

Before the Oil Conservation Division
Exhibit No. 6
Burlington Resources Oil & Gas Company LP
OCD CASE 14773
Hearing: December 15, 2011

| Name Line 1 | Address Line 1 | Address Line 2 | City | State | Zip Code | Notification Sent 11/15/11 | Green card Received Back |
|---------------------------------------|---------------------------------------|---------------------------------|------------------|----------------|------------|-------------------------------|--------------------------------|
| BP AMERICA PRODUCTION COMPANY | MR. CRAIG CARLEY | 501 WEST LAKE PARK BLVD. | HOUSTON | TEXAS | 77079 | X | |
| CARLA JEAN OHORNETT | 9920 N SEDONA PL | | TUCSON | ARIZONA | 85742 | X | X |
| CATALUS LLC | PO BOX 1054 | | EDWARDS | COLORADO | 81632 | X | X |
| CONOCOPHILLIPS COMPANY | P O BOX 7500 | | BARTLESVILLE | OKLAHOMA | 74005 | X | X |
| DEPARTMENT OF INTERIOR MIMS | ~ROYALTY MANAGEMENT PROGRAM | P O BOX 5810, T A | DENVER | COLORADO | 80217 | X | X |
| E TAIT MELDRAM REVOC TRUST | E TAIT MELDRAM TRUSTEE | PO BOX 580 | WEAVERVILLE | NORTH CAROLINA | 28787-0580 | X | X |
| ELIZABETH MARIE OHORNETT GILTHVEDT | C/O ROGERS AND BELL | P O BOX 3209 | TULSA | OKLAHOMA | 74101 | X | X |
| GEORGEANNE NILSEN TRUSTEE UTA DATED | JUNE 16 1988 | 3232 WEST BRITTON ROAD,STE. 140 | OKLAHOMA CITY | OKLAHOMA | 73120 | X | X |
| GREG IRETON AND JO ANN W IRETON | 1430 CHARTWELL VIEW | | COLORADO SPRINGS | COLORADO | 80906 | X | X |
| JOHN DAVID PRESTON | 4380 CREEKSIDE DR | | SHINGLE SPRINGS | CALIFORNIA | 95682 | X | X |
| KEVIN MICHAEL OHORNETT | PO BOX 80 | | GOLDEN | COLORADO | 80402-0080 | X | X |
| MAHONEY HOLDINGS LLC | STE 102 | 7675 W 14TH AVE | LAKEMOOD | COLORADO | 80214 | X | X |
| MARY PATRICIA OHORNETT PETERSDORF | 5148 W AQUAMARINE STREET | | TUCSON | ARIZONA | 85741 | X | X |
| PINE CONE PROPERTIES LLC | STE 220 | 210 ST PAUL ST | DENVER | COLORADO | 80206 | X | |
| PRESTON FAMILY LVG TR DTD APR 20 2010 | TOM PRESTON & LESLIE PRESTON TRUSTEES | 6802 RAYNOR WAY | SUGAR LAND | TEXAS | 77479 | X | X |
| RABSM LLC | DEPT 1300 | PO BOX 22155 | TULSA | OKLAHOMA | 74121-2155 | X | X |
| SHIRLEY ANN CHOUJEAU TR JUNE 10 1992 | DANA GARCIA TRUSTEE | 7825 S GRANITE AVE | TULSA | OKLAHOMA | 74136 | X | X |
| SUZANNE PRESTON CAMFERDAM | 5410 LEXINGTON DR | | BENTON | ARKANSAS | 72019 | X | X |

6-B

7009 2820 0000 5759 4446

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Sent To **BP AMERICA PRODUCTON COMPANY**
Street, Apt. No. or PO Box **MR. CRAIG CARLEY**
City, State, ZIP+4® **501 WEST LAKE PARK BLVD.
HOUSTON, TX 77079**

PS Form 3800, August 2006 See Reverse for Instructions

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Street, Apt. No. or PO Box **E TAIT MELDRAM TRUSTEE**
City, State, ZIP+4® **PO BOX 580
WEAVERVILLE, NORTH CAROLINA 28787-0580**

PS Form 3800, August 2006 See Reverse for Instructions

7008 2810 0001 9142 3637

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Street, Apt. No. or PO Box No. **STE 220**
City, State, ZIP+4® **210 ST PAUL ST
DENVER, COLORADO 80206**

PS Form 3800, August 2006 See Reverse for Instructions

6-c

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|----------------------|---------|--------------------------------------|----------------------------|-------------------|-----------------|
| 70092820000057594446 | | Delivered | November 18, 2011, 6:22 am | HOUSTON, TX 77079 | Certified Mail™ |
| | | Processed through USPS Sort Facility | November 17, 2011, 3:47 am | HOUSTON, TX 77201 | |

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6-D

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| 70092820000057594491 | | Processed through USPS Sort Facility | December 07, 2011, 5:38 am | ASHEVILLE, NC 28810 | Certified Mail™ |
| Show Details | | | | | |
| 70082810000191423637 | | Notice Left | November 16, 2011, 11:38 am | DENVER, CO 80206 | Certified Mail™ |
| Show Details | | | | | |

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AE(1)

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 TAIT MELDRAM REVOC TRUST
 E TAIT MELDRAM TRUSTEE
 PO BOX 580
 WEAVERVILLE, NORTH CAROLINA 28787-0580

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x E. Tait Meldram Agent Addressee

B. Received by (Printed Name) Agent Addressee
E. Tait Meldram

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

R. Corcoran, Hearing Notice

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label)

7009 2820 0000 5759 4491

6-E(2)

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete Restricted Delivery if desired. Your name and address on the reverse of this card to the back of the mailpiece, if space permits.

Addressed to:
**CARLA JEAN OHORNETT
9920 N SEDONA PL
TUCSON, AZ 85742**

Carla Jean Ohornett
Number from service label

7009 2820 0000 5759 4453

811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Carla Jean Ohornett

B. Received by (Printed Name) *Carla Jean Ohornett* C. Date of Delivery *11-16-11*

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

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

Sent To **CARLA JEAN OHORNETT**
 Street, Apt. No., or PO Box No. **9920 N SEDONA PL**
 City, State, ZIP+4 **TUCSON, AZ 85742**

PS Form 3800, August 2005 See Reverse for Instructions

7009 2820 0000 5759 4453

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete Restricted Delivery if desired. Your name and address on the reverse of this card to the back of the mailpiece, if space permits.

Addressed to:
**CONOCOPHILLIPS COMPANY
P O BOX 7500
BARTLESVILLE, OKLAHOMA 74005**

ConocoPhillips
Number from service label

7009 2820 0000 5759 4477

811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery *OCT 16 2011*

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

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

Sent To **CONOCOPHILLIPS COMPANY**
 Street, Apt. No., or PO Box No. **P O BOX 7500**
 City, State, ZIP+4 **BARTLESVILLE, OKLAHOMA 74005**

PS Form 3800, August 2005 See Reverse for Instructions

7009 2820 0000 5759 4477

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete Restricted Delivery if desired. Your name and address on the reverse of this card to the back of the mailpiece, if space permits.

Addressed to:
**DEPARTMENT OF INTERIOR MMS
ROYALTY MANAGEMENT PROGRAM
P O BOX 5810, T A
DENVER, COLORADO 80217**

John Vasu
Number from service label

7009 2820 0000 5759 4484

811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
John Vasu

B. Received by (Printed Name) C. Date of Delivery *11/16/11*

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

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

Sent To **DEPARTMENT OF INTERIOR MMS**
 Street, Apt. No., or PO Box No. **P O BOX 5810, T A**
 City, State, ZIP+4 **DENVER, COLORADO 80217**

PS Form 3800, August 2005 See Reverse for Instructions

7009 2820 0000 5759 4484

6-F

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

ABETH MARIE OHORNETT GILTHVEDT
ROGERS AND BELL
BOX 3209
SA, OKLAHOMA 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address:
[Signature]
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *11-17*
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number *Cocoran, Hearing Notice*
7009 2820 0000 5759 4507
(Transfer from service label)

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

Sent to: ELIZABETH MARIE OHORNETT GILTHVEDT
At: C/O ROGERS AND BELL
or P O BOX 3209
City: TULSA, OKLAHOMA 74101
PS Form 3800, August 2003 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.

Article Addressed to:

GEORGEANNE NILSEN TRUSTEE UTA DATED
JUNE 16 1988
3222 WEST BRITTON ROAD, STE. 140
OKLAHOMA CITY, OKLAHOMA 73120

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number *Cocoran, Hearing Notice*
7009 2820 0000 5759 4514
(Transfer from service label)

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

Sent to: GEORGEANNE NILSEN TRUSTEE UTA DATED
Date: JUNE 16 1988
or P 3222 WEST BRITTON ROAD, STE. 140
City: OKLAHOMA CITY, OKLAHOMA 73120
PS Form 3800, August 2003 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.

Article Addressed to:

GREG IRETON AND JO ANN W IRETON
1430 CHARTWELL VIEW
COLORADO SPRINGS, COLORADO 80906

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address:
[Signature]
B. Received by (Printed Name) *Greg Iretton*
C. Date of Delivery *11-17*
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number *Cocoran, Hearing Notice*
7008 2810 0001 9142 3729
(Transfer from service label)

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

Sent to: GREG IRETON AND JO ANN W IRETON
1430 CHARTWELL VIEW
COLORADO SPRINGS, COLORADO 80906
PS Form 3800, August 2003 See Reverse for Instructions

6-9

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

JOHN DAVID PRESTON
380 CREEKSIDE DR
SHINGLE SPRINGS, CALIF. 85682

Carcoran Hearing Notice
Article Number

(Transfer from service label)

7099 3400 0018 4215 9123

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address
J Preston
B. Received by (Printed Name) *John Preston* C. Date of Delivery *11-21-04*
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

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

Recipient's Name (Please Print Clearly) (to be completed by mailer)

JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CALIF. 85682

PS Form 3800, February 2004

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:

KEVIN MICHAEL OHORNETT
PO BOX 80
GOLDEN, COLORADO 80402-0080

Carcoran Hearing Notice
2. Article Number

(Transfer from service label)

7008 2810 0001 9142 3606

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address
Kevin M. Ohornett
B. Received by (Printed Name) *Kevin M. Ohornett* C. Date of Delivery *Nov 16 2004*
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

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

Sent To

KEVIN MICHAEL OHORNETT
PO BOX 80
GOLDEN, COLORADO 80402-0080

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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:

MAHONEY HOLDINGS LLC
STE 102
7675 W 14TH AVE
LAKEWOOD, COLORADO 80214

Carcoran Hearing Notice
Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address
T-S. Infantino
B. Received by (Printed Name) *T-S. Infantino* C. Date of Delivery *11-16-04*
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

7008 2810 0001 9142 3613

PS Form 3811, February 2004

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102595-02-M-1540

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| Restricted Delivery Fee (Endorsement Required) | | |
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Sent To

MAHONEY HOLDINGS LLC
STE 102
7675 W 14TH AVE
LAKEWOOD, COLORADO 80214

PS Form 3800, August 2003

See Reverse for Instructions

6-H

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
MARY PATRICIA OHORNETT PETERSDORF
18 W AQUAMARINE STREET
TUCSON, ARIZONA 85741

Article Number
Cocoran Hearing Notice
7008 2810 0001 9142 3620

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Mary Patricia Petersdorf* Agent Address
B. Received by (Printed Name) *MARY PATRICIA PETERSDORF* C. Date of Delivery *11/19/11*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

Sent To
MARY PATRICIA OHORNETT PETERSDORF
5148 W AQUAMARINE STREET
TUCSON, ARIZONA 85741

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
PRESTON FAMILY LVG TR DTD APR 20 2010
TOM PRESTON & LESLIE PRESTON TRUSTEES
6802 RAYNOR WAY
SUGAR LAND, TEXAS 77479

Article Number
Cocoran Hearing Notice
7008 2810 0001 9142 3644

Form 3811, February 2004 Domestic Return Receipt 102595-02

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Leslie Preston* Agent Address
B. Received by (Printed Name) *L. Preston* C. Date of Delivery *11-17*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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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Sent To
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TOM PRESTON & LESLIE PRESTON TRUSTEES
6802 RAYNOR WAY
SUGAR LAND, TEXAS 77479

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OKLAHOMA 74121-2155

Article Number
Cocoran Hearing Notice
7008 2810 0001 9142 3651

Form 3811, February 2004 Domestic Return Receipt 102595-02

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Phillip D. Hays* Agent Address
B. Received by (Printed Name) *Phillip Hays* C. Date of Delivery *11-16*
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

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

Sent To
RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OKLAHOMA 74121-2155

PS Form 3811, August 2006 See Reverse for Instructions

6-1

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:
 SHIRLEY ANN CHOUTEAU TR JUNE 10 1992
 DANA GARCIA TRUSTEE
 7825 S GRANITE AVE
 TULSA, OKLAHOMA 74136

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Age Add
- X *Dana Garcia* A
- 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 Mail
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

7008 2810 0001 9142 3668

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)
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OFFICIAL USE

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

Sent To: SHIRLEY ANN CHOUTEAU TR JUNE 10 1992
 Street, Apt. or PO Box: DANA GARCIA TRUSTEE
 City, State: 7825 S GRANITE AVE
 TULSA, OKLAHOMA 74136

PS Form 3800, August 2005 See Reverse for Instructions

Notifications Address List

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:
 SUZANNE PRESTON CAMFERDAM
 5410 LEXINGTON DR
 BENTON, ARKANSAS 72019

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Age Add
- X *Suzanne Camferdam* A
- 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 Mail
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

7008 2810 0001 9142 3675

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
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OFFICIAL USE

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

Sent To: SUZANNE PRESTON CAMFERDAM
 Street, Apt. or PO Box: 5410 LEXINGTON DR
 City, State: BENTON, ARKANSAS 72019

PS Form 3800, August 2005 See Reverse for Instructions

B-J

USPS Postal Service™
CERTIFIED MAIL™ RECEIPT
 Domestic Mail Only; No Insurance Coverage Provided
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OFFICIAL USE

| | | |
|--|--|------------------|
| Postage \$ | | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Payment Required) | | |
| Restricted Delivery Fee (Payment Required) | | |
| Postage & Fees \$ | | |

CATALIS LLC
 PO BOX 1054
 EDWARDS, COLORADO 81632

3000, August 2003 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 Number
 CATA054 T816322015-1A11

CA : CATALIS LLC
 PO 10040 E HAPPY VALLEY RD UNIT 70
 ED SCOTTSDALE AZ 85255-2367



R. Cochran, Hearing Notice

2. Article Number (Transfer from service label) 7009 2820 0000 5759 4460

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Address

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

D. Is delivery address different from item 1? Yes
 No

6-K