BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF JTD RESOURCES, LLC FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

No. 13,255

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 set forth 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 26th day of April, 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) 660-6612 (CELL)
(505) 982-2151 (FAX)

jamesbruc@aol.com

April 8, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and unorthodox oil well locations, filed with the New Mexico Oil Conservation Division by JTD Resources, LLC, regarding the NW¼NW¼ of Section 2, Township 20 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, April 29, 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, April 23, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

James Bruce

Attorney for JTD Resources, LLC

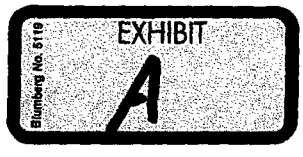


EXHIBIT A

Coates Energy Trust
Energy Plaza II, Suite 510
8610 New Braunfels
San Antonio, Texas 78217

Mary Ann Meier de la Houssaye
206 Crescent Bay Dr.
League City, Texas 77573

Karen Louise Meier Ramirez
36 Hwy 190 Bypass
Covington, Louisiana 70433

Mark Meier
P.O. Box 1517
Breaux Bridge, Louisiana 70517

Bank of America, N.A., Trustee
of the Myrtle Davis Trust
901 Main Street, 17th Floor
Dallas, Texas 75202-3714

Joyce Ohlssen
115 Greenridge Dr.
Reno, Nevada 89509-3927

The M&M Families Trust
1308 SW 114th Street
Oklahoma City, Oklahoma 73170

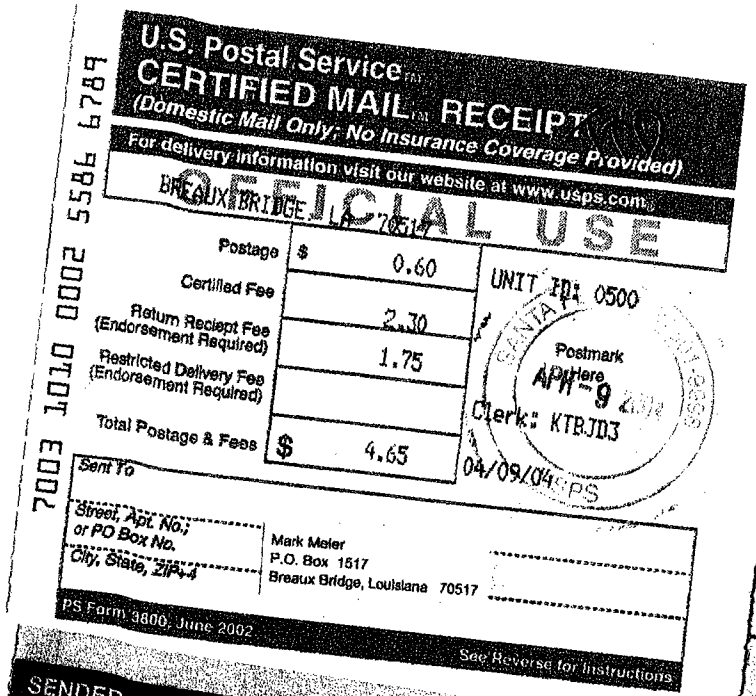
Gertrude L. Soper
c/o Barbara Watts
413 Indiana, Apt. 2
Coeur D'Alene, Idaho 83814

Bernice S. Wade
P.O. Box 226
Cloudcroft, New Mexico 88317

Levy Brothers, LLC
5715 N. Western
Oklahoma City, Oklahoma 73118

Carole L. Couch
1709 Montgomery Dr.
Garland, Texas 75042

John Luttrell
208 N. Cherry
Commerce, Oklahoma 74339



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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BREAUX BRIDGE, LA 70517
OFFICIAL USE

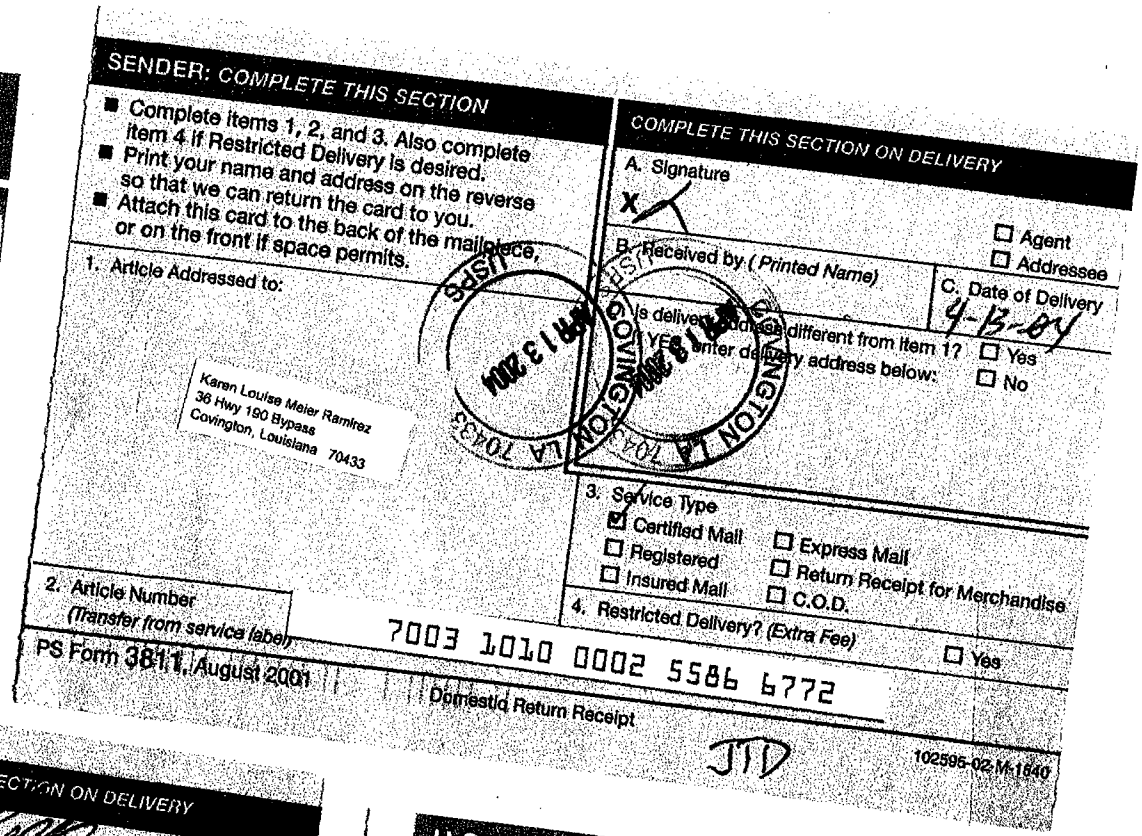
Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
Postmark Here
APR 9 2004
Clerk: KTBJD3
04/09/04 USPS

7003 1010 0002 5586 6789

Sent To
Mark Meier
Street, Apt. No.; or PO Box No. P.O. Box 1517
City, State, ZIP+4 Breaux Bridge, Louisiana 70517

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:
Karen Louise Meier Ramirez
36 Hwy 190 Bypass
Covington, Louisiana 70433

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 4-13-04

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

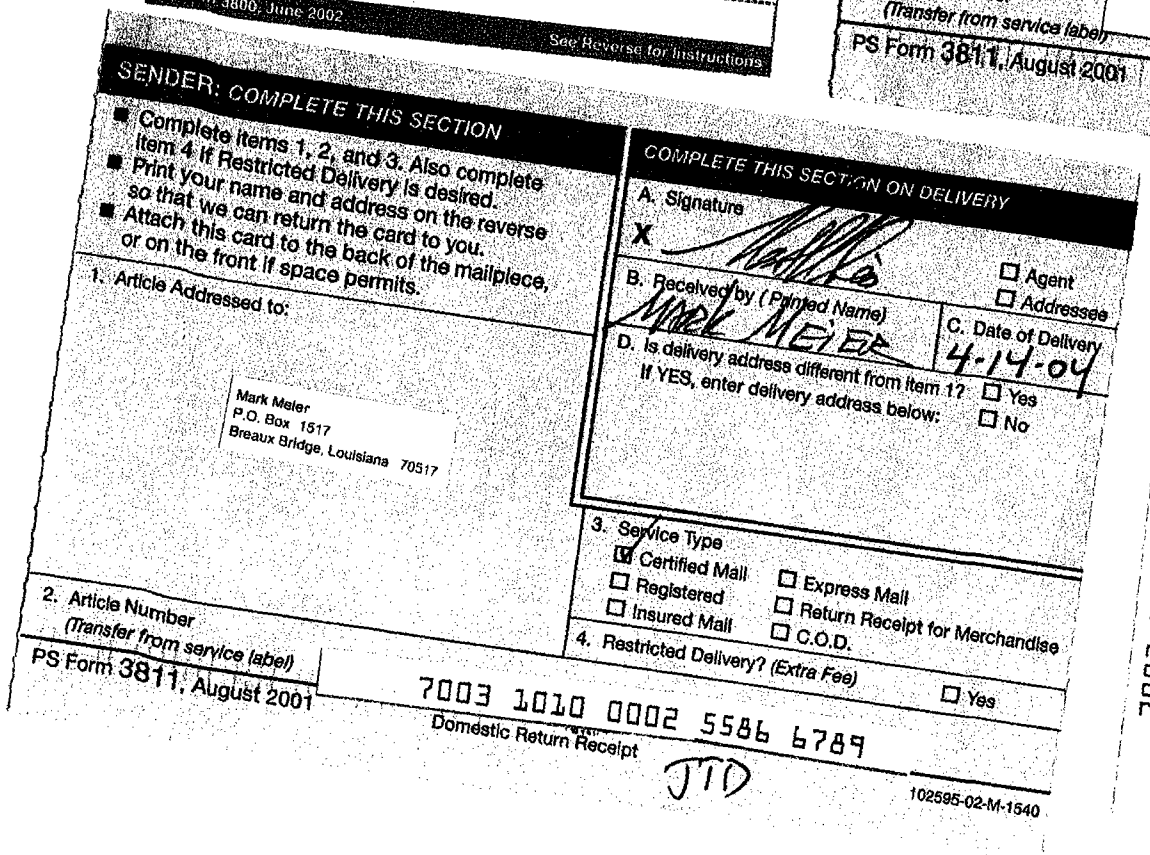
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 1010 0002 5586 6772

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

JTD



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:
Mark Meier
P.O. Box 1517
Breaux Bridge, Louisiana 70517

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent ☐ Addressee

B. Received by (Printed Name) MARK MEIER C. Date of Delivery 4-14-04

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

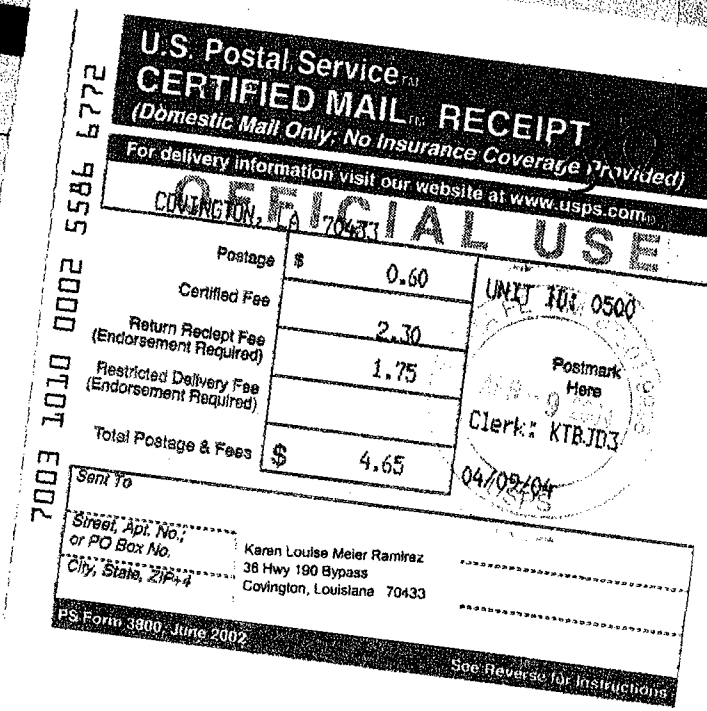
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 1010 0002 5586 6789

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

JTD



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COVINGTON, LA 70433
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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

UNIT ID: 0500
Postmark Here
APR 13 2004
Clerk: KTBJD3
04/13/04 USPS

7003 1010 0002 5586 6772

Sent To
Karen Louise Meier Ramirez
Street, Apt. No.; or PO Box No. 36 Hwy 190 Bypass
City, State, ZIP+4 Covington, Louisiana 70433

PS Form 3800, June 2002 See Reverse for Instructions

7003 1010 0002 5586 6765

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OFFICIAL USE

LEAGUE CITY, TX 77573

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here APR 2004 Clerk: KTBJD3
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.65	04/09/04

Sent To
Mary Ann Meier de la Houssaye
Street, Apt. No.; or PO Box No. 206 Crescent Bay Dr.
City, State, ZIP+4 League City, Texas 77573

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:

Levy Brothers, LLC
5715 N. Western
Oklahoma City, Oklahoma 73118

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Shawn Foster C. Date of Delivery 4/12/04

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 1010 0002 5586 6840

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

JTD

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 Ann Meier de la Houssaye
206 Crescent Bay Dr.
League City, Texas 77573

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Frances Brown C. Date of Delivery 4/15/04

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 1010 0002 5586 6765

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

JTD

7003 1010 0002 5586 6840

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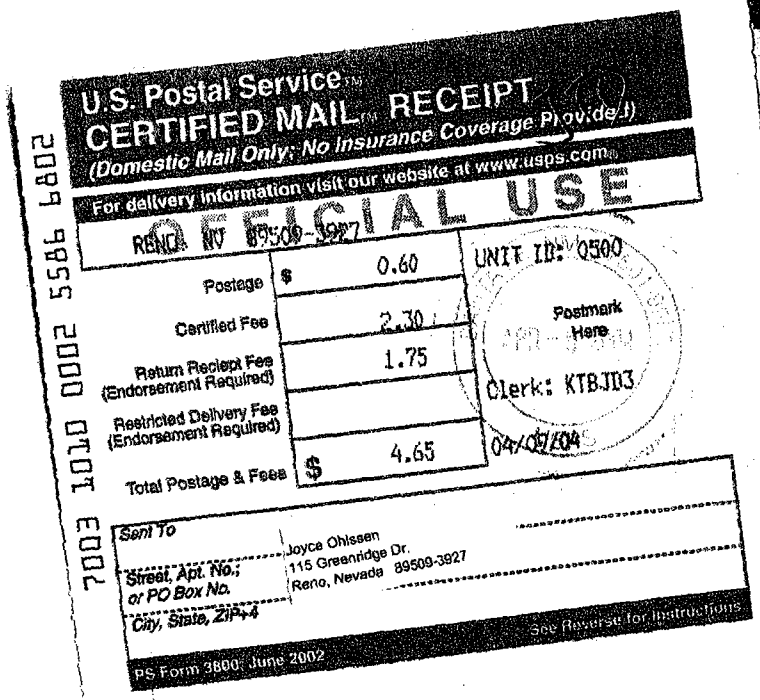
OKLAHOMA CITY, OK 73118

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here Clerk: KTBJD3
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.65	04/09/04

Sent To
Levy Brothers, LLC
Street, Apt. No.; or PO Box No. 5715 N. Western
City, State, ZIP+4 Oklahoma City, Oklahoma 73118

PS Form 3800, June 2002 See Reverse for Instructions



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RENO NV 89509-9927

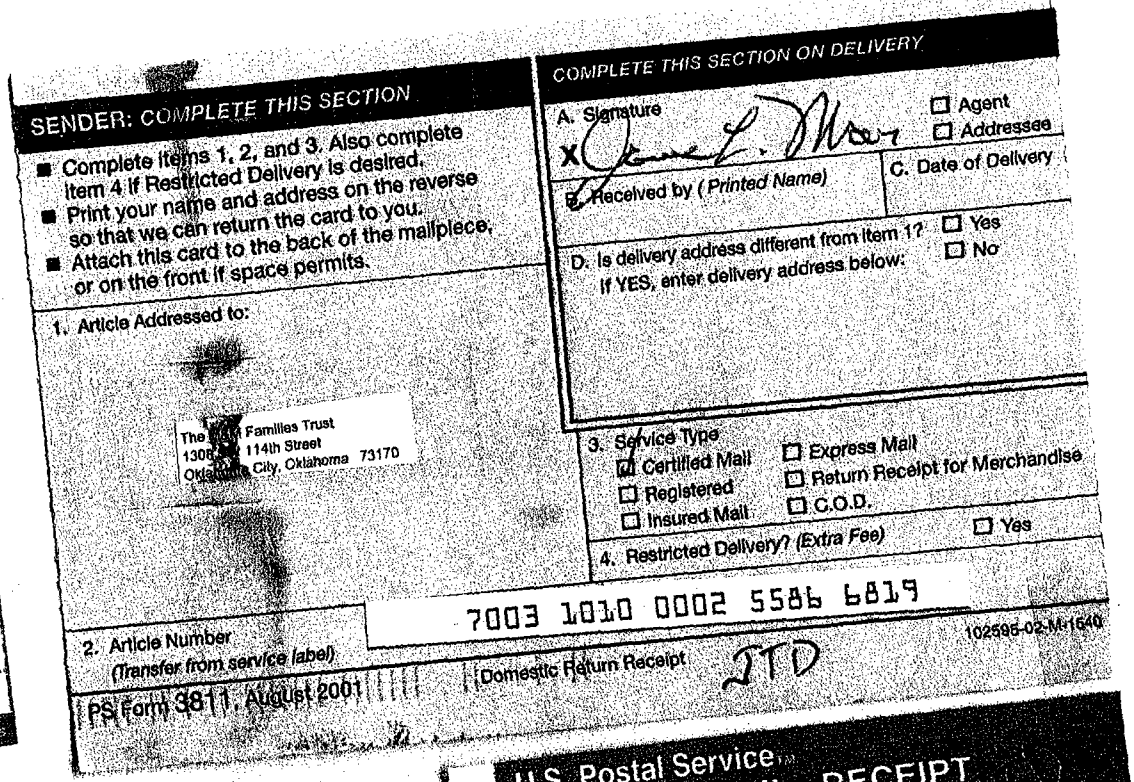
Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
Postmark Here
Clerk: KTBJD3
04/09/04

7003 1010 0002 5586 6802

Sent To: Joyce Ohlssen
Street, Apt. No.; or PO Box No.: 115 Greenridge Dr.
City, State, ZIP+4: Reno, Nevada 89509-3927

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:

The M&M Families Trust
1308 SW 114th Street
Oklahoma City, Oklahoma 73170

COMPLETE THIS SECTION ON DELIVERY

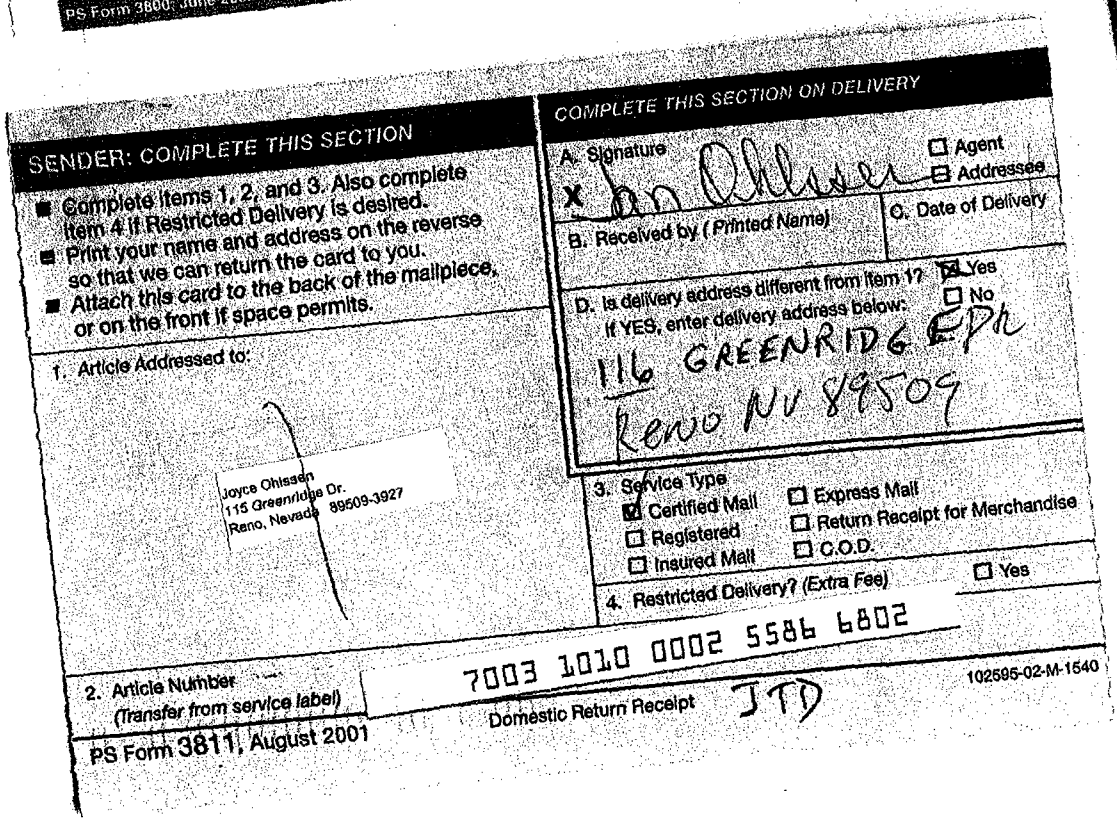
A. Signature: X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 1010 0002 5586 6819

PS Form 3811, August 2001 — Domestic Return Receipt — JTD — 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:

Joyce Ohlssen
115 Greenridge Dr.
Reno, Nevada 89509-3927

COMPLETE THIS SECTION ON DELIVERY

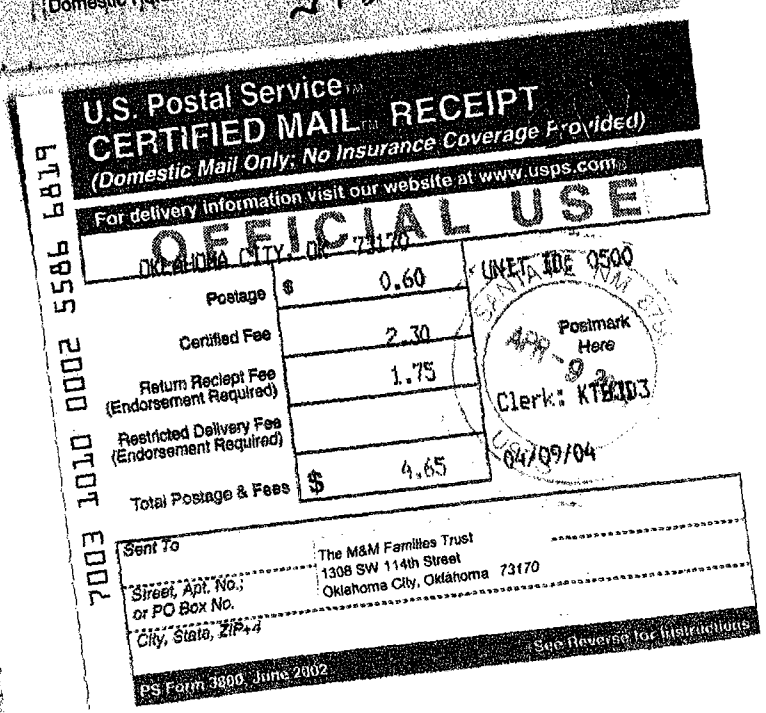
A. Signature: X [signature] ☐ Agent ☑ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No
116 GREENRIDGE EPR
RENO NV 89509

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 1010 0002 5586 6802

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



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OKLAHOMA CITY OK 73170

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
Clerk: KTBJD3
04/09/04

7003 1010 0002 5586 6819

Sent To: The M&M Families Trust
Street, Apt. No.; or PO Box No.: 1308 SW 114th Street
City, State, ZIP+4: Oklahoma City, Oklahoma 73170

PS Form 3800, June 2002 — See Reverse for Instructions

7003 1010 0002 5586 6796

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OFFICIAL USE

DALLAS TX 75202-3714

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	APR - 9 2004
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJD3
Total Postage & Fees	$ 4.65	04/09/04

Sent To: Bank of America, N.A., Trustee of the Myrtle Davis Trust
Street, Apt. No.; or PO Box No.: 901 Main Street, 17th Floor
City, State, ZIP+4: Dallas, Texas 75202-3714

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:

Carole L. Couch
1709 Montgomery Dr.
Garland, Texas 75042

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Carole L. Couch ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 4-14-04

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 7445 7858

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

JTD

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:

Bank of America, N.A., Trustee
of the Myrtle Davis Trust
901 Main Street, 17th Floor
Dallas, Texas 75202-3714

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) | C. Date of Delivery: APR 12 2004

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 1010 0002 5586 6796

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

JTD

7003 2260 0006 7445 7858

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GARLAND, TX 75042

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	APR 9 2004
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJD3
Total Postage & Fees	$ 4.65	04/09/04

Sent To: Carole L. Couch
Street, Apt. No.; or PO Box No.: 1709 Montgomery Dr.
City, State, ZIP+4: Garland, Texas 75042

PS Form 3800, June 2002 — See Reverse for Instructions

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SAN ANTONIO, TX 78217
Postage $ 0.60
Certified Fee
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required) 1.75
Total Postage & Fees $ 4.65
UNIT ID: 0500
Postmark Here
APR - 9 2004
Clerk: KTBJD3
04/09/04
USPS
7003 1010 0002 5586 6734
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Coates Energy Trust
Energy Plaza II, Suite 510
8610 New Braunfels
San Antonio, Texas 78217
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:
John Luttrell
208 N. Cherry
Commerce, Oklahoma 74339

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X John Luttrell
☐ Agent
☐ Addressee
B. Received by (Printed Name) JOHN LUTTRELL
C. Date of Delivery 4-13-04
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 7445 7841
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540
JTD

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:
Coates Energy Trust
Energy Plaza II, Suite 510
8610 New Braunfels
San Antonio, Texas 78217

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X C. VanHorn
☐ Agent
☐ Addressee
B. Received by (Printed Name) C. VanHorn
C. Date of Delivery APR 12 2004
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 1010 0002 5586 6734
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540
JTD

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COMMERCE, OK 74339
Postage $ 0.60
Certified Fee
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required) 1.75
Total Postage & Fees $ 4.65
UNIT ID: 0500
Postmark Here
APR 9 2004
Clerk: KTBJD3
04/09/04
USPS
7003 2260 0006 7445 7841
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
John Luttrell
208 N. Cherry
Commerce, Oklahoma 74339
PS Form 3800, June 2002
See Reverse for Instructions

CERTIFIED MAIL™

JAMES BRUCE
PO BOX 1056
SANTA FE NM 8750

7003 1010 0002 5586 6833

UNITED STATES POSTAL SERVICE

9264

88317

U.S. POSTAGE
PAID
SANTA FE, NM
87501
APR 09, '04
AMOUNT
$4.65
00039235-00

- Moved, Left No Address
- Forwarding Order Expired
- Unable To Forward
- Unable to Forward
- Attempted - Not Known
- Unclaimed
- No Such Street Number
- Insufficient Address

REASON CHECKED

RETURN RECEIPT REQUESTED

Bernice S. Wade
P.O. Box 226
~~Cloudcroft, New Mexico 88317~~

FIRST NOTICE
APR 12
SECOND NOTICE
4-17
APR RED

7003 1010 0002 5586 6833

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

CLOUDCROFT, NM 88317

OFFICIAL USE

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here APR
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJD3
Total Postage & Fees	$ 4.65	04/09/04

Sent To
Bernice S. Wade
Street, Apt. No.; or PO Box No. P.O. Box 226
City, State, ZIP+4 Cloudcroft, New Mexico 88317

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Gertrude L. Soper
c/o Barbara Watts
413 Indiana, Apt. 2
Coeur D'Alene, Idaho 83814

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 1010 0002 5586 6826

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

7003 1010 0002 5586 6826

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

COEUR D ALENE, ID 83814

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJD3
Total Postage & Fees	$ 4.65	04/09/04

Sent To
Gertrude L. Soper
Street, Apt. No.; or PO Box No. c/o Barbara Watts
413 Indiana, Apt. 2
City, State, ZIP+4 Coeur D'Alene, Idaho 83814

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

7003 1010 0002 5586 6765

OFFICIAL USE

UNITED STATES POSTAL SERVICE

9264

77573

U.S. POSTAGE
PAID
SANTA FE, NM
87501
APR 09, 04
AMOUNT
$4.65
00039235-00

APR 20 2004

1ST NOTICE
2ND NOTICE
RETURN

RETURN RECEIPT REQUESTED

NSL
73024

Mary Ann Meier
206 Descent Bay Dr.
League City, Texas 77573

TO SENDER

NUMBER