State, ZIP+4 Carlsbad, NM 88221

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7446 0193

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OFFICIAL USE

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

SANTA FE NM
Postmark Here
DEC 19
USPS 87501

Sent To
Street, Apt. No. or PO Box No.: Theda Phillips f/k/a Theda F. Dart, P.O. Box 206
City, State, ZIP+4: Shallowater, TX 79363

PS Form 3800, June 2002 — 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:

Carla Galloway
3017 Smedley Road
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sheldon Galloway ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sheldon Galloway C. Date of Delivery 12-22-03

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0445

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Theda Phillips f/k/a
Theda F. Dart
P.O. Box 206
Shallowater, TX 79363

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Theda Phillips ☐ Agent ☐ Addressee

B. Received by (Printed Name) Theda Phillips C. Date of Delivery 12-30-03

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0193

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7446 0445

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

SANTA FE NM
Postmark Here
DEC 19
USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: Carla Galloway, 3017 Smedley Road
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7446 0230

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

SANTA FE NM 87501 USPS DEC 16 2003 Postmark Here

Sent To: Roy G. Barton, Jr., as separate property
Street, Apt. or PO Box: 1919 North Turner
City, State: Hobbs, NM 88240

PS Form 3800, June 2002 — 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:

H. Davis Holt
10145 Monaco
El Paso, TX 79925

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Colene Holt C. Date of Delivery: 12-23-02

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

2. Article Number (Transfer from service label): 7003 1680 0000 7594 2932

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Roy G. Barton, Jr., as
separate property
1919 North Turner
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Brenda Stewart ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery: 12-22-03

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

2. Article Number (Transfer from service label): 7003 2260 0006 7446 0230

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1680 0000 7594 2932

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

USPS 87501 SANTA FE NM Postmark Here DEC 16 2003

Sent To: H. Davis Holt
Street, Apt. or PO Box: 10145 Monaco
City, State: El Paso, TX 79925

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7446 0407

U.S. Postal Service™
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM Postmark Here DEC 19 USPS 87501

Sent To
Dan Leisle and Irene Leisle
Street, Apt. No. or PO Box No. 107 South Happy Valley Road
City, State, ZIP Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Lynn Collins
215 E. Parker,
Carlsbad, NM 88220; [redacted]

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lynn Collins ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lynn Collins C. Date of Delivery 12-22-05

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0261

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Dan Leisle and Irene Leisle
107 South Happy Valley Road
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dan Leisle ☐ 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0407

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0261

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OFFICIAL USE

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

SANTA FE NM [redacted] DEC 9 Postmark Here USPS 87501

Sent To
Lynn Collins
Street, Apt. No. or PO Box No. 215 E. Parker,
City, State, ZIP Carlsbad, NM 88220; [redacted]

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7446 0377

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OFFICIAL USE

CARLSBAD, NM 88220

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500

Postmark Here

DEC 19 2005 USPS 88220

Clerk: [illegible]

Sent To: Duane L. Pearson and wife
Jackie G. Pearson
Street, Apt. No. or PO Box No.: 2019 Peppertree
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — 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:

Stephen M. Mensch
3915 Jones Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Alvis Mensch — C. Date of Delivery: 12-22-05

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

2. Article Number (Transfer from service label): 7003 1680 0000 7594 2918

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1640

C

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:

Duane L. Pearson and wife
Jackie G. Pearson
2019 Peppertree
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name): Jackie Pearson — C. Date of Delivery: 12-22-05

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

2. Article Number (Transfer from service label): 7003 2260 0006 7446 0377

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

C

7003 1680 0000 7594 2918

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

SANTA FE NM
Postmark Here
DEC 19 2005
USPS 87501

Sent To: Stephen M. Mensch
Street, Apt. No. or PO Box No.: 3915 Jones Street
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7446 0544

U.S. Postal Service™
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OFFICIAL USE

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

SANTA FE NM DEC 19 Postmark Here USPS 87501

Sent To
Street, Apt. or PO Box No.: Ruby E. Derington, a widow
City, State, ZIP+4: 4301 West Texas Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Howard E. Plum and Geneva P. Plum, Trustees of the Plum Family Revocable Living Trust
4401 West Texas Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Howard E. Plum ☐ Agent ☑ Addressee

B. Received by (Printed Name) Howard Plum C. Date of Delivery 12-22

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0346

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Ruby E. Derington, a widow
4301 West Texas
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David A Derington ☐ Agent ☐ Addressee

B. Received by (Printed Name) David Derington C. Date of Delivery 12-22

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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0544

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0529

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Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

CARLSBAD, NM 88220 USPS UNIT: 0500 SANTA FE NM Postmark Here Clerk: KB5K1J 12/19/02

Sent To
Street, Apt. or PO Box No.: Howard E. Plum and Geneva P. Plum, Trustees of the Plum Family Revocable Living Trust
City, State, ZIP+4: 4401 West Texas Street Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7444 8443

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

CARLSBAD, NM 88220 **OFFICIAL USE**

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500

SANTA FE NM 87501 Postmark Here Clerk: KDZ10 JAN 2004 01/02/04 USPS

Sent To: Noely H. Burton, Jr. and wife Darlene Burton
Street, Apt. No. or PO Box No.: 4026 Jones Street
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — 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:

Thomas H. Painter and wife Nancy Painter
613 Marquess
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Thomas H. Painter ☐ 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7003 2260 0006 7444 8436

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Noely H. Burton, Jr. and wife Darlene Burton
4026 Jones Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Noely H. Burton ☐ Agent ☐ Addressee

B. Received by (Printed Name) Noely H Burton C. Date of Delivery 1-5-04

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

2. Article Number (Transfer from service label): 7003 2260 0006 7444 8443

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7444 8436

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CARLSBAD, NM 88220 **OFFICIAL USE**

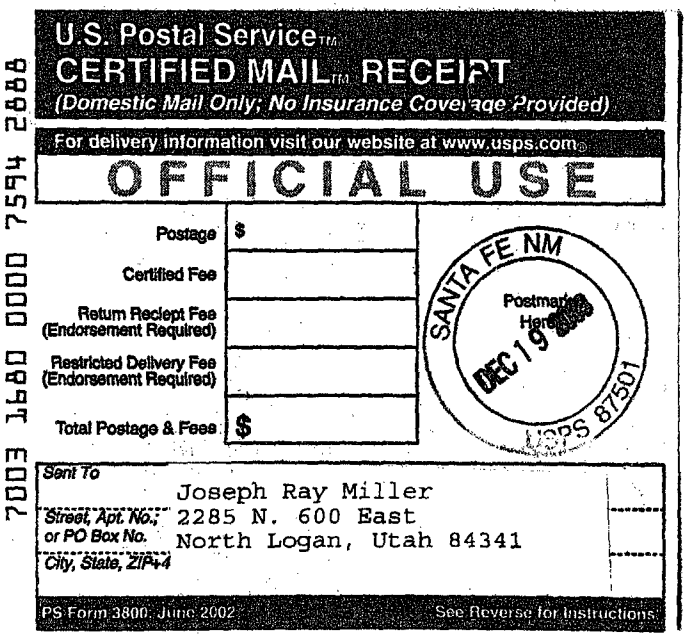
Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

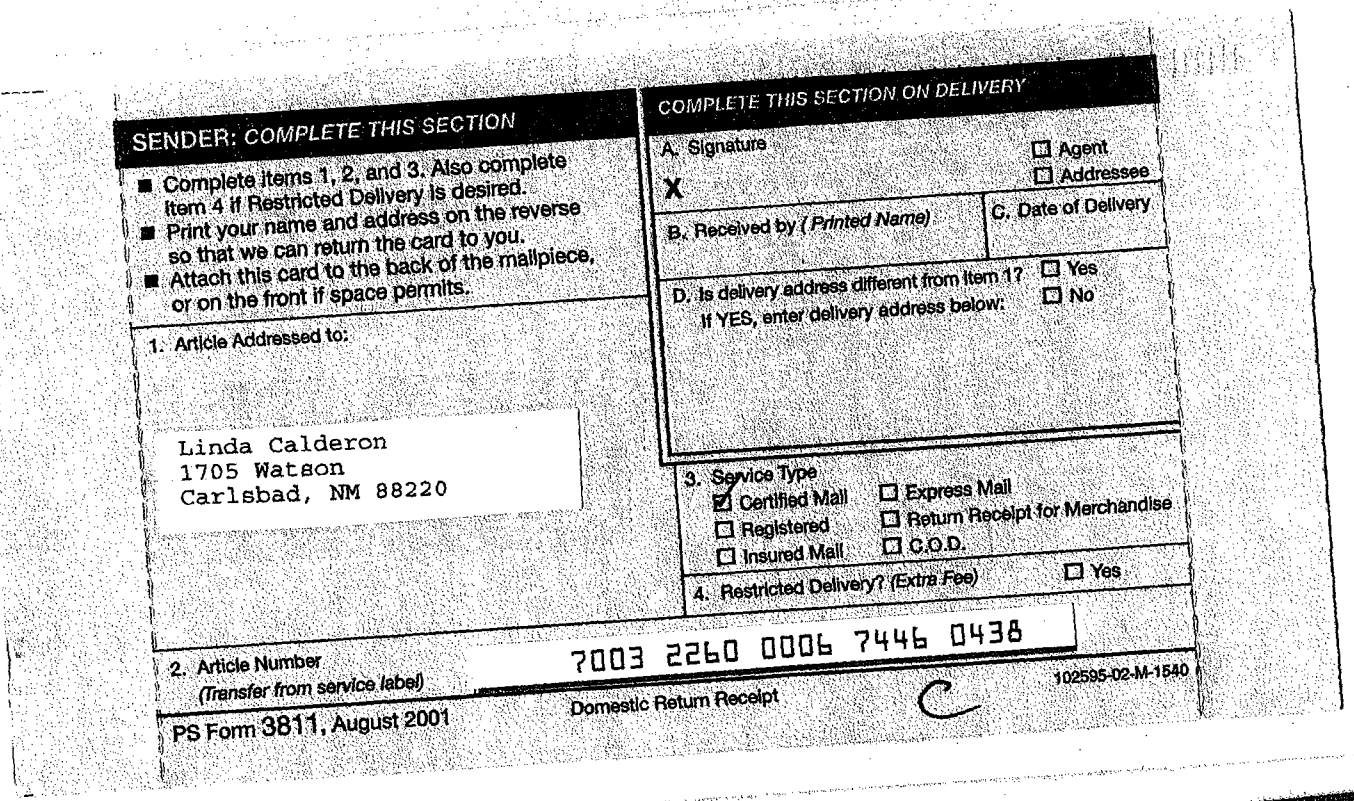
UNIT ID: 0500

SANTA FE NM 87501 Postmark Here Clerk: KDZ10 JAN 2004 01/02/04 USPS

Sent To: Thomas H. Painter and wife Nancy Painter
Street, Apt. No. or PO Box No.: 613 Marquess
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions


7003 1680 0000 7594 2888
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 $
SANTA FE NM
Postmark Here
DEC 19
USPS 87501
Sent To
Joseph Ray Miller
Street, Apt. No.; or PO Box No.
2285 N. 600 East
City, State, ZIP+4
North Logan, Utah 84341
PS Form 3800, June 2002
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 Calderon
1705 Watson
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X — ☐ Agent ☐ Addressee

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

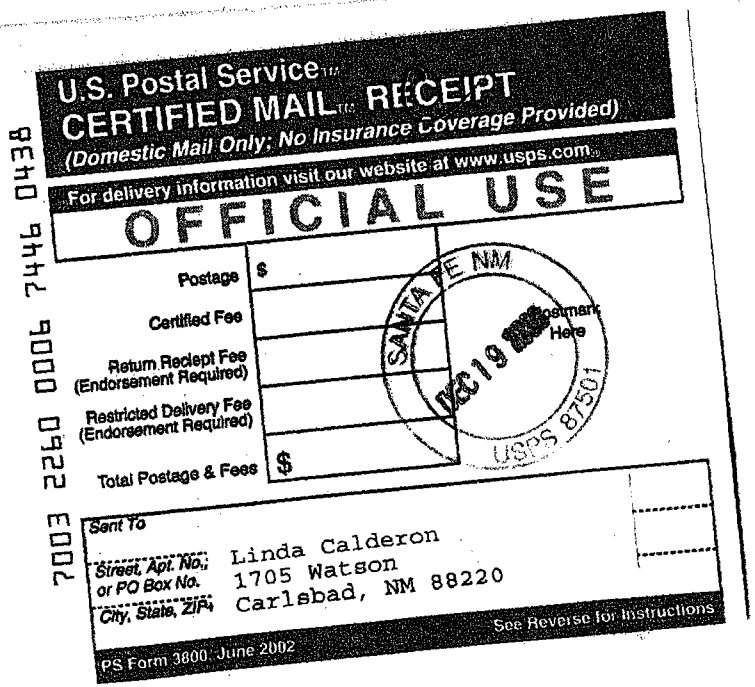
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0438

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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OFFICIAL USE

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

SANTA FE NM DEC 19 USPS 87501 Postmark Here

7003 2260 0006 7446 0438

Sent To
Street, Apt. No., or PO Box No. Linda Calderon
1705 Watson
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Ruby N. Holt
1033 North Eddy
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X

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

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

2. Article Number (*Transfer from service label*) 7003 1680 0000 7594 2949

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

SANTA FE NM
Postmark Here
DEC 9 2008
USPS 87501

7003 1680 0000 7594 2949

Sent To
Street, Apt. or PO Box No.
City, State,
Ruby N. Holt
1033 North Eddy
Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Kenna (Foreman) Crnkovic
13429 Highway 281 South
Santo, TX 76472

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0216

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SANTO TX 76472

7003 2260 0006 7446 0216

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OFFICIAL USE

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

SANTA FE NM 87501 USPS Postmark Here

Sent To
Street, Apt or PO Box Kenna (Foreman) Crnkovic
13429 Highway 281 South
City, State, Santo, TX 76472

PS Form 3800, June 2002 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:

Thomas H. Painter and
wife Nancy Painter
P.O. Box 1137
Carlsbad, NM 88221

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0223

Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0223

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

SANTA FE NM 87501 USPS DEC 2003 Postmark Here

Sent To Thomas H. Painter and
wife Nancy Painter
Street, A or PO B P.O. Box 1137
City, Sta Carlsbad, NM 88221

PS Form 3800, June 2002 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:

Beneficial Mortgage Company
406 West Mermod
Carlsbad, NM 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0384

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0384

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

SANTA FE NM 87501 USPS Postmark Here DEC 19

Sent To
Beneficial Mortgage Company
Street, Apt. No.; or PO Box No. 406 West Mermod
City, State, ZIP+ Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Leo B. Estrada III and
wife Vickie Estrada
607 South 11th
Carlsbad, NM 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

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

2. Article Number
(*Transfer from service label*) 7003 2260 0006 7446 0551

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0551

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OFFICIAL USE

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

SANTA FE NM
DEC 19
Postmark Here
USPS 87501

Sent To Leo B. Estrada III and
Street, Apt. or PO Box wife Vickie Estrada
City, State, 607 South 11th
Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Paulina Morales
3909 Jones Street
Carlsbad, NM 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0520

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0520

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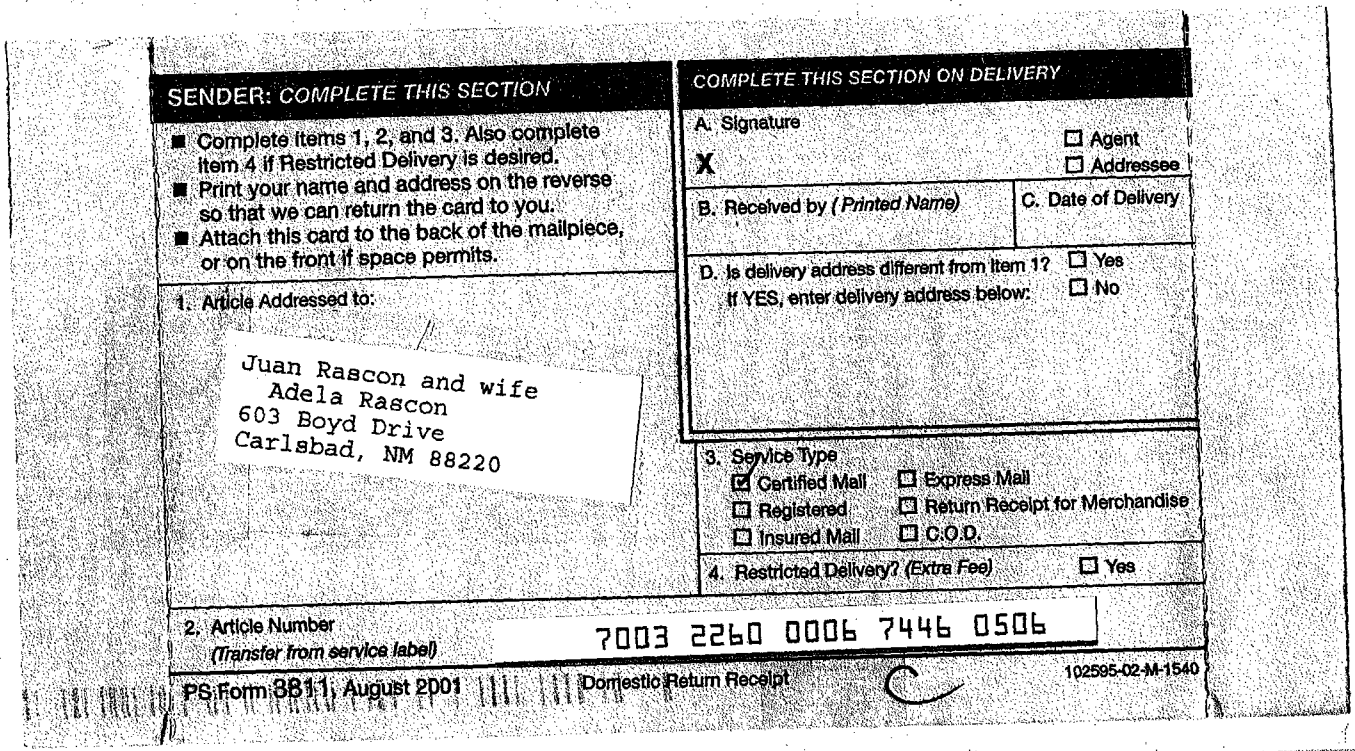
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM DEC 9 2002 Postmark Here USPS 87501

Sent To
Street, Apt. No.; or PO Box No. Paulina Morales 3909 Jones Street
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Juan Rascon and wife
Adela Rascon
603 Boyd Drive
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

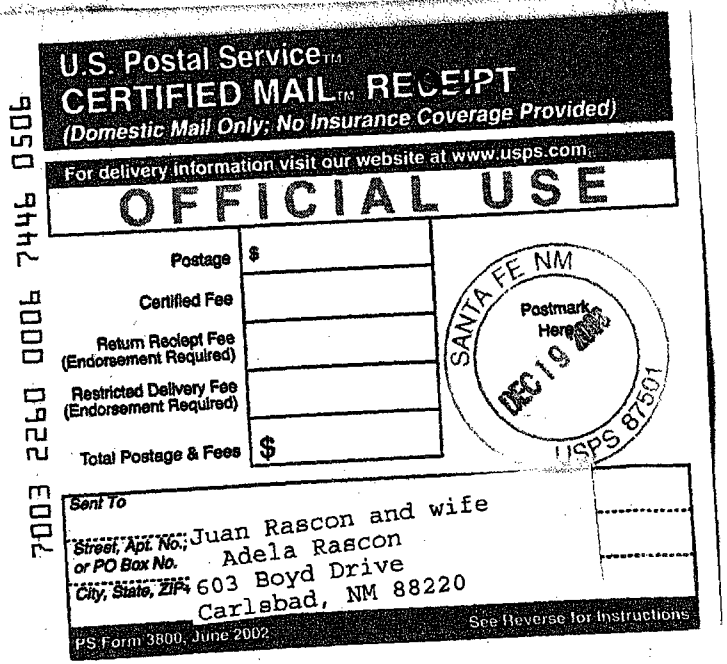
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0506

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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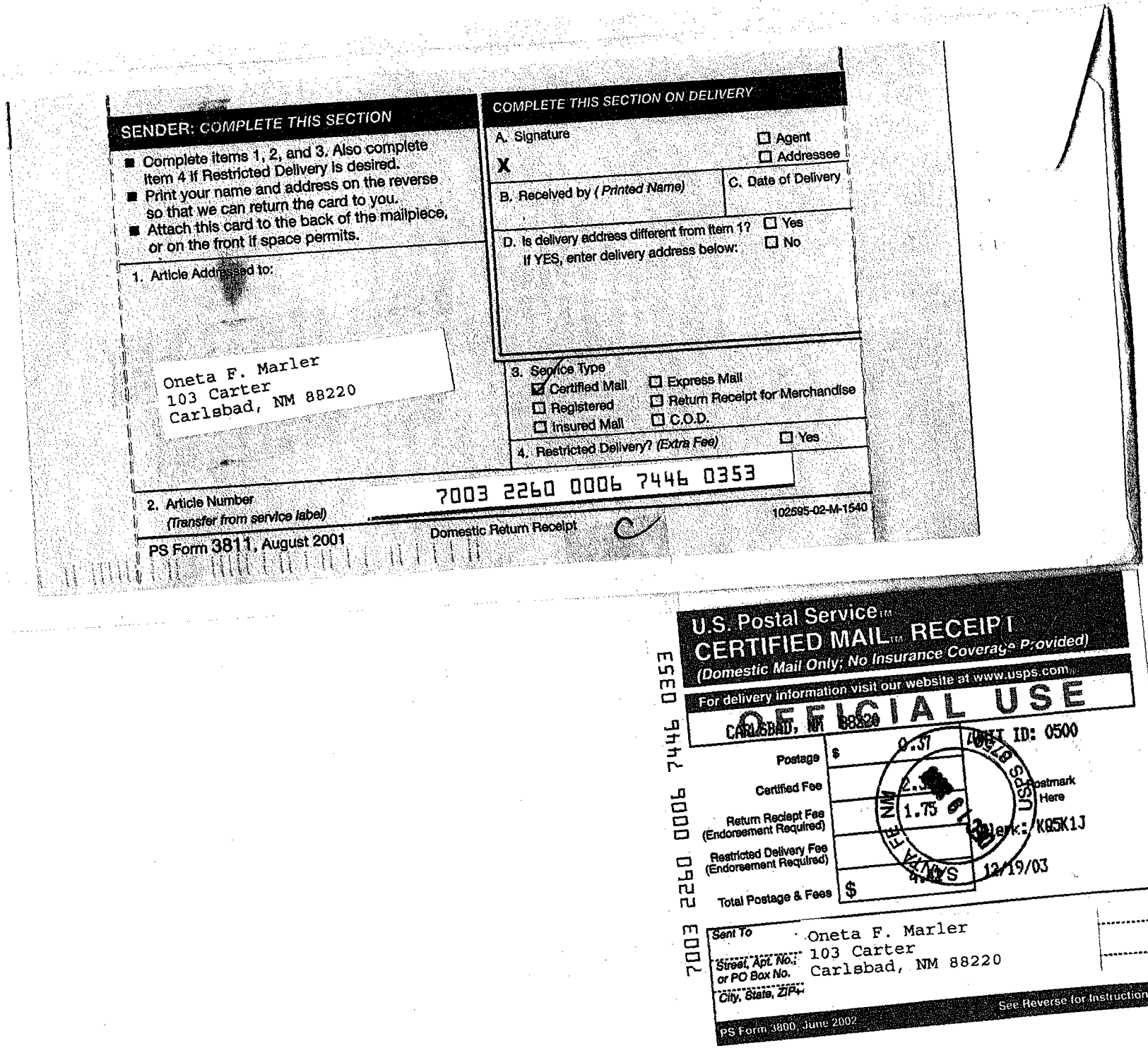
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

SANTA FE NM
Postmark Here
DEC 19 2002
USPS 87501

7003 2260 0006 7446 0506

Sent To
Juan Rascon and wife
Street, Apt. No.; or PO Box No. Adela Rascon
City, State, ZIP+4 603 Boyd Drive
Carlsbad, NM 88220

PS Form 3800, June 2002 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:

Oneta F. Marler
103 Carter
Carlsbad, NM 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0353

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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CARLSBAD, NM 88220

Postage	$ 0.37
Certified Fee	2.3[illegible]
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.[illegible]

USPS CARLSBAD NM FEE 12/19/03

Postmark Here

Clerk: K05K1J

Sent To: Oneta F. Marler
Street, Apt. No.; or PO Box No.: 103 Carter
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7446 0353

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:

Robert L. Graves and wife
Yolanda H. Graves
109 South Abner
Carlsbad, NM 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0513

PS Form 3811, August 2001 | Domestic Return Receipt | 102595-02-M-1540

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OFFICIAL USE

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

USPS DEC 19 2003 Postmark Here
ROSWELL NM 88201

Sent To
Robert L. Graves and wife
Street, Apt. or PO Box: Yolanda H. Graves
109 South Abner
City, State: Carlsbad, NM 88220

PS Form 3800, June 2002 | See Reverse for Instructions

7003 2260 0006 7446 0513

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:

C.L. Thacker and wife
Annie M. Thacker
711 North Happy Valley Road
Carlsbad, NM 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

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

2. Article Number
(Transfer from service label) 7003 2260 0006 7446 0568

102595-02-M-1540

7003 2260 0006 7446 0568

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

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

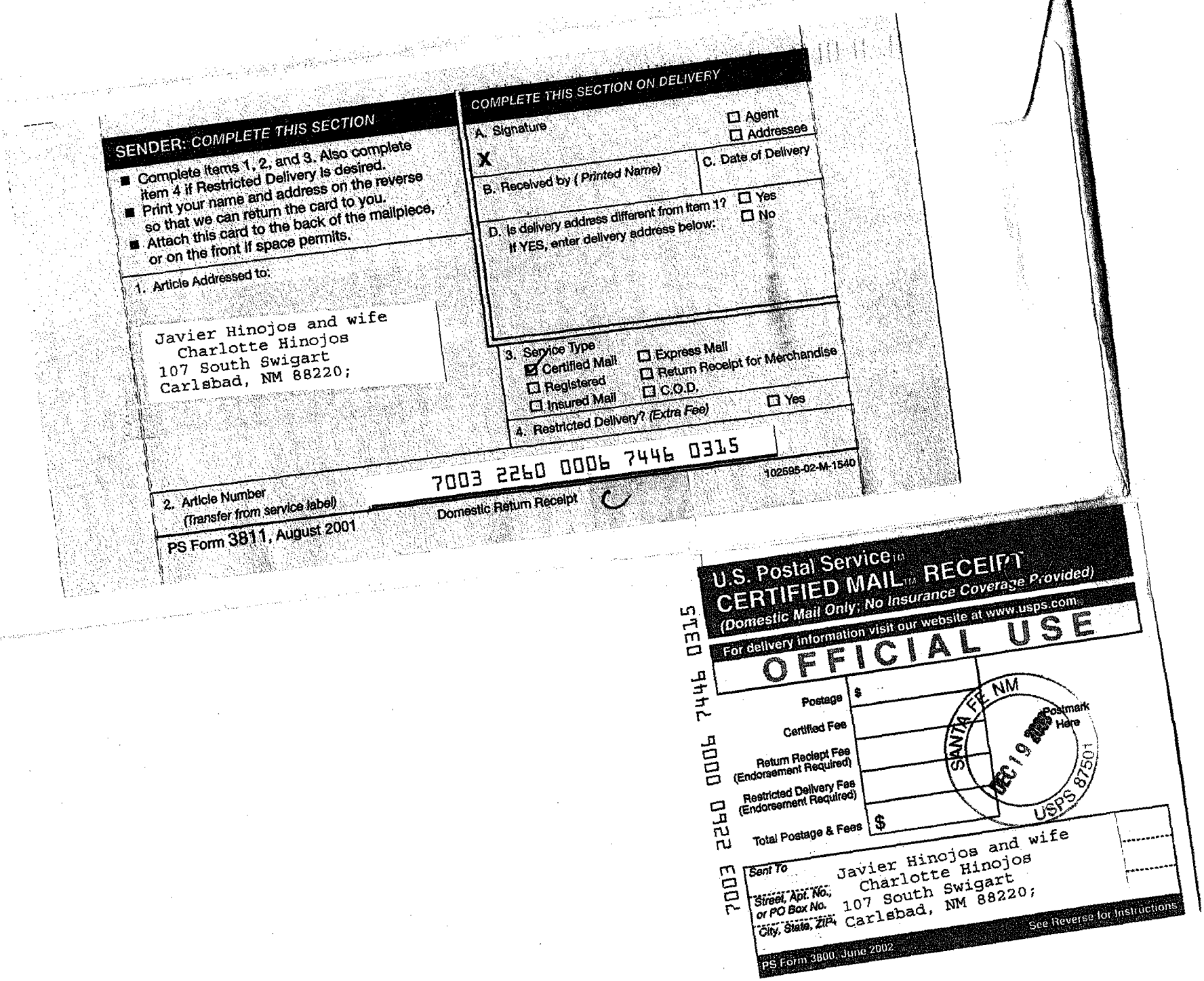
OFFICIAL USE

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

SANTA FE NM 87501 USPS DEC 19 2003 Postmark Here

Sent To: C.L. Thacker and wife
Annie M. Thacker
Street, Apt. No. or PO Box No.: 711 North Happy Valley Road
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — 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:

Javier Hinojos and wife
Charlotte Hinojos
107 South Swigart
Carlsbad, NM 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0315

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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	$

SANTA FE NM
DEC 19 2002
Postmark Here
USPS 87501

Sent To
Javier Hinojos and wife
Street, Apt. No., or PO Box No. Charlotte Hinojos
107 South Swigart
City, State, ZIP+4 Carlsbad, NM 88220;

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7446 0315

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:

Hilton W. McKinney
9122 Leader
Houston, Texas 77036

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0308

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7446 0308

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 Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM
Postmark Here
DEC 19
USPS 87501

Sent To: Hilton W. McKinney
Street, Apt. No.; or PO Box No.: 9122 Leader
City, State, ZIP+4: Houston, Texas 77036

PS Form 3800, June 2002 See Reverse for Instructions