

**BEFORE THE  
OIL CONSERVATION DIVISION**  
Case No. Exhibit No. **-12**  
Submitted By:  
**Apache Corporation**  
Hearing Date: June 16, 2005

East Blinberry-Drinkard Unit Waterflood Project  
Revised 6/10/2005

Sent out package with ratifications 3/22/05						
Sent out Follow-Up Letters 4/12/05						
Sent out Hearing Notices 5/10/05						
Royalty Interest Owners	Green Card	Hearing Notice GC	Executed Ratification	Unit Rtl%	Comments	
A.V. Rogers	3/25/05		X	0.000572%	Sent Follow-Up Letter 4/12/05	
Allie M. Lee Trust	3/28/05		X	0.233247%	Sent Follow-Up Letter 4/12/05	
AMCO Resources	4/2/05		X	0.006760%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. Also, sole heir to Edith Coppedge Wheeler, who is now deceased	
Ann Dennard Allison		5/14/05		0.003380%	(7/03) 938-8380. Sent Follow-Up Letter 4/5/05. 4/7/05 Sent BLM letter. Beverly Elizabeth Sommerville is deceased - Heir is Ann Romer. 4/8/05 - Spoke with Ann Romer's husband, Steve. Leasing. Notified Larry by phone and e-mail. Larry sent OGL & Ratif. 4/22/05. Sent Hearing Notices 5/10/05. 5/24/05 - called Steve - said the OGL & Ratif. are signed - he is mailing.	
Ann E. Romer (Leased)		5/13/05	X	0.001000%	(4/78) 827-1980. 3/29/05 - Said she was reading through package. Reading through Package. Called 4/1/05 Left Message. Signing Agreement Pages - 4/4/05. 4/7/05 Sent BLM letter. Called 4/7/05 - left message - Called to make sure she understood the details. Called her 4/12/05. Leasing. Notified Larry by e-mail. E-mailed Larry her address and phone #. Rec'd OGL 5/3/05. 5/24/05 - Called Anne for Rosser Schwarz phone #. Hasn't returned call.	
Anne Johnson (Leased)	3/21/05		X	0.002403%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05.	
Benischek	3/31/05		X	0.030048%	806-358-1835. 4/5/05 - Betty called and asked why Dolly Brand and Nellie Lane weren't on the Exhibit B-1. Called Randy Turner to double check the TO (432-687-0011). Houston has no documents of conveyance of interest from Wyllie Long (Dolly and Nellie have been receiving royalty since Shell owned tract. Sent Follow-Up Letter 4/12/05. Called 5/9/05 to get Dolly Brand and Nellie Lane's phone #s. Dolly (281-427-8832) and Nellie (936-856-7404).	
Betty Ann Philley	5/17/05		X	0.004008%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. Signed ratif. per Mario. 505-397-3614.	
Bill Herron	3/29/05		X	0.001335%	(806)372-2341. Called 3/30/05 - Contact: Jack Quackenbush, extension # 2634. Leasing.	
Black Trust	3/28/05	5/17/05	X	0.015024%	WRONG ADDRESS & PHONE NUMBER	
BMCM Partnership	3/28/05		X	0.015024%	WILL PROBABLY SIGN / SENT OGL & RATIF. 3/29/05. 4/5/05 - PHONE CONVERSATION. 4/6/05 - NEW LEASE PER MARIO - \$150.00, 3-YR, 1/5. Leasing. Rec'd executed OGL.	
Boys Ranch Foundation (Leased)	3/22/05	5/12/05	X	0.126201%	Sent Follow-Up Letter 4/12/05	
Bruce Reeves				0.007512%	Sent Follow-Up Letter 4/12/05	
Cathy Ruth Chapman (Leased)			X	0.000305%	Sent Follow-Up Letter 4/12/05	
Charlene Bruhn	3/26/05		X	0.000751%	Sent Follow-Up Letter 4/12/05	
Charles Coll	3/24/05		X	0.043568%	Sent Follow-Up Letter 4/12/05	
Charles Malone	3/25/05		X	0.004808%	Sent Follow-Up Letter 4/12/05	
Charles Sands	3/29/05		X	0.015024%	Sent Follow-Up Letter 4/12/05	
Cindy Ann Allen, Reeder Trust	3/31/05		X	0.001000%	Sent Follow-Up Letter 4/12/05	
Cindy Macais	3/28/05		X	0.001127%	Sent Follow-Up Letter 4/12/05	
Clarke Coll	3/24/05		X	0.019601%	Sent Follow-Up Letter 4/12/05	
Clifford Roth	3/30/05		X	0.000334%	Sent Follow-Up Letter 4/12/05	
Davis Coppedge	3/26/05		X	0.000845%	Sent Follow-Up Letter 4/12/05	
Dennis Whorton	3/26/05		X	0.000191%	Sent Follow-Up Letter 4/12/05	

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Sent out Hearing Notices 5/10/05					
Royalty Interest Owners	Green Card	Hearing Notice GC	Executed Ratification	Unit RI%	Comments
Donna Rodgers Collins (Leased)	-	No date, but was rec'd	X	0.000429%	(505) 623-0052. Father, Hubert Rodgers, is deceased. Sent lease and ratification to Donna. Leasing. Sent Hearing Notices 5/10/05. Rec'd OGL 5/10/05.
Dorothy Leathers	3/29/05		X	0.001335%	
Dorothy Scribner	3/28/05	5/13/05	X	0.000751%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05.
Earl Lyon	3/28/05		X	0.001335%	
Edith Schmidt			X	0.009012%	Sent Follow-Up Letter 4/12/05.
Eric Coll	3/24/05		X	0.019602%	
Ethan Walker III	3/28/05		X	0.030480%	
Fairway O&G	4/2/05	5/18/05	X	0.007512%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05.
Frances May Reeder	3/28/05		X	0.001000%	Sent Follow-Up Letter 4/12/05.
Francis Reeves			X	0.015024%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. Package returned Undelivered 5/17/05.
Frank Hufts	4/2/05		X	0.013522%	Sent Follow-Up Letter 4/12/05.
					(760) 379-0085. 3/30/05 - No answer, no voicemail. 4/1/05 - she said package is at P.O. Box. Car is broke down - having trouble getting pkg. Called 4/5/05 - no answer, no voicemail. Sent Follow-Up Letter 4/5/05. Called 4/7/05 - Leasing - Notified Larry so he could send lease form and ratification letter. 4/7/05 SENT OGL & RATIF. Sent Hearing Notices 5/10/05. Called 5/24/05 - will sign and notarize today and mail asap.
Freda Long (Leased)		5/16/05	X	0.001335%	
Gerald Sharp	3/28/05		X	0.009012%	
Gilbert Eaton				0.004507%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. WRONG ADDRESS.
Glen Warren Roth	3/30/05		X	0.000334%	Sent Follow-Up Letter 4/12/05
Grooms Trust	3/24/05		X	0.013146%	Sent Follow-Up Letter 4/12/05
Habell Trust	3/29/05	5/12/05		0.009012%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05.
Howard Chandler	4/2/05		X	0.001335%	Sent Follow-Up Letter 4/12/05
Illene Gulick	3/28/05		X	0.004507%	
Ina Bell Berryman	3/25/05		X	0.000572%	
Ina Carol Randall (Leased)	-		X	0.000286%	SENT OGL & RATIF. 3/29/05. Rec'd OGL 4/15/05.
J. Hiram Moore Trust	3/28/05	5/12/05		0.020280%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. 432-682-1681. Spoke to Richard 5/18/05 - E-mailed ratif. to richmo@aol.com
J.R. Cone	3/25/05			0.015024%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. 806-763-8211. Called 5/18/05 - said he will be at the hearing.
Jack Burson	3/28/05		X	0.030048%	3/22/05 - Spoke to grandson (Chris) to verify address. 806-763-5326. 3/23/05 - Got addresses for Donald and Kenneth Long. 3/30/05 - Called her back to get phone numbers. 4/5/05 - got phone numbers for Don and Kenneth. Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05.
Jack Markham	3/26/05	5/13/05		0.007512%	
James Coppedge	3/31/05		X	0.000845%	
Janice Griffith	3/26/05		X	0.000181%	
Jimmy Long	3/30/05		X	0.000150%	Sent Follow-Up Letter 4/12/05
Jo Ann Long	4/15/05		X	0.000150%	Sent Follow-Up Letter 4/12/05. Phone # 505-298-0057. Cell # 505-710-4197.

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Royalty Interest Owners	Green Card	Hearing Notice GC	Executed Ratification	Unit RI%	Comments	
John Abney	3/26/05		X	0.001502%		
John Plumlee	3/31/05		X	0.015024%		
John Redfern III	3/25/05		X	0.002504%	Sent Follow-Up Letter 4/12/05	
Jon Coll	3/24/05		X	0.043568%		
Jon Coll II	4/2/05		X	0.003111%	Sent Follow-Up Letter 4/12/05	
Joy Ann Bivins Bellan	4/1/05		X	0.031550%	760-360-5045.	
Joy Winn	3/26/05		X	0.030048%		
Judith Taylor	3/31/05		X	0.000334%		
June Brown	3/26/05		X	0.005258%		
June Speight	3/24/05		X	0.360576%	Sent Follow-Up Letter 4/12/05	
Kay Parker Adkins	3/24/05		X	0.005258%		
Kelly H. Baxter		5/20/05	X	0.030048%	WRONG ADDRESS & PHONE NUMBER for CCTC. Kelly Baxter now owns interest. Larry sent Package and	
Kenneth Headley	3/30/05	5/12/05		0.054086%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. 505-281-1232. Spoke to Kenneth 5/18/05 - looking for ratification	
Laquita Rogers Cross	3/29/05		X	0.000191%	Sent Follow-Up Letter 4/12/05	
					Wrong address- Called Jo Ann Long for phone number and correct address. Resent pkg to new address 4/5/05. Called Jo Ann 4/5/05 and got phone #. Did not send BLM letter yet. 4/8/05 - Sent Follow-Up Letter. Called 4/12/05 & 4/14/05- line busy. 4/21/05 - line busy. Wrong address from Jo Ann. 5/3/05 - Larry sent OGL and Ratif. 5/4/05 - Called Lillian Long for correct address, resent package uncertified. 5/5/05 - e-mailed Larry to make sure he had correct address. Sent Hearing Notices 5/10/05. Called 5/24/05 - no voicemail.	
Lawrence D. Long (Leased)			X	0.000751%		
Lillian Long	3/28/05		X	0.001000%	Sent Follow-Up Letter 4/12/05. Phone # 505-461-0716.	
Lynn Lawrence	4/12/05		X	0.001127%	WILL SIGN. CALLED 4/4/05 WORRIED ABOUT NOTARY FEES. (760) 339-4832	
Lynn Reeves	4/2/05		X	0.007512%	Sent Follow-Up Letter 4/12/05	
					Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. 714-774-7106. Spoke to Rebecca O'Neil (caregiver) 5/18/05 and left message for Margaret to return call. Rebecca called me back 5/23/05 - Margaret is getting Power of Attorney by end of week (5/27/05) who will be able to sign ratification page.	
Margaret Lemaster	4/2/05	5/14/05		0.001127%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. Deceased - Send Attn: to Paul Patterson Sr.	
Margie Pearl Patterson	3/29/05	5/12/05		0.001335%		
Mary Anne Fauble	3/28/05		X	0.015024%	Sent Follow-Up Letter 4/12/05	
					(435) 753-5770. Leasing. SENT OGL & RATIF. 3/30/05. JAMES MCWHORTER, SON, CALLED AND SAID SHE IS SIGNING 4/4/05. Sent Hearing Notices 5/10/05. Called 5/24/05 - James could not find OGL or Ratif. E-mailed Larry and gave James e-mail address mcwmusi@msn.com. Larry e-mailed documents 5/26/05	
Mary McWhorter (Leased)	3/21/05	5/12/05	X	0.002254%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05	
Maura Smyrl Jennings	3/28/05	5/13/05		0.027043%	Sent Follow-Up Letter 4/12/05. Did not receive package. Faxed Ratification 4/21/05. Fax # 505-820-1213. Rec'd fax copy of Ratif. 4/27/05. Rec'd original by mail 5/3/05.	
Max Coll II			X	0.026140%		
Max W. Coll III	3/28/05		X	0.000623%		
McWhorter Family Trust	3/28/05		X	0.002254%	BRENT IS CALLING KEVIN FOR TECHNICAL QUESTIONS	
Medora Lemaster				0.011268%	WRONG ADDRESS	

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Royalty Interest Owners		Green Card	Hearing Notice GC	Executed Ratification	Unit RI%	Comments
Melanie Coll de Temple	4/2/05			X	0.000623%	
MH McGrail	3/28/05		5/12/05		0.060096%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. 817-390-6571. Called Terry Young at 591-8012 and left message. May also speak with Melissa Reichart at 591-8015.
Michael Moore	3/28/05			X	0.003380%	Sent Follow-Up Letter 4/12/05. Did not receive package. Resent uncertified 4/19/05 with Ratification. Recd Ratif.
Mitchell Minerals	3/28/05			X	0.006760%	
Montgomery Pet.				X	0.001878%	
National Finance Credit Corp.	3/28/05		5/13/05	X	0.015024%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05.
NB Burin	3/28/05			X	0.721154%	4/7/05 MR. KROM, MANAGING PARTNER, HAD TECHNICAL QUESTIONS. SHOULD SIGN EARLY NEXT WEEK (4/11/05) - (541) 994-5875. Leasing
New Mexico Western Minerals	3/24/05			X	0.054086%	
Norma & Charles Owen	3/24/05			X	0.001335%	Sent Follow-Up Letter 4/12/05
Norma Reger	4/21/05			X	0.004006%	Sent Follow-Up Letter 4/12/05
Pat Chandler	3/28/05			X	0.001335%	
Priscilla Gilmore	3/25/05		5/21/05	X	0.018029%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05.
Pure Resources	3/24/05			X	0.120192%	Sent Follow-Up Letter 4/12/05
R.H. Fulton Estate	3/28/05		5/16/05		0.007512%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. John K. Fulton signed for package.
Richard Lemaster					0.001097%	WRONG ADDRESS. Spoke to Stacie Lemaster and got new phone number 714-849-3126.
Roberta Herron	3/29/05			X	0.001335%	
Robin Lemaster	4/1/05		5/12/05		0.001127%	Sent Follow-Up Letter 4/12/05. 4/13/05 - Called him to get phone #s for Richard and Medora. He called back 4/14/05 - Did not have updated info and advised me to call Stacia. Robin's home phone # 760-344-7029, cell # 760-582-9598.
Ronald Holman	3/28/05			X	0.000626%	
Roy & Opal Barton	3/24/05			X	0.089392%	
Ruby Rodgers (Leased)			No date, but was recd	X	0.000143%	Father, Hubert Rodgers is deceased. Sent lease and ratification to Ruby. Sent Hearing Notices 5/10/05. Recd OGL 5/10/05.
Ruth Brown (Leased)	3/22/05			X	0.000611%	(806) 744-3232 (Terry Grantham, attorney). 3/29/05 - Spoke to Terry. 3/30/05 - Ora Lee Jones said Larry was sending a lease. E-mailed Larry to confirm. SENT OGL & RATTIF. 3/31/05. Leasing. Recd executed OGL 4/27/05.
Sally Rogers	4/2/05			X	0.017427%	Sent Follow-Up Letter 4/12/05
Sara Brown Marshall	3/28/05			X	0.005258%	
Striner's Hospital	3/29/05		5/13/05		0.077749%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. Called Vance Sparks 5/18/05 at 214-965-7516 - will send to headquarters for further handling.
Stewart Family Trust	3/28/05			X	0.004006%	Louise B. Stewart signed for package.
Smith-Todd Properties	4/2/05			X	0.030048%	

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<b>Royalty Interest Owners</b>	<b>Green Card</b>	<b>Hearing Notice GC</b>	<b>Executed Ratification</b>	<b>Unit RI%</b>	<b>Comments</b>	
Stacia Ann Lemaster		5/23/05	X	0.001126%	Sent Follow-Up Letter 4/12/05. Called Stacie 4/14/05 to get phone #s for Richard and Medora - No answer, left message. Stacia's number is 541-773-4596. Package was returned. WRONG ADDRESS. Called 5/18/05 - got new address and sent package and ratification via certified mail. Also got Richard Lamaster's new phone number.	
Sue Sanders	4/2/05		X	0.001127%	Sent Follow-Up Letter 4/12/05	
Tate Byrne Jennings	3/28/05		X	0.027043%		
Texaco (Chevron)					Also sent WI packages and letters (Follow-up and BLM).	
Trubee Buford	4/6/05		X	0.001127%	Sent Follow-Up Letter 4/12/05	
Virginia Phillips	3/28/05	5/20/05	X	0.030048%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. 743-8642. Called 5/18/05 and left message. 5/27/05 - Spoke to daughter - said she will have Virginia sign and send back ASAP.	
Waikiki Partners	3/28/05	5/16/05	X	0.002504%	Sent Follow-Up Letter 4/12/05. Sent Hearing Notices 5/10/05. 432-683-9137. Called 5/18/05 - Will handle.	
Wayman Holmes	3/25/05		X	0.005258%		
William Bivins (son and heir of Duce Bivins) (Leased)	4/2/05	5/13/05	X	0.031550%	(410) 439-9947. 3/28/05 - Joy Ann Bivins Bellan called and informed be that Duce is deceased and his only heir is his son William Bivins. Resent to new address 3/30/05. Sent Follow-Up Letter 4/5/05. 4/7/05 Sent BLM letter. 4/21/05 - Spoke with Mary Bivins. William Bivins wife. Leasing. Notified Larry. William's phone # 410-439-9947. Larry sent OGL & Ratif. to William Bivins 4/22/05. Sent Hearing Notices 5/10/05.	
				116	TOTAL ROYALTY INTEREST OWNERS	
<b>Overriding Royalty Interest Owners</b>	<b>Green Card</b>	<b>Hearing Notice GC</b>	<b>Executed Ratification</b>	<b>Unit ORRI%</b>	<b>Comments</b>	
Daniel Veirs	3/24/05		X	0.066106%		
Elliott Industries Ltd. Partnership	3/22/05		X	0.586250%		
Elliott-Hall Company Ltd. Partnership	3/23/05		X	0.586250%		
Genesis Ltd. Partnership	5/24/05		X	0.028245%	Sent package and ratification certified 5/18/05	
John H. Hendrix Corporation	5/25/05		X	0.029447%	Sent package and ratification certified 5/18/05	
Audrey Baker	5/27/05			0.048077%	Sent package and ratification certified 5/18/05	
Chevron U.S.A	3/21/05			0.473269%		
				7	TOTAL ORRI OWNERS	

7004 2510 0001 1870 8943

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**OFFICIAL U.S. MAIL**

Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted (Endorsement) Fee 0.00  
 Total \$ 10.10

CLERK: 03/22/05

**J. G. Burson**  
**14454 Hwy 155 S**  
**Tyler, TX 75703**

Sent To  
 Street, Apt. or PO Box  
 City, State, ZIP+4®

PS Form 3811, February 2004

## 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:

**J. G. Burson**  
**14454 Hwy 155 S**  
**Tyler, TX 75703-7705**

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8943

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. G. Burson*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 8882

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**OFFICIAL U.S. MAIL**

Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted (Endorsement) Fee 0.00  
 Total \$ 10.10

CLERK: 03/22/05

**Benischek Properties, L.L.C.**  
**3600 North Harvey Parkway**  
**Oklahoma City, OK 73118**

Sent To  
 Street, Apt. or PO Box  
 City, State, ZIP+4®

PS Form 3811, February 2004

## 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:

**Benischek Properties, L.L.C.**  
**3600 North Harvey Parkway**  
**Oklahoma City, OK 73118**

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8882

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *W. Benischek*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9155

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL U.S. MAIL**

Postage \$ 6.85  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted (Endorsement) Fee 0.00  
 Total \$ 10.90

CLERK: 03/22/05

**Priscilla F. Gilmore**  
**P.O. Box 577**  
**Kimball, NE 69145**

Sent To  
 Street, Apt. or PO Box  
 City, State, ZIP+4®

PS Form 3811, February 2004

## 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:

**Priscilla F. Gilmore**  
**P.O. Box 577**  
**Kimball, NE 69145**

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Priscilla Gilmore*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9476

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL U.S. MAIL**

SCOTTSDALE, AZ 85254

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	10.10

UNIT ID: \_\_\_\_\_

Clerk: K

03/22/05

Sent To: Brent W. McWhorter  
 6140 East Voltaire  
 Scottsdale, AZ 85254

Street, Apt. No. or PO Box  
 City, State

PS Form 3800, June 2002

## 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:

Brent W. McWhorter  
 6140 East Voltaire  
 Scottsdale, AZ 85254

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9476

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-21

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9162

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL U.S. MAIL**

DALLAS, TX 75284

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	10.10

UNIT ID: \_\_\_\_\_

Clerk: \_\_\_\_\_

03/22/05

Sent To: Graham Royalty  
 P. O. Box 840835  
 Dallas, TX 75284

Street, Apt. No. or PO Box  
 City, State

PS Form 3800, June 2002

## 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:

Graham Royalty Ltd.  
 P. O. Box 840835  
 Dallas, TX 75284-0835

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9162

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

A. Vasquez

☐ Agent☐ Addressee

B. Received by (Printed Name)

MAR 24 2005

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 8844

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**OFFICIAL U.S. MAIL**

DENVER, CO 80217

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	10.10

UNIT ID: \_\_\_\_\_

Clerk: KM

03/22/05

Sent To: Allie M. Lee Trust  
 P.O. Box 5383  
 Denver, CO 80217

Street, Apt. No. or PO Box No.  
 City, State, ZIP

PS Form 3800, June 2002

## 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:

Allie M. Lee Trust  
 P.O. Box 5383  
 Denver, CO 80217

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8844

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

J. D. DUTRIS

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9186

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

ROSWELL, NM 88202

Postage \$4.75  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement) 8.80  
 Total Postage 17.55

UNIT ID: 03/22/05

Clerk: K

Sent To: Grooms Trust uad 12/15/1982  
 P.O. Box 2328  
 Roswell, NM 88202

Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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:

Grooms Trust uad 12/15/1982  
 P.O. Box 2328  
 Roswell, NM 88202

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9186

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *J.A. Grooms* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *J.A. Grooms* C. Date of Delivery *3-23-05*

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

7004 2510 0001 1870 9421

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**OFFICIAL USE**

DALLAS, TX 75284

Postage \$6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement) 10.10  
 Total Postage 20.15

UNIT ID: 03/22/05

Clerk:

Sent To: M.H. McGrail Testamentary Trust  
 P.O. Box 840738  
 Dallas, TX 75284-0738

Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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:

M.H. McGrail Testamentary Trust  
 P.O. Box 840738  
 Dallas, TX 75284-0738

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9421

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *A. Vasquez* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *A. Vasquez* C. Date of Delivery *MAR 24 2005*

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

7004 2510 0001 1870 9445

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

ROSWELL, NM 88201

Postage \$4.75  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement) 8.80  
 Total Postage 9.55

UNIT ID: 03/22/05

Clerk:

Sent To: Charles F. Malone  
 2701 Chrysler Drive  
 Roswell, NM 88201

Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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 F. Malone  
 2701 Chrysler Drive  
 Roswell, NM 88201

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9445

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Charles F. Malone* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Charles F. Malone* C. Date of Delivery *3-24-05*

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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**OFFICIAL USE**

BRAWLEY, CA 92227

Postage	\$ 6.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	10.90

UNIT ID: 0

Postmaster Here

Clerk: KMM

03/22/05

Sent To: Robin G. Lemaster  
 P.O. Box 1281  
 Brawley, CA 92227

Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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:

Robin G. Lemaster  
 P.O. Box 1281  
 Brawley, CA 92227

2. Article Number (Transfer from service label)

7004 2510 0001 1870 9360

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Robin G. Lemaster*

C. Date of Delivery: *03/28/05*

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 ☒ No

102595-02-M-154

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For delivery information visit our website at [www.usps.gov](http://www.usps.gov).

**OFFICIAL USE**

AZTEC, NM 87410

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	10.10

UNIT ID: 0

Postmaster Here

Clerk: KMM

03/22/05

Sent To: Jimmy Long  
 35 County Road 3332  
 Aztec, NM 87410

Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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 Long  
 35 County Road 3332  
 Aztec, NM 87410

2. Article Number (Transfer from service label)

7004 2510 0001 1870 9364

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Deena Long*

C. Date of Delivery: *3-28-05*

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 ☒ No

102595-02-M-154

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For delivery information visit our website at [www.usps.gov](http://www.usps.gov).

**OFFICIAL USE**

TIJERAS, NM 87059

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	10.10

UNIT ID: 0

Postmaster Here

Clerk: KMM

03/22/05

Sent To: Kenneth Noel Headley  
 P.O. Box 1359  
 Tijeras, NM 87059

Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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:

Kenneth Noel Headley  
 P.O. Box 1359  
 Tijeras, NM 87059

2. Article Number (Transfer from service label)

7004 2510 0001 1870 9209

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Kenneth Headley*

C. Date of Delivery: *3/28*

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 ☒ No

102595-02-M-154

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For delivery information visit our website at [www.usps.gov](http://www.usps.gov)

**OFFICIAL US**

VAN NUYS, CA 91411

Postage \$ 6.85 UNIT ID: 0

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement) 0.00

Total Fee 10.90

Melanie Coll de Temple  
 5653 Tobias Avenue  
 Van Nuys, CA 91411

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

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Melanie Coll de Temple  
 5653 Tobias Avenue  
 Van Nuys, CA 91411

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9100

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *M. Coll de Temple* ☐ 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

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**OFFICIAL US**

HUNTINGTON BEACH, CA 92649

Postage \$ 6.85 UNIT ID: 0

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement) 0.00

Total Fee 10.90

Howard P. Chandler  
 3810 Humboldt Drive  
 Huntington Beach, CA 92649

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

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Howard P. Chandler  
 3810 Humboldt Drive  
 Huntington Beach, CA 92649

2. Article Number (Transfer from service label) 7004 2510 0001 1870 8967

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *H. Chandler* ☐ 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

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For delivery information visit our website at [www.usps.gov](http://www.usps.gov)

**OFFICIAL US**

PALM DESERT, CA 92211

Postage \$ 6.85 UNIT ID: 0

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement) 0.00

Total Fee 10.90

Joy Ann Bivens Bellan  
 38415 Waverly Drive  
 Palm Desert, CA 92211

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

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Joy Ann Bivens Bellan  
 38415 Waverly Drive  
 Palm Desert, CA 92211

2. Article Number (Transfer from service label) 7004 2510 0001 1870 8875

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Joy Ann Bivens Bellan* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3-25-05

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

7004 2510 0001 1870 8967

7004 2510 0001 1870 8875

7004 2510 0001 1870 9711

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**OFFICIAL USE**

Postage \$ 6.85 UNIT ID: \_\_\_\_\_  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage 10.90

Postmark: **MAR 22 2005**

Sent To: Sue Sanders  
 P.O. Box 232  
 Brawley, CA 92227

PS Form 3800, June 2004

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sue Sanders  
 P.O. Box 232  
 Brawley, CA 92227

2. Article

(If)

PS Form

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jackson

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

A. Jackson

C. Date of Delivery

3/29/05

D. Is delivery address different from item 1? ☐ YesIf 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

102595-02-M-154

7004 2510 0001 1870 9131

**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage \$ 7.85 UNIT ID: \_\_\_\_\_  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage 11.90

Postmark: **MAR 22 2005**

Sent To: Fairway Oil & Gas Company  
 P.O. Box 845  
 Sparta, NM 07871

PS Form 3800, June 2004

## 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:

Fairway Oil & Gas Company  
 P.O. Box 845  
 Sparta, NM 07871

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9131

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X McRae

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9334

**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage \$ 6.85 UNIT ID: \_\_\_\_\_  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage 10.90

Postmark: **MAR 22 2005**

Sent To: Margaret C. Lemaster  
 1400 South SunKist Street, Space 43  
 Anaheim, CA 92806-5616

PS Form 3800, June 2004

## 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:

Margaret C. Lemaster  
 1400 South SunKist Street, Space 43  
 Anaheim, CA 92806-5616

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9334

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

M. Lemaster

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

M. LEMASTER

C. Date of Delivery

3/30/05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 8868

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.gov](http://www.usps.gov)

**OKLAHOMA CITY, OK 73101**

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>10.10</b>

**MAR 22 2005**

**AMCO Resources**  
 P.O. Box 3025  
 Oklahoma City, OK 73101

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

PS Form 3811, February 2004

**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:

AMCO Resources  
 P.O. Box 3025  
 Oklahoma City, OK 73101

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*

B. Received by (Printed Name)  
 Allen G...

C. Date of Delivery  
 03/21/05

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

7004 2510 0001 1870 8868

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9254

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For delivery information visit our website at [www.usps.gov](http://www.usps.gov)

**RIO RANCHO, NM 87124**

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>10.10</b>

**MAR 22 2005**

**Frank H. Hults**  
 500 Eastlake  
 Rio Rancho, NM 87124

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

PS Form 3811, February 2004

**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:

Frank H. Hults  
 500 Eastlake  
 Rio Rancho, NM 87124

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*

B. Received by (Printed Name)  
 R. Hults

C. Date of Delivery  
 03/21/05

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

7004 2510 0001 1870 9254

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9674

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**SANTA FE, NM 87508**

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>10.10</b>

**MAR 22 2005**

**Sally Rodgers**  
 152B Arroyo Honda Road  
 Santa Fe, NM 87508

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

PS Form 3811, February 2004

**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:

Sally Rodgers  
 152B Arroyo Honda Road  
 Santa Fe, NM 87508

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*

B. Received by (Printed Name)  
 Sally Rodgers

C. Date of Delivery  
 03/21/05

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

PS Form 3811, February 2004

102-M-154

7004 2510 0001 1870 9391

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**OFFICIAL USE**

ALBUQUERQUE, NM 87110

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	10.10

UNIT ID: 03/22/05

Postmaster: Jo Ann Long

Address: 1744 Blume NE  
Albuquerque, NM 87110

Sent To: Jo Ann Long

Street, Apt. or PO Box: 1744 Blume NE

City, State: Albuquerque, NM 87110

PS Form 3811, February 2004

**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:

Jo Ann Long  
1744 Blume NE  
Albuquerque, NM 87110

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9391

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*

B. Received by (Printed Name): Jo Ann Long

C. Date of Delivery: 3/12/05

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

ALBUQUERQUE NM  
MANZANO STA

APR 12 2005

PS Form 3811, February 2004

7004 2510 0001 1870 8936

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

BRAWLEY, CA 92227

Postage	\$ 6.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	10.90

UNIT ID: 03/22/05

Postmaster: Trubee Buford

Address: P.O. Box 1059  
Brawley, CA 92227

Sent To: Trubee Buford

Street, Apt. No. or PO Box No.: P.O. Box 1059

City, State, Zip: Brawley, CA 92227

PS Form 3811, February 2004

**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:

Trubee Buford  
P.O. Box 1059  
Brawley, CA 92227

2. Article Number (Transfer from service label): 7004 2510 0001 1870 8936

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*

B. Received by (Printed Name): TRUBEE BUFORD

C. Date of Delivery: 3/31/05

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

PS Form 3811, February 2004

7004 2510 0001 1870 9780

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

LAS CRUCES, NM 88001

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	8.80

UNIT ID: 03/22/05

Postmaster: Smith-Todd Properties Ltd. Company

Address: 4810 Sage Road  
Las Cruces, NM 88001

Sent To: Smith-Todd Properties Ltd. Company

Street, Apt. No. or PO Box No.: 4810 Sage Road

City, State, Zip: Las Cruces, NM 88001

PS Form 3811, February 2004

**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:

Smith-Todd Properties Ltd. Company  
4810 Sage Road  
Las Cruces, NM 88001

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9780

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*

B. Received by (Printed Name): MARK S. TROTT

C. Date of Delivery: 3/31/05

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

PS Form 3811, February 2004

2510 0001 1870 8912

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**OFFICIAL U.S. MAIL**

ARTESIA, NM 88211

Postage	\$ 4.75
Certified Fee	
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement)	1.75
Total Postage	8.80

UNIT ID: 03/22/05

Clerk: KMM

Sent To: June S. Brown  
P.O. Box 1505  
Carlsbad, NM 88211

Street, Apt. or PO Box:  
City, State:

PS Form 3811, February 2004

**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:

June S. Brown  
P.O. Box 1505  
Carlsbad, NM 88211

2. Article Number (Transfer from service label) 7004 2510 0001 1870 8912

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

x *June Brown*

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

June S. Brown

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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**OFFICIAL U.S. MAIL**

SCOTTSDALE, AZ 85260

Postage	\$ 6.05
Certified Fee	
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement)	1.75
Total Postage	10.10

UNIT ID: 03/22/05

Clerk: KMM

Sent To: Clifford J. Roth  
8647 East Davenport Drive  
Scottsdale, AZ 85260

Street, Apt. or PO Box:  
City, State:

PS Form 3811, February 2004

**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:

Clifford J. Roth  
8647 East Davenport Drive  
Scottsdale, AZ 85260

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9681

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee

x *Pamela Roth*

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

Pamela Roth

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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**OFFICIAL U.S. MAIL**

BARTLESVILLE, OK 74006

Postage	\$ 6.05
Certified Fee	
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement)	1.75
Total Postage	10.10

UNIT ID: 03/22/05

Clerk: KMM

Sent To: Lynn Reeves  
P.O. Box 3312  
Bartlesville, OK 74006

Street, Apt. or PO Box:  
City, State:

PS Form 3811, February 2004

**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 Reeves  
P.O. Box 3312  
Bartlesville, OK 74006

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9643

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee

x *RL Reeves*

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

RL REEVES

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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**OFFICIAL US**

HOBBS, NM 88240

Postage	4.75	UNIT ID: 0
Certified Fee	2.30	Post He
Return Receipt Fee (Endorsement Required)	1.75	

22 2005

Clerk: KN

Roy G. Barton, Sr. and Opal Barton Revocable Trust  
1919 South Turner Street  
Hobbs, NM 88240-2712

**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, Sr. and Opal Barton Revocable Trust  
1919 South Turner Street  
Hobbs, NM 88240-2712

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
**X** Joan Isbell

B. Received by (Printed Name) *Joan Isbell* C. Date of Delivery **3-23-05**

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) **7004 2510 0001 1870 9704**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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**OFFICIAL US**

ROSWELL, NM 88202

Postage	4.75	UNIT ID: C
Certified Fee	2.30	Post He
Return Receipt Fee (Endorsement Required)	1.75	

22 2005

Clerk: KN

Charles H. Coll  
P.O. Box 1818  
Roswell, NM 88202-1818

**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 H. Coll  
P.O. Box 1818  
Roswell, NM 88202-1818

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
**X** *Charles H. Coll*

B. Received by (Printed Name) *Charles H. Coll* C. Date of Delivery **3-23-05**

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) **7004 2510 0001 1870 8998**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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**OFFICIAL US**

LOVINGTON, NM 88260

Postage	4.75	UNIT ID:
Certified Fee	2.30	Post He
Return Receipt Fee (Endorsement Required)	1.75	

22 2005

Clerk: KI

June D. Speight  
P.O. Drawer 1687  
Lovington, NM 88260-1687

**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:

June D. Speight  
P.O. Drawer 1687  
Lovington, NM 88260-1687

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
**X** *June D. Speight*

B. Received by (Printed Name) *June D. Speight* C. Date of Delivery **3-23-05**

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) **7004 2510 0001 1870 9797**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154



7004 2510 0001 1870 9322

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**OFFICIAL USE**

LOVINGTON, NM 88260

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restricted Delivery (Endorsement) **MAR 22 2005**

Total Postage **Patricia D. Lee** 8.80 03/22/05

Sent To **Patricia D. Lee**  
 176 Lee Ranch Road  
 Lovington, NM 88260

Street, Apt or PO Box  
 City, State

PS Form 3811, February 2004

## 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 D. Lee  
 176 Lee Ranch Road  
 Lovington, NM 88260

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9322

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

**X** *R. Taylor*

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-23-05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9018

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**OFFICIAL USE**

ROSWELL, NM 88202

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restricted Delivery (Endorsement) **MAR 22 2005**

Total Postage **Eric J. Coll** 8.80 03/22/05

Sent To **Eric J. Coll**  
 P.O. Box 1818  
 Roswell, NM 88202-1818

Street, Apt or PO Box  
 City, State

PS Form 3811, February 2004

## 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:

Eric J. Coll  
 P.O. Box 1818  
 Roswell, NM 88202-1818

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9018

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

**X** *Eric J. Coll*

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-23-05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9001

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**OFFICIAL USE**

ROSWELL, NM 88202

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restricted Delivery (Endorsement) **MAR 22 2005**

Total Postage **Clarke C. Coll** 8.80 03/22/05

Sent To **Clarke C. Coll**  
 P.O. Box 1818  
 Roswell, NM 88202-1818

Street, Apt or PO Box  
 City, State

PS Form 3811, February 2004

## 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:

Clarke C. Coll  
 P.O. Box 1818  
 Roswell, NM 88202-1818

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9001

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

**X** *Clarke C. Coll*

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-23-05

D. Is delivery address different from item 1? ☐ YesIf 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



7004 2510 0001 1870 9568

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

SAN JON, NM 88434

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
<b>Total</b>	<b>8.80</b>

Res (End) **USPS**

To: Betty Ann Philley  
 P.O. Box 132  
 San Jon, NM 88434

Sent: 03/22/05

PS Form 3800, June 2002

**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:

Betty Ann Philley  
 P.O. Box 132  
 San Jon, NM 88434

Clerk:

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9568

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Betty Philley* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Betty Philley* C. Date of Delivery *4-22-05*

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

7004 2510 0001 1870 9605

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**OFFICIAL USE**

MIDLAND, TX 79710

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
<b>Total</b>	<b>8.80</b>

Res (End) **USPS**

To: John Redfern  
 P.O. Box 50890  
 Midland, TX 79710

Sent: 03/22/05

PS Form 3800, June 2002

**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 Redfern  
 P.O. Box 50890  
 Midland, TX 79710

Clerk:

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9605

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *John Redfern* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery *3-24-05*

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

7004 2510 0001 1870 9667

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**OFFICIAL USE**

EUNICE, NM 88231

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
<b>Total</b>	<b>8.80</b>

Res (End) **USPS**

To: A.V. Rodgers  
 P.O. Box 1891  
 Eunice, NM 88231

Sent: 03/22/05

PS Form 3800, June 2002

**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:

A.V. Rodgers  
 P.O. Box 1891  
 Eunice, NM 88231

Clerk:

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9667

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *A.V. Rodgers* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery *3/24/05*

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

7004 2510 0001 1870 8837

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**OFFICIAL USE**

Postage \$ 6.05  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 10.10  
Total Postage 20.15

UNIT ID: 03/22/05

Clerk: KMM

Sent To  
Cindy Ann Allen  
1218 East Indigo Street  
Mesa, AZ 85203

PS Form 3800

**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:  
Cindy Ann Allen  
1218 East Indigo Street  
Mesa, AZ 85203

2. Article Number (Transfer from service label) 7004 2510 0001 1870 8837

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☒ Addressee  
x *Cindy Allen*

B. Received by (Printed Name) C. Date of Delivery  
Cindy Allen 3/28/05

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

7004 2510 0001 1870 9803

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**OFFICIAL USE**

Postage \$ 6.05  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 10.10  
Total Postage 20.15

UNIT ID: 03/22/05

Clerk: KMM

Sent To  
Judith Lee Taylor  
P.O. Box 8537  
Mesa, AZ 85214

PS Form 3800

**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:  
Judith Lee Taylor  
P.O. Box 8537  
Mesa, AZ 85214

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9803

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
x *Roberts-Jay*

B. Received by (Printed Name) C. Date of Delivery  
ROBERTS-TAYLOR 3/25/05

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

7004 2510 0001 1870 9599

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**OFFICIAL USE**

Postage \$ 4.75  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 10.10  
Total Postage 18.85

UNIT ID: 03/22/05

Clerk: KMM

Sent To  
Pure Resources, L.P.  
500 West Illinois  
Midland, TX 79701

PS Form 3800

**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:  
Pure Resources, L.P.  
500 West Illinois  
Midland, TX 79701

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9599

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
x *J. Reyes*

B. Received by (Printed Name) C. Date of Delivery  
J. Reyes 3/27/05

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

7004 2510 0001 1870 9810

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**OFFICIAL U**

HOBBS, NM 88241

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	Pc
Return Receipt Fee (Endorsement Required)	1.75	Clerk: K
Restricted (Endorsement)		03/22/05
Total	8.80	

Sent To: The Black Trust  
 P.O. Box 278  
 Hobbs, NM 88241-0278

Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004 See Reverse

**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 Black Trust  
 P.O. Box 278  
 Hobbs, NM 88241-0278

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Claudia Young*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

CLAUDIA YOUNG

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 9810

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9094

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**OFFICIAL U**

ODESSA, TX 79762

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	Pc
Return Receipt Fee (Endorsement Required)	1.75	Clerk: K
Restricted (Endorsement)		03/22/05
Total	8.80	

Sent To: Laquita Rodgers Cross  
 1802 East 43rd Street  
 Odessa, TX 79762

Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004 See Reverse

**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:

Laquita Rodgers Cross  
 1802 East 43rd Street  
 Odessa, TX 79762

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *GARY CROSS*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

GARY CROSS

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 9094

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9698

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**OFFICIAL U**

SCOTTSDALE, AZ 85267

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	Pc
Return Receipt Fee (Endorsement Required)	1.75	Clerk: K
Restricted Delivery Fee (Endorsement)		03/22/05
Total	10.10	

Sent To: Glen Warren Roth  
 P.O. Box 13861  
 Scottsdale, AZ 85267

Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004 See Reverse

**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:

Glen Warren Roth  
 P.O. Box 13861  
 Scottsdale, AZ 85267

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *G. Roth*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

G. Roth

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 9698

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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**OFFICIAL US**

SAN GABRIEL, CA 91775

Postage \$ 6.85 UNIT ID: 0

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restrict (Endorse) MAR 22 2005

Total P Habell Trust dated 11/15/84 03/22/05

Sent To 6507 North Lober Place

San Gabriel, CA 91775

Street, Apt. or PO Box

City, State

PS Form 3800, June 2002

**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:

Habell Trust dated 11/15/84  
 6507 North Lober Place  
 San Gabriel, CA 91775

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9193

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Mark J. Habell ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MARK J. HABELL 3-25

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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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL US**

SANTEE, CA 92071

Postage \$ 6.85 UNIT ID: 0

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement) MAR 22 2005

Total Post 10.90 03/22/05

Sent To Cindy Macias

9411 Kaschube Way

Santee, CA 92071

Street, Apt. or PO Box

City, State

PS Form 3800, June 2002

**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:

Cindy Macias  
 9411 Kaschube Way  
 Santee, CA 92071

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9438

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Cindy Macias ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

CINDY MACIAS 3/25/05

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

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**OFFICIAL US**

DALLAS, TX 75222

Postage \$ 6.05 UNIT ID: 0

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement) MAR 22 2005

Total Post 10.10 03/22/05

Sent To Shriners Hospitals for Children

c/o The Northern Trust Bank of Texas

Dallas, TX 75222

Street, Apt. or PO Box

City, State

PS Form 3800, June 2002

**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:

Shriners Hospitals for Children  
 c/o The Northern Trust Bank of Texas  
 Dallas, TX 75222

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9766

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X R. Belknap ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAR 25 2005

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

7004 2510 0001 1870 9230

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For delivery information visit our website at [www.usps.gov](http://www.usps.gov)

**OFFICIAL USE**

DALLAS, TX 75225

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	0.00
<b>Total</b>	<b>10.10</b>

UNIT ID: \_\_\_\_\_

Post Office: \_\_\_\_\_

Clerk: KN

03/22/05

Ronald O. Holman  
 5949 Sherry Lane, Suite 1700  
 Dallas, TX 75225

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Ronald O. Holman  
 5949 Sherry Lane, Suite 1700  
 Dallas, TX 75225

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9230**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X [Signature]** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **SM/Robertson** C. Date of Delivery **03-25-05**

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

7004 2510 0001 1870 9315

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For delivery information visit our website at [www.usps.gov](http://www.usps.gov)

**OFFICIAL USE**

ODESSA, TX 79761

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	0.00
<b>Total</b>	<b>8.80</b>

UNIT ID: \_\_\_\_\_

Post Office: \_\_\_\_\_

Clerk: KN

03/22/05

Dorothy Leathers  
 1806 Patton Drive  
 Odessa, TX 79761

**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:

Dorothy Leathers  
 1806 Patton Drive  
 Odessa, TX 79761

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9315**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X [Signature]** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **DL/LEATHERS** C. Date of Delivery **3-23-05**

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

7004 2510 0001 1870 9223

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For delivery information visit our website at [www.usps.gov](http://www.usps.gov)

**OFFICIAL USE**

ODESSA, TX 79761

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	0.00
<b>Total Po</b>	<b>8.80</b>

UNIT ID: \_\_\_\_\_

Post Office: \_\_\_\_\_

Clerk: \_\_\_\_\_

03/22/05

Roberta Herron  
 2523 Roper  
 Odessa, TX 79761

**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:

Roberta Herron  
 2523 Roper  
 Odessa, TX 79761

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9223**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X [Signature]** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Roberta Herron** C. Date of Delivery **3-23-05**

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

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL U.S. MAIL**

TUCSON, AZ 85748

Postage	\$ 6.05	UNIT ID: 0
Certified Fee	2.30	Postnet He
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KNM
Restricted Delivery Fee (Endorsement)		03/22/05

Total P&H 10.10

Sent To: Maura Smyrl Jennings  
1810 South Breton Place  
Tucson, AZ 85748

Street, Apt. or PO Box  
City, State

PS Form 3811, February 2004

**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:

Maura Smyrl Jennings  
1810 South Breton Place  
Tucson, AZ 85748

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9285

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

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

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**OFFICIAL U.S. MAIL**

ALBUQUERQUE, NM 87110

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	Postnet He
Return Receipt Fee (Endorsement Required)	1.75	Clerk:

Total P&H 10.10

Sent To: Frances May Reeder  
3106 Colorado NE  
Albuquerque, NM 87110

Street, Apt. or PO Box  
City, State

PS Form 3811, February 2004

**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:

Frances May Reeder  
3106 Colorado NE  
Albuquerque, NM 87110

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9612

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

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

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**OFFICIAL U.S. MAIL**

DALLAS, TX 75391

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	Postnet He
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KNM

Total P&H 10.10

Sent To: J. Hiram Moore Trust  
P.O. Box 910833  
Dallas, TX 75391-0833

Street, Apt. or PO Box  
City, State

PS Form 3811, February 2004

**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:

J. Hiram Moore Trust  
P.O. Box 910833  
Dallas, TX 75391-0833

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9278

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

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

7469 1870 0001 2510 0004

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**OFFICIAL U.S. MAIL**

HOLLY SPRINGS, NC 27540

Postage	7.15
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75

UNIT ID: 0005

Post Office: 03/22/05

Clerk: KMH

Sara Brown Marshall  
1112 Braswell Creek Pointe  
Holly Springs, NC 27540

Sent To: 1112 Braswell Creek Pointe  
Holly Springs, NC 27540

Street, Apt. or PO Box: \_\_\_\_\_  
City, State: \_\_\_\_\_

PS Form 3811, February 2004

**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:

Sara Brown Marshall  
1112 Braswell Creek Pointe  
Holly Springs, NC 27540

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9469

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Sara Marshall* ☐ Agent ☒ Addressee

B. Received by (Printed Name): SARA MARSHALL C. Date of Delivery: 3/25/05

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

9759 1870 0001 2510 0004

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**OFFICIAL U.S. MAIL**

PEACE, AZ 85625

Postage	6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75

UNIT ID: 0005

Post Office: 03/22/05

Clerk: KMH

Gerald R. Sharp  
P.O. Box 757  
Peace, AZ 85625-0757

Sent To: P.O. Box 757  
Peace, AZ 85625-0757

Street, Apt. or PO Box: \_\_\_\_\_  
City, State: \_\_\_\_\_

PS Form 3811, February 2004

**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:

Gerald R. Sharp  
P.O. Box 757  
Peace, AZ 85625-0757

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9759

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Gerald R. Sharp* ☐ Agent ☒ Addressee

B. Received by (Printed Name): GERALD R. SHARP C. Date of Delivery: 3/25/05

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

9773 1870 0001 2510 0004

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**OFFICIAL U.S. MAIL**

YUMA, AZ 85365

Postage	6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75

UNIT ID: 0005

Post Office: 03/22/05

Clerk: KMH

Louise B. Siewert  
11494 Scottsdale Drive  
Yuma, AZ 85365

Sent To: 11494 Scottsdale Drive  
Yuma, AZ 85365

Street, Apt. or PO Box: \_\_\_\_\_  
City, State: \_\_\_\_\_

PS Form 3811, February 2004

**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:

Louise B. Siewert  
11494 Scottsdale Drive  
Yuma, AZ 85365

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9773

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Louise B. Siewert* ☐ Agent ☒ Addressee

B. Received by (Printed Name): Louise B. Siewert C. Date of Delivery: 3-24-05

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



7004 2510 0001 1870 9520

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**OFFICIAL U.S. MAIL**

Postage \$ 4.75  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restr' (Endo) 2005  
 Total 8.80

Sent To: National Finance Credit Corporation  
 P.O. Box 1897  
 Fort Worth, TX 76101

PS Form 3811, February 2004

**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:

National Finance Credit Corporation  
 P.O. Box 1897  
 Fort Worth, TX 76101

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9520

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Pat Simmons*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAR 2 5 2005

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9261

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**OFFICIAL U.S. MAIL**

Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restr' (Endo) 2005  
 Total 10.10

Sent To: Ilene Gulick Living Trust  
 RR2, Box 2  
 Ringwood, OK 73768

PS Form 3811, February 2004

**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:

Ilene Gulick Living Trust  
 RR2, Box 2  
 Ringwood, OK 73768

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9261

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Ilene Gulick*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-24-05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9049

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**OFFICIAL U.S. MAIL**

Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restr' (Endo) 2005  
 Total Pos 10.10

Sent To: Max W. Coll  
 83 La Barberia Trail  
 Santa Fe, NM 87505

PS Form 3811, February 2004

**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:

Max W. Coll  
 83 La Barberia Trail  
 Santa Fe, NM 87505

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9049

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Max W. Coll*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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



7004 2510 0001 1870 9292

**U.S. Postal Service™**  
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**OFFICIAL U.S. MAIL**

BOULDER, CO 80304

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Postage Paid (Endorsement Required) **MAR 22 2005**

Tate Byrne Jennings 10.10 03/22/05  
 3535 23rd Street  
 Boulder, CO 80304

PS Form 3811, February 2004 See Reverse

**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:

Tate Byrne Jennings  
 3535 23rd Street  
 Boulder, CO 80304

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9292

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Date of Delivery

MAR 24 2005

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 8905

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL U.S. MAIL**

MORRISON, CO 80465

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Postage Paid (Endorsement Required) **MAR 22 2005**

Total Paid 10.10 03/22/05  
 BMCM Partnership, L.P.  
 5661 South Crestbrook Drive  
 Morrison, CO 80465

PS Form 3811, February 2004 See Reverse

**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:

BMCM Partnership, L.P.  
 5661 South Crestbrook Drive  
 Morrison, CO 80465

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8905

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Bill Gates 3-24-05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9728

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL U.S. MAIL**

FORT MC COY, FL 32134

Postage	\$ 7.15	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Postage Paid (Endorsement Required) **MAR 22 2005**

Charles D. Sands 11.20 03/22/05  
 12801 NE 139th Place  
 Ft. McCoy, FL 32134

PS Form 3811, February 2004 See Reverse

**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 D. Sands  
 12801 NE 139th Place  
 Ft. McCoy, FL 32134

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9728

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

R.M. Van Skylauw 3-24-05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9247

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**OFFICIAL USE**

ROBERT LEE, TX 76945

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>8.80</b>

UNIT ID: 03/22/05

Clerk: KN

Sent To: Wayman Weldon Holmes  
 P.O. Box 158  
 Robert Lee, TX 76945

Street, or PO Box  
 City, State

PS Form 3811, February 2004 See Reverse

## 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:

Wayman Weldon Holmes  
 P.O. Box 158  
 Robert Lee, TX 76945

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9247

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wayman Holmes* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-24

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9452

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

LUBBOCK, TX 79401

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>8.80</b>

UNIT ID: 03/22/05

Clerk: KN

Sent To: Jack Markham  
 1500 Broadway, Suite 1212  
 Lubbock, TX 79401

Street, or PO Box  
 City, State

PS Form 3811, February 2004 See Reverse

## 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:

Jack Markham  
 1500 Broadway, Suite 1212  
 Lubbock, TX 79401

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9452

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Markham* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/23/05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9032

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

SAN ANTONIO, TX 78280

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>8.80</b>

UNIT ID: 03/22/05

Clerk: KN

Sent To: Jon F. Coll  
 7335 Walla Walla  
 San Antonio, TX 78280-5242

Street, or PO Box  
 City, State

PS Form 3811, February 2004 See Reverse

## 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:

Jon F. Coll  
 7335 Walla Walla  
 San Antonio, TX 78280-5242

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9032

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jon F. Coll* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9483

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL U

HENRIETTA, OK 74437

Postage \$ 6.05 UNIT ID: P

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restrict (Endorse) 03/22/05

Total 10.10

Sent To Mitchell Minerals, L.L.C.

P.O. Box 488

Henrietta, OK 74437

Street or PO Box

City, State

PS Form 3800, June 2002

## 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:

 Mitchell Minerals, L.L.C.  
 P.O. Box 488  
 Henrietta, OK 74437

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9483

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Henrietta OK* Agent

B. Received by (Printed Name)

C. Date of Delivery

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

USPS - 74437

3. Service Type

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

7004 2510 0001 1870 9575

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OFFICIAL U

TULSA, OK 74105

Postage \$ 6.05 UNIT ID: P

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restrict (Endorse) 03/22/05

Total P 10.10

Sent To Virginia Denalta Phillips

1460 East 52nd Street

Tulsa, OK 74105

Street, A or PO Box

City, State

PS Form 3800, June 2002

## 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:

 Virginia Denalta Phillips  
 1460 East 52nd Street  
 Tulsa, OK 74105

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9575

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Virginia Denalta Phillips* Agent

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9544

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OFFICIAL U

ROSWELL, NM 88201

Postage \$ 4.75 UNIT ID: P

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restrict (Endorse) 03/22/05

Total I 8.80

Sent To Norma D. Owen

RR3 4102 La Joya Road

Roswell, NM 88201

Street, or PO Box

City, State

PS Form 3800, June 2002

## 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:

 Norma D. Owen  
 RR3 4102 La Joya Road  
 Roswell, NM 88201

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9544

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Norma D. Owen* Agent

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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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**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** *Kay Adkins* ☐ Addressee  
B. Received by (Printed Name) **KAY ADKINS** C. Date of Delivery **3-23**  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Kay Parker Adkins  
5733 67th Street  
Lubbock, TX 79424

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)

7004 2510 0001 1870 8820

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** *Sandra Carrico* ☐ Addressee  
B. Received by (Printed Name) **Sandra Carrico** C. Date of Delivery **3-23-05**  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

1. Article Addressed to:

New Mexico Western Minerals, Inc.  
P.O. Box 1738  
Roswell, NM 88202

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)

7004 2510 0001 1870 9537

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** *Lynn Lawrence* ☐ Addressee  
B. Received by (Printed Name) **Lynn Lawrence** C. Date of Delivery **3-23-05**  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Lynn Lawrence  
1710 West Euclid, SPC 2  
El Centro, CA 92243

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)

7004 2510 0001 1870 9308

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9841

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**OFFICIAL USE**

NEWALLA, OK 74857

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery (Endorsement Required)	
Total Postage & Fees	10.10

Sent To: **Ethan A. Walker**  
 203 Red Oak Lane  
 Newalla, OK 74857

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

PS Form 3800, June 2002

**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:  
 Ethan A. Walker  
 203 Red Oak Lane  
 Newalla, OK 74857

2. Article Number  
 (Transfer from service label) **7004 2510 0001 1870 9841**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Ethan Walker* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
**ETHAN WALKER**

C. Date of Delivery  
**3/25/05**

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

7004 2510 0001 1870 9063

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**OFFICIAL USE**

LUBBOCK, TX 79408

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery (Endorsement Required)	
Total Postage & Fees	8.80

Sent To: **J. R. Cone**  
 P.O. Box 10217  
 Lubbock, TX 79408

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

PS Form 3800, June 2002

**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:  
 J. R. Cone  
 P.O. Box 10217  
 Lubbock, TX 79408

2. Article Number  
 (Transfer from service label) **7004 2510 0001 1870 9063**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jane Cone* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
**Jane Cone**

C. Date of Delivery  
**3/25/05**

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

7004 2510 0001 1870 9858

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**OFFICIAL USE**

LUBBOCK, TX 79464

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery (Endorsement Required)	
Total Postage & Fees	8.80

Sent To: **Edith Coppedge Wheeler**  
 P.O. Box 64035  
 Lubbock, TX 79464

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

PS Form 3800, June 2002

**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:  
 Edith Coppedge Wheeler  
 P.O. Box 64035  
 Lubbock, TX 79464

2. Article Number  
 (Transfer from service label) **7004 2510 0001 1870 9858**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Edith Wheeler* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
**EDITH WHEELER**

C. Date of Delivery  
**3/25/05**

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

7004 2510 0001 1870 9414

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

**OFFICIAL USE**

UNIT ID: \_\_\_\_\_

Postage \$ 6.05

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required) 0.00

Total P 10.10

Sent To: Earl W. Lyon

Street, Apt. or PO Box: 5215 Foothills Drive

City, State: Berthoud, CO 80513

PS Form 3811, February 2004

**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:

Earl W. Lyon  
5215 Foothills Drive  
Berthoud, CO 80513

## 2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9414

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*Earl W. Lyon* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

Earl W. Lyon

C. Date of Delivery  
3/24/05

## D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 8929

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**OFFICIAL USE**

UNIT ID: \_\_\_\_\_

Postage \$ 4.75

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required) 0.00

Total P 8.80

Sent To: Charlene Bruhn

Street, Apt. or PO Box: P.O. Box 38

City, State: Logan, NM 88426

PS Form 3811, February 2004

**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:

Charlene Bruhn  
P.O. Box 38  
Logan, NM 88426

## 2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8929

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*Bill Bruhn* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

Bill Bruhn

C. Date of Delivery  
3/24/05

## D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 8813

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**OFFICIAL USE**

UNIT ID: \_\_\_\_\_

Postage \$ 6.05

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fe 10.10

Sent To: John Abney

Street, Apt. No., or PO Box No.: P.O. Box 4428

City, State, ZIP+4: Tulsa, OK 74159-0428

PS Form 3800, June 2003

**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 Abney  
P.O. Box 4428  
Tulsa, OK 74159-0428

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*John Abney* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

John Abney

C. Date of Delivery  
3/24/05

## D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-154

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**OFFICIAL USE**

ALVIN, TX 77511

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restrict (Endorsement)	
Total	10.10

Janice Rodgers Griffith  
1402 Fairview Drive  
Alvin, TX 77511

UNIT ID: 03/22/05

Sent To: Janice Rodgers Griffith

Street, or PO Box: 1402 Fairview Drive

City, State, ZIP+4: Alvin, TX 77511

PS Form 3811, February 2004

**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:

Janice Rodgers Griffith  
1402 Fairview Drive  
Alvin, TX 77511

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9179

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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

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**OFFICIAL USE**

LUBBOCK, TX 79490

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restrict (Endorsement)	
Total	8.80

Estate of R.H. Fulton  
P.O. Box 16860  
Lubbock, TX 79490

UNIT ID: 03/22/05

Sent To: Estate of R.H. Fulton

Street, or PO Box: P.O. Box 16860

City, State, ZIP+4: Lubbock, TX 79490

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Estate of R.H. Fulton  
P.O. Box 16860  
Lubbock, TX 79490

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9124

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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

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**OFFICIAL USE**

FORT WORTH, TX 76155

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restrict (Endorsement)	
Total	8.80

Joy M. Winn  
P.O. Box 155093  
Fort Worth, TX 76155

UNIT ID: 03/22/05

Sent To: Joy M. Winn

Street, or PO Box: P.O. Box 155093

City, State, ZIP+4: Fort Worth, TX 76155

PS Form 3811, February 2004

**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:

Joy M. Winn  
P.O. Box 155093  
Fort Worth, TX 76155

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9872

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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



7004 2510 0001 1870 9865

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FORT WORTH, TX 76108

Postage	\$4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Post	8.80

Sent To  
 Dennis A. Whorton  
 10512 Bing Drive  
 Fort Worth, TX 76108

Street, Apt.  
 or PO Box  
 City, State

PS Form 3811, February 2004

UNIT 1

Clerk:

03/22/05

**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:

Dennis A. Whorton  
 10512 Bing Drive  
 Fort Worth, TX 76108

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9865

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *D. Whorton*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*J. Whorton*

C. Date of Delivery

*3/24/05*

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

7004 2510 0001 1870 8974

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

ALBUQUERQUE, NM 87111

Postage	\$6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Post	10.10

Sent To  
 Pat R. Chandler  
 12301 Manitoba NE  
 Albuquerque, NM 87111

Street, Apt.  
 or PO Box  
 City, State

PS

UNIT 1

Clerk:

03/22/05

**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:

Pat R. Chandler  
 12301 Manitoba NE  
 Albuquerque, NM 87111

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8974

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Pat Chandler*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*PAT CHANDLER*

C. Date of Delivery

*3/24*

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

7004 2510 0001 1870 9742

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TUCUMCARI, NM 88401

Postage	\$4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Post	8.80

Sent To  
 Dorothy Scribner  
 6395 Quay Road AL  
 Tucumcari, NM 88401

Street, Apt.  
 or PO Box  
 City, State

PS

UNIT 1

Clerk:

03/22/05

**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:

Dorothy Scribner  
 6395 Quay Road AL  
 Tucumcari, NM 88401

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9742

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Dorothy Scribner*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Dorothy Scribner*

C. Date of Delivery

*3/25/05*

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



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## 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.

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery 3/25/05
- 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

1. Article Addressed to:

Mary Anne Fauble  
815 Seminary Street  
Warsaw, MO 65355

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9148

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

OFFICIAL U.S.

WARSAW, MO 65355

Postage \$ 6.85 UNIT ID:

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted (Endorsement)

Total Post 10.90

Sent To Mary Anne Fauble

815 Seminary Street

Warsaw, MO 65355

Street, Apt or PO Box

City, State, ZIP+4

PS Form 3800, June 2002

## U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

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## 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.

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery 3/28/05
- 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

1. Article Addressed to:

Margie Pearl Patterson  
P.O. Box 1966  
Eunice, NM 88231

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9551

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

EUNICE, NM 88231

Postage \$ 4.75 UNIT

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted (Endorsement)

Total Post 8.80

Sent To Margie Pearl Patterson

P.O. Box 1966

Eunice, NM 88231

Street, Apt or PO Box

City, State, ZIP+4

PS Form 3800, June 2002

## U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage)

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## 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.

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery 3-23-05
- 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

1. Article Addressed to:

Waikiki Partners, L.P.  
P.O. Box 2127  
Midland, TX 79702-2127

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9834

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

MIDLAND, TX 79702

Postage \$ 4.75 UNIT

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted (Endorsement)

Total Post 8.80

Sent To Waikiki Partners, L.P.

P.O. Box 2127

Midland, TX 79702-2127

Street, Apt or PO Box

City, State, ZIP+4

PS Form 3800, June 2002

7004 2510 0001 1870 9087

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**OFFICIAL USE**

SPENCER, IN 47460

Postage	6.85	UNIT 1
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restri/Endor

Total James E. Coppedge 9.90 03/22/

Sent To P.O. Box 43  
Spencer, IN 47460

Street, or PO  
City, S

PS Form 3800, June 2002 See Re

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

James E. Coppedge  
 P.O. Box 43  
 Spencer, IN 47460

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9087

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee

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

JAMES T. COPPEDGE 3/25/05

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

7004 2510 0001 1870 9582

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**OFFICIAL USE**

HATTIESBURG, MS 39402

Postage	\$ 6.85	UNIT 1
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restri/Endor

Total John Morris Plumlee 10.90 03/2

Sent To 2902 Lincoln Road, #16  
Hattiesburg, MS 39402-3072

Street, or PO  
City, S

PS Form 3800, June 2002

**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 Morris Plumlee  
 2902 Lincoln Road, #16  
 Hattiesburg, MS 39402-3072

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9582

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee

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

John M. Plumlee

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

7004 2510 0001 1870 9216

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**OFFICIAL USE**

ODESSA, TX 79761

Postage	\$ 4.75	UNIT 1
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restri/Endor

Total Bill Herron 8.80 03/2

Sent To 4654 Lemonwood Lane  
Odessa, TX 79761

Street, or PO  
City, S

PS Form 3800, June 2002

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Bill Herron  
 4654 Lemonwood Lane  
 Odessa, TX 79761

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9216

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee

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

Bill Herron 3/23/05

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

7004 2510 0001 1870 8851

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LUBBOCK, TX 79404

Postage \$ 4.75 UNIT ID:

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required) 03/22/05

Total Postage \$ 8.80

Sent To Ann Dennard Allison

P.O. Box 64035

Lubbock, TX 79464

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

**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:

 Ann Dennard Allison  
 P.O. Box 64035  
 Lubbock, TX 79464

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8851

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Ann Allison*☐ Agent☐ Addressee

B. Received by (Printed Name)

Ann Allison

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9827

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MIDLAND, TX 79701

Postage \$ 4.75 UNIT ID:

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required) 03/22/05

Total Postage \$ 8.80

Sent To Daniel L. Viers

1209 Cuthbert

Midland, TX 79701

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

**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:

 Daniel L. Viers  
 1209 Cuthbert  
 Midland, TX 79701

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9827

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Daniel Viers*☐ Agent☒ Addressee

B. Received by (Printed Name)

Daniel Viers

C. Date of Delivery

3-23-05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 8899

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HOBBS, NM 88240

Postage \$ 4.75 UNIT ID:

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required) 03/22/05

Total Postage \$ 8.80

Sent To Ina Bell Berryman

2221 North Cielo Drive

Hobbs, NM 88240

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

**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:

 Ina Bell Berryman  
 2221 North Cielo Drive  
 Hobbs, NM 88240

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8899

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Carol Randall*☒ Agent☐ Addressee

B. Received by (Printed Name)

CAROL RANDALL

03-24-05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9070

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**OFFICIAL USE**

RICHARDSON, TX 75081

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total	10.10

UNIT ID: 03/22/05

Pos h

Clerk: K

Sent To: David E. Coppedge  
466 Goodwin Drive  
USPS Richardson, TX 75081

Street, A or PO Box  
City, State

PS Form 3811, February 2004

**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:

Davis E. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9070

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
*X Elizabeth Coppedge*

B. Received by (Printed Name) *Elizabeth Coppedge* C. Date of Delivery *3-24-05*

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

7004 2510 0001 1870 9513

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**OFFICIAL USE**

LINCOLN CITY, OR 97367

Postage	\$ 7.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total	11.90

UNIT ID: 03/22/05

Clerk: K

Sent To: N.B. Bunin Properties  
P.O. Box 65  
Lincoln City, OR 97367

Street, A or PO Box  
City, State

PS Form 3811, February 2004

**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:

N.B. Bunin Properties  
P.O. Box 65  
Lincoln City, OR 97367

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9513

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
*X David B. Bunin*

B. Received by (Printed Name) *David B. Bunin* C. Date of Delivery *3-24-05*

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

7004 2510 0001 1870 9117

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

NORRISTOWN, PA 19001

Postage	\$ 7.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total	11.90

UNIT ID: 0702

Postmark Here

Clerk: KMW03

Sent To: Gilbert J. Eaton  
461 Rittenhouse Boulevard  
Jeffersonville, PA 19403

Street, A or PO Box  
City, State

PS Form 3811, February 2004

7004 2510 0001 1870 9377

# CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

MEDFORD, OR 97501  
 Postage \$ 7.15  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restrictor (Endorsement) MAR 22 2005  
 Total Postage 11.20  
 UNIT ID: 0702  
 Postmark Here  
 Clerk: KNMWQ3  
 03/22/05

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Stacia Ann Lemaster  
 655 West 13th Street  
 Medford, OR 97501

PS Form 3800, June 2002

See reverse for instructions

7004 2510 0001 1870 9629

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

CHESTERFIELD, MO 63017  
 Postage \$ 6.85  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restrictor (Endorsement) MAR 22 2005  
 Total Postage 10.90  
 UNIT ID: 0702  
 Postmark Here  
 Clerk: KNMWQ3  
 03/22/05

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Bruce Reeves  
 904 Peach Hill Lane, #105  
 Chesterfield, MO 63017

PS Form 3800, June 2002

See reverse for instructions

7004 2510 0001 1870 9506

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

SANTA ROSA BEACH, FL 32459  
 Postage \$ 6.85  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement) MAR 22 2005  
 Total Postage 10.90  
 UNIT ID: 0702  
 Postmark Here  
 Clerk: KNMWQ3  
 03/22/05

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Michael H. Moore  
 P.O. Box 1669  
 Santa Rosa Beach, FL 32459

PS Form 3800, June 2002

See reverse for instructions

7004 2510 0001 1870 8981

# CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

MIDLAND, TX 79702  
 Postage \$ 4.75  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement) MAR 22 2005  
 Total Postage 8.80  
 UNIT ID: 0702  
 Postmark Here  
 Clerk: KNMWQ3  
 03/22/05

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Chevron U.S.A., Inc.  
 P.O. Box 1150  
 Midland, TX 79702

PS Form 3800, June 2002

See reverse for instructions

7004 2510 0001 1870 9636

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

OKLAHOMA CITY, OK 73120  
 Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restrictor (Endorsement) MAR 22 2005  
 Total Postage 10.10  
 UNIT ID: 0702  
 Postmark Here  
 Clerk: KNMWQ3  
 03/22/05

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Frances R. Reeves  
 2416 NW 111st  
 Oklahoma City, OK 73120

PS Form 3800, June 2002

See reverse for instructions

7004 2510 0001 1870 9490

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

DALLAS, TX 75360  
 Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restrictor (Endorsement) MAR 22 2005  
 Total Postage 10.10  
 UNIT ID: 0702  
 Postmark Here  
 Clerk: KNMWQ3  
 03/22/05

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Montgomery Petroleum, Inc.  
 P.O. Box 600490  
 Dallas, TX 75360-0490

PS Form 3800, June 2002

See reverse for instructions

7004 2510 0001 1870 9735

**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

POMPA, CA 92074

Postage \$ 6.85

UNIT ID: 0702

Certified Fee

2.30

Postmark  
HereReturn Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Clerk: KNNWQ3

Total Post

10.90

03/22/05

Edith A. Schmidt

Sent To

P.O. Box 431

Street, Apt.  
or PO Box

Poway, CA 92074-0431

City, State, Zip

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0001 1870 8950

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

ODESSA, TX 79768

Postage \$ 4.75

UNIT ID: 0702

Certified Fee

2.30

Postmark  
HereReturn Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Clerk: KNNWQ3

Total

CCTC Ltd., Successor Trust for

03/22/05

P.O. Box 13570

Odessa, TX 79768-3570

Sent To

Street, Apt.  
or PO Box

City, State, Zip

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0001 1870 9353

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

PONCA CITY, OK 74601

Postage \$ 6.05

UNIT ID: 0702

Certified Fee

2.30

Postmark  
HereReturn Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Clerk: KNNWQ3

Total Post

10.10

03/22/05

Medora M. Lemaster

Sent To

814 South 5th Street

Street, Apt.  
or PO Box

Ponca City, OK 74601

City, State, Zip

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0001 1870 9056

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

LAS CRUCES, NM 88012

Postage \$ 4.75

UNIT ID: 0702

Certified Fee

2.30

Postmark  
HereReturn Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Clerk: KNNWQ3

Total

Max W. Coif

8.80

03/22/05

7625-2 El Centro Boulevard

Las Cruces, NM 88012

Sent To

Street, Apt.  
or PO Box

City, State, Zip

PS Form 3800, June 2002

See Reverse for Instructions