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

APPLICATION OF ENCANA OIL & GAS (USA) INC. FOR APPROVAL OF THE BETONNIE TSOSIE WASH UNIT, CREATION OF A NEW POOL FOR HORIZONTAL DEVELOPMENT WITHIN THE UNIT AREA, AND FOR ALLOWANCE OF 330 FOOT SETBACKS FROM THE EXTERIOR OF THE PROPOSED UNIT, SAN JUAN COUNTY, NEW MEXICO.

**CASE NO. 15211** 

<b>AFF</b>	IDA'	VIT

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

Gabrielle A. Gerholt, attorney in fact and authorized representative of Encana Oil & Gas (USA) Inc., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

Gabrielle A. Gerholt

SUBSCRIBED AND SWORN to before this 1st day of October 2014 by Gabrielle

A. Gerholt.



Notary Public



Michael H. Feldewert Recognized Specialist in the Area ofNatural Resources - oil and gas law New Mexico Board of Legal Specialization mfeldewert@hollandhart.com

September 12, 2014

#### <u>VIA CERTIFIED MAIL</u> RETURN RECEIPT REQUESTED

TO: WORKING INTEREST OWNERS WITHIN THE UNIT

Re: APPLICATION OF ENCANA OIL & GAS (USA) INC. FOR APPROVAL OF THE BETONNIE TSOSIE WASH UNIT, CREATION OF A NEW POOL FOR HORIZONTAL DEVELOPMENT WITHIN THE UNIT AREA, AND FOR ALLOWANCE OF 330 FOOT SETBACKS FROM THE EXTERIOR OF THE PROPOSED UNIT, SAN JUAN COUNTY, NEW MEXICO.

#### Ladies and Gentlemen:

This letter is to advise you that Encana Oil & Gas (USA) Inc. has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on October 2, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as a Working Interest Owner within the proposed Unit, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date before the Division.

Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter, please contact: Mona Binion at Mona.Binion@Encana.com or (720) 876-5325.

Sincerely,

Michael H. Feldewert

ATTORNEYS FOR ENCANA OIL & GAS (USA) INC.



Michael H. Feldewert Recognized Specialist in the Area of Natural Resources - oil and gas law New Mexico Board of Legal Specialization mfeldewert@hollandhart.com

September 12, 2014

### VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

TO: OFFSETTING INTEREST OWNERS

Re: APPLICATION OF ENCANA OIL & GAS (USA) INC. FOR APPROVAL OF THE BETONNIE TSOSIE WASH UNIT, CREATION OF A NEW POOL FOR HORIZONTAL DEVELOPMENT WITHIN THE UNIT AREA, AND FOR ALLOWANCE OF 330 FOOT SETBACKS FROM THE EXTERIOR OF THE PROPOSED UNIT, SAN JUAN COUNTY, NEW MEXICO.

#### Ladies and Gentlemen:

This letter is to advise you that Encana Oil & Gas (USA) Inc. has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on October 2, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter, please contact: Mona Binion at Mona.Binion@Encana.com or (720) 876-5325.

Sincerely

Mark !

Michael H. Feldewert

ATTORNEYS FOR ENCANA OIL & GAS (USA) INC.



Michael H. Feldewert Recognized Specialist in the Area ofNatural Resources - oil and gas law New Mexico Board of Legal Specialization mfeldewert@hollandhart.com

September 12, 2014

### VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

TO: INDIAN ALLOTTEE MINERAL INTEREST OWNERS

RE: APPLICATION OF ENCANA OIL & GAS (USA) INC. FOR APPROVAL OF THE BETONNIE TSOSIE WASH UNIT, CREATION OF A NEW POOL FOR HORIZONTAL DEVELOPMENT WITHIN THE UNIT AREA, AND FOR ALLOWANCE OF 330 FOOT SETBACKS FROM THE EXTERIOR OF THE PROPOSED UNIT, SAN JUAN COUNTY, NEW MEXICO.

#### Ladies and Gentlemen:

This letter is to advise you that Encana Oil & Gas (USA) Inc. has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on October 2, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an affected Indian Allottee Mineral Interest Owner within the proposed Unit, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date before the Division.

Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter, please contact: Mona Binion at Mona.Binion@Encana.com or (720) 876-5325.

Sincerely,

Michael H. Feldewert

Dugan Production Company 709 East Murray Drive Farmington, NM 87401 OXY Y-1 Company 5 Greenway Plaza, Suite 110 Houston, TX 77046 WPX Energy Production LLC 3500 One Williams Center Suite 4400 Tulsa, OK 74172

R&R Royalty Ltd. 500 N. Shoreline Blvd., Suite 322 Corpus Christi, TX 78401 Bureau of Land Management P.O. Box 27115 Santa Fe, NM 87502

Dugan Production Company 709 East Murray Drive Farmington, NM 87401 OXY Y-1 Company 5 Greenway Plaza, Suite 110 Houston, TX 77046 Energen Resources Corporation 605 Richard Arrington Jr. Blvd. Birmingham, AL 35203

WPX Energy Production LLC 3500 One Williams Center Suite 4400 Tulsa, OK 74172

Mulberry Partner's II, LP 105 South Fourth Street Artesia, NM 88210 Key Production Co. 1700 Lincoln Street Suite 3200 Denver, CO 80203

AGNES S FORD 1186 N ESTHER PKWY CAMP VERDE, AZ 86322

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ALVIN TRUJILLO 45A ROAD 5295 FARMINGTON, NM 87401-1532

ALVIN WILLIE GENERAL DELIVERY NAGEEZI, NM 87037 AMOS CHAVEZ PO BOX 240 COUNSELOR, NM 87018

ANDREW A BAKER JR PO BOX 1703 BLOOMFIELD, NM 87413 ANDREW CHAVEZ 781 HOPE AVE FARMINGTON, NM 87401 ANNA C MARTINEZ PO BOX 1411 CUBA, NM 87013-1411

ANNABELLE ATCITTY PO BOX 1181 FARMINGTON, NM 87499 ANNIE CHAVEZ PO BOX 15 NAGEEZI, NM 87037-0015 APRIL J BROWN 3903 WELLINGTON ST FARMINGTON, NM 87402

ARLENE KELLYWOOD PO BOX 2093 BLOOMFIELD, NM 87413 ARLINDA BREWER 2801 TULIPAN LOOP SE RIO RANCHO, NM 87124 ARNOLD TRUJILLO, C/O EASTERN NAVAJO AGENCY PO BOX 328 CROWNPOINT, NM 87313

AUSTIN VICTOR	BENJAMIN A SIMS	BENJAMIN CHARLIE
PO BOX 71	PO BOX 1264	PO BOX 164
NAGEEZI, NM 87037	SHIPROCK, NM 87420-1264	CUBA, NM 87013-0164
BERTHA LOPEZ	BERTHA POWE	BESSIE B REVAL
PO BOX 64	3649 CHICAGO AVE APT 2	PO BOX 864
NAGEEZI, NM 87037-0064	MINNEAPOLIS, MN 55407	DULCE, NM 87528-0864
BETTY YAZZIE	BEVERLY G DISWOOD	BOBBY HERRERA
PO BOX 124	PO BOX 1892	PO BOX 2
NAGEEZI, NM 87037-0124	FARMINGTON, NM 87499	COUNSELOR, NM 87018
BRENDA A JOHNSON	BRENDA GARNANEZ	BRUCE VICTOR ESTATE
PO BOX 2044	COUNTY ROAD 5364 #20	PO BOX 4
KIRTLAND, NM 87417	FARMINGTON, NM 87401	AZTEC, NM 87410
CALVIN CHAVEZ 4633 GILA ST TRLR 8 FARMINGTON, NM 87402	CARLENE TSOSIE, C/O ELVIRA P. TSOSIE PO BOX 2825 GALLUP, NM 87305	CARLESTON VICTOR PO BOX 266 NAGEEZI, NM 87037-0266
CAROLINE A PERRY	CAROLINE CHARLIE	CAROLINE LOPEZ
PO BOX 88	PO BOX 67	PO BOX 236
SMITH LAKE, NM 87365	NAGEEZI, NM 87037-0067	NAGEEZI, NM 87037-0236
CAROLINE VICTOR	CASPER LOPEZ ESTATE	CECELIA S CORNFIELDS
PO BOX 356	GENERAL DELIVERY	PO BOX 1591
BLOOMFIELD, NM 87413	COUNSELOR, NM 87018	FRUITLAND, NM 87416
CHARLENE MCCALLISTER	CHARLES MARTINEZ	CHERYL LYNN RARRICK
PO BOX 333	PO BOX 22	28 ROAD 3142
RUIDOSO DOWNS, NM 88346	NAGEEZI, NM 87037-0022	AZTEC, NM 87410-9583
CLARA M ANTHONY	CLARENCE BEYALE	CONRITA LARVIE
PO BOX 561	PO BOX 3308	PO BOX 2296

FARMINGTON, NM 87499

FRUITLAND, NM 87416

BLOOMFIELD, NM 87413

CUSTER MARTINEZ PO BOX 97 FINLEY, OK 74543-0097	DARLENE VICTOR 717 RUTH LN APT 402 BLOOMFIELD, NM 87413	DARRELL M WATCHMAN PO BOX 1493 KIRTLAND, NM 87417
DAVID BELIDITTO	DEANNA WILCOX	DEBBY NOCKAI
PO BOX 93	622 JEFFERSON ST	506 W MAPLE ST
COUNSELOR, NM 87018	WINSLOW, AZ 86047	FARMINGTON, NM 87401
DELBERT K WATCHMAN, C/O HARRISON SIMMS PO BOX 1606 FRUITLAND, NM 87416	DELROY CASTILLO PO BOX 652 CUBA, NM 87013-0652	DESWOOD CHAVEZ PO BOX 398 NAGEEZI, NM 87037-0398
DOROTHY VICTOR	EARL MARTINEZ	EARLENE V JACKSON
PO BOX 171	3108 CARMEL DR	PO BOX 625
BLOOMFIELD, NM 87413	FARMINGTON, NM 87401	BLOOMFIELD, NM 87413
EDDIE VICTOR JR	EFFIE BEGAY	ELAINE BETONI
501 N 4TH ST UNIT 2	PO BOX 19879	PO BOX 134
BLOOMFIELD, NM 87413	DENVER, CO 80219	NAGEEZI, NM 87037
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ELVARAE D REED	ELVIRA A TRUJILLO	ELVIRA A WATCHMAN
7300 GEORGETOWN AVE NW	PO BOX 108	2402 W SELDON LN
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ELVIRA PINTO	EMERSON VICTOR	ENA H TRUJILLO
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GALLUP, NM 87305	FARMINGTON, NM 87401	NAGEEZI, NM 87037

ERNESTINE TSOSIE

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**ERNIE TRUJILLO** 

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ERNEST VICTOR

NAGEEZI, NM 87037

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FARMINGTON, NM 87401	ALBUQUERQUE, NM 87108	COUNSELOR, NM 87018
ESTHER VICTOR	EUNICE LOPEZ	EVA R LOPEZ
PO BOX 4	PO BOX 107	HC 17 BOX 403
AZTEC, NM 87410	NAGEEZI, NM 87037	CUBA, NM 87013
EVA RENTZ	EVELYN C LOPEZ	FRANCIS SIMS ESTATE
PO BOX 1253	PO BOX 1411	PO BOX 1597
BLOOMFIELD, NM 87413	CUBA, NM 87013	FRUITLAND, NM 87416
FRED C MARTINEZ	FREDDIE AUGUSTINE	GERALD A DIETRICH JR
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FARMINGTON, NM 87402	BLOOMFIELD, NM 87413	MERIDIAN, ID 83642-6091
GLEN H CHIQUITO	GLORIA CASTILLO	HAROLD MARTINEZ
PO BOX 184	PO BOX 1188	PO BOX 305
NAGEEZI, NM 87037	CUBA, NM 87013-1188	NAGEEZI, NM 87037
HARRISON E SIMMS	HARRY CHAVEZ	HARRY VICTOR
PO BOX 1606	PO BOX 105	PO BOX 281
FRUITLAND, NM 87416	NAGEEZI, NM 87037	NAGEEZI, NM 87037
HELEN C WATCHMAN	HELEN W TOLEDO	HERBERT LOPEZ
PO BOX 1240	3409 ILES AVE	PO BOX 1717
CUBA, NM 87013	FARMINGTON, NM 87402	BLOOMFIELD, NM 87413
HERMAN BEYALE	HERMAN VICTOR	INETH M BEDAH
PO BOX 4784	PO BOX 4	605 CIRCLE DR
SHIPROCK, NM 87420	AZTEC, NM 87410	FARMINGTON, NM 87401

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IRENE L ATENCIO

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PO BOX 61

IRENE BEYALE

KIRTLAND, NM 87417

CR 6485 SP 10

JEFFERSON LOPEZ **IRENE S LOPEZ** JASPER LOPEZ ESTATE PO BOX 107 HCR 17 BOX 410 PO BOX 107 NAGEEZI, NM 87037 CUBA, NM 87013 NAGEEZI, NM 87037 JENITA CHAVEZ JERIMIAH TSOSIE, ELVIRA PINTO JEROME R LOPEZ PARENT FOR JERIMIAH TSOSIE PO BOX 2701 2530 SAN JUAN BLVD PO BOX 2825 FARMINGTON, NM 87401 KIRTLAND, NM 87417 GALLUP, NM 87305 JIMMIE CHARLIE JOANNE T BARBER JIMMY HERRERA 1496 E-8N RD 126 E MAIN ST PO BOX 4 MONTE VISTA, CO 81144 COUNSELOR, NM 87018 FARMINGTON, NM 87401 JODY TSOSIE JOE MARTINEZ JOE DENNISON ESTATE PO BOX 2825 PO BOX 3776 PO BOX 1 GALLUP, NM 87305 GALLUP, NM 87305 CAHONE, CO 81320 KATHLEEN VICTOR JOSEPHINE B CASTILLO KAY R NEZ 600 W BLANCO BLVD 56 ROAD 5580 PO BOX 1573 **APT 19** FARMINGTON, NM 87401 KIRTLAND, NM 87417 BLOOMFIELD, NM 87413 KEE BEYALE KEE C BELIDITTO KENDRICK TSOSIE PO BOX 4303 PO BOX 172 PO BOX 2825 GALLUP, NM 87305 SAN FELIPE, NM 87001 **DULCE, NM 87528** LEO JOHNSON LINDA J VICTOR LINDA M ABEYTA PO BOX 482 PO BOX 17 **PO BOX 738 NAVAJO, NM 87328** NAGEEZI, NM 87037 PINE RIDGE, SD 57770 LORENZO CASTILLO LOIS M KEETSO LORRAINE M VICTOR

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LOUISE M MARTINEZ

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**APT 49** 

PO BOX 254

NAGEEZI, NM 87037

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BLOOMFIELD, NM 87413

PO BOX 2716

MAE C RANDOLPH PO BOX 115 NAGEEZI, NM 87037 MARENA SHIELDS 2011 TROY KING RD TRLR 182 FARMINGTON, NM 87401

MARIE MARTINEZ PO BOX 1294 AZTEC, NM 87410

MARIE SIMS 10440 W 62ND PL APT 104 ARVADA, CO 80004 MARLENE KNOTCHAPONE 12838 DORADO DR SE APT 3 ALBUQUERQUE, NM 87123 MARLENE L BEGAY PO BOX 1707 AZTEC, NM 87410

MARTINEZ ANN LOLITA PO BOX 22 NAGEEZI, NM 87037 MARY TSO PO BOX 48 NAGEEZI, NM 87037 MARY W VICTOR PO BOX 112 NAGEEZI, NM 87037

MATILDA M BEGAY PO BOX 583 BLOOMFIELD, NM 87413 MATILDA R GEORGE 2100 E BLANCO BLVD TRLR 80 BLOOMFIELD, NM 87413

MAXINE GEORGE PO BOX 1043 CUBA, NM 87013

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MELVIN WILLIE PO BOX 1288 TEEC NOS POS, AZ 86514

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NATASHA SLIM PO BOX 2562 SHIPROCK, NM 87420 NAVAJO NATION NAVAJO NATION MINERALS DEPT. PO BOX 1910 WINDOW ROCK, AZ 86515

NED CHAVEZ PO BOX 252 NAGEEZI, NM 87037

NELSON LOPEZ PO BOX 107 NAGEEZI, NM 87037 NORMA L BAKER PO BOX 1703 BLOOMFIELD, NM 87413 PAULINE H HARRISON BX 73 COUNSELOR, NM 87018

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PO BOX 214
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FARMINGTON, NM 87499

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RENA CASTILLO PO BOX 1353 CUBA, NM 87013

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RITA BARBOA PO BOX 3303 CANONCITO, NM 87026

RITA LOPEZ PO BOX 263 NAGEEZI, NM 87037 RITA SLIM PO BOX 4738 SHIPROCK, NM 87420

RONALD M CHAVEZ PO BOX 3303 CANONCITO, NM 87026 ROSE M ARMSTRONG PO BOX 1715 BLOOMFIELD, NM 87413 ROSELYN L SAM HC 17 BOX 408 CUBA, NM 87013

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ROSITA W TRUJILLO PO BOX 352 NAGEEZI, NM 87037 RUSSELL SANDOVAL ESTATE, EASTERN NAVAJO PROBATE PO BOX 328 . CROWNPOINT, NM 87313

RUSTY C SANDOVAL 2011 TROY KING RD TRLR 225 FARMINGTON, NM 87401

RUTH H ATENCIO PO BOX 101 NAGEEZI, NM 87037

SAM MARTINEZ PO BOX 5 NAGEEZI, NM 87037

SAMPSON DENNISON, C/O SAM WESLEY, C/O EASTERN SAMANTHA J NEPHI NAVAJO AGENCY NAVAJO TRADING PO BOX 919 126 E MAIN ST P O BOX 328 FORT DUCHESNE, UT 84026 CROWNPOINT, NM 87313 FARMINGTON, NM 87401 SHERALENE L HASKIE SAMUEL VICTOR SARAH YAZZIE PO BOX 291 PO BOX 1031 **PO BOX 822** BLOOMFIELD, NM 87413 BLOOMFIELD, NM 87413 **AZTEC, NM 87410** 

SHERIDAN P HASKIE SHERMAN HASKIE STANLEY CASTILLO
PO BOX 514 PO BOX 822 60 E 200 N APT 4
AZTEC, NM 87410 BLOOMFIELD, NM 87413 WELLSVILLE, UT 84339

STEVEN H CHAVEZ TANYA LISTER THELMA G HARRISON PO BOX 476 PO BOX 1106 PO BOX 1592 FORT HALL, ID 83203 FRUITLAND, NM 87416 BLOOMFIELD, NM 87413

THERESA LOPEZ
THERESA VICTOR
THOMAS VICTOR JR
PO BOX 2716
PO BOX 171
CUBA, NM 87013
BLOOMFIELD, NM 87413
BLOOMFIELD, NM 87413

TOMMY HARRISON TRACY LOPEZ VALERIE MANUEL
235 S DUSTIN RD HC 17 BOX 410 PO BOX 171
FARMINGTON, NM 87401 CUBA, NM 87013 BLOOMFIELD, NM 87413

VERLIN L DISWOOD VERN DENNISON ESTATE VICTORIA A YAZZIE PO BOX 3287 #6 ROAD 3945 PO BOX 4012 KIRTLAND, NM 87417 FARMINGTON, NM 87401 SHIPROCK, NM 87420

VICTORIA M VICTOR VIRGIL J CHAVEZ VIRGINIA M HENRY
PO BOX 4 PO BOX 242 23 ROAD 5584
AZTEC, NM 87410 DURANGO, CO 81302 FARMINGTON, NM 87401

WAYNE LOPEZ WILLIE J MARTINEZ YOLANDA WATCHMAN PO BOX 107 PO BOX 81 PO BOX 2733 NAGEEZI, NM 87037 FORT DEFIANCE, AZ 86504

EDISON SLIM PO BOX 1299 TEEC NOS POS, AZ 86514

AHKEAH, PATTY S ARMENTA, PAULINE ANTHONY, SIEPHRENO R PO BOX 1243 PO BOX 54 PO BOX 1216 DURANGO, CO 81302 SHIPROCK, NM 87420 NAGEEZI, NM 87037 BARBER ESTATE, MAY A ARVISO, STEPHANNIE A BEGAY ESTATE, AMEYA J (MAY ROY) 13105 FRUIT AVE APT D 2456 MICHAEL RD PO BOX 64 BELLINGHAM, WA 98226 ALBUQUERQUE, NM 87123 WATERFLOW, NM 87421 BEGAY, GRANT J BEGAY, ANNIE C BEGAY, BERTHA K PO BOX 536 PO BOX 431 PO BOX 443 SHIPROCK, NM 87420 SHIPROCK, NM 87420 CHURCHROCK, NM 87311 BEGAY, JOE K BEGAY, JOHNNY BEGAY, MONICA S PO BOX 981 PO BOX 5652 PO DRAWER 1228 SHIPROCK, NM 87420 FARMINGTON, NM 87499 SHIPROCK, NM 87420 BEGAY, TOMMY C BEGAY, NOMANITA J BEGAY, RICHARD L PO BOX 1191 P.O. BOX 536 PO BOX 3091 SHIPROCK, NM 87420 SHIPROCK, NM 87420 SHIPROCK, NM 87420 BENALLY, LEO H BENALLY, NORA BENALLY, NORRIS C 45 COUNTY ROAD 252 **PO BOX 226** PO BOX 526 DURANGO, CO 81301 SANOSTEE, NM 87461-0226 BLOOMFIELD, NM 87413 BENALLY, TREVA BENIOH, SYLVIA A BENIAH, REX 5 RD 5457 313 E 28TH ST APT 333 PO BOX 1645 FARMINGTON, NM 87401-SHIPROCK, NM 87420 FARMINGTON, NM 87401 1441 BENJAMIN, DENNIS, C/O BENJAMIN ESTATE, ROSE L, C/O BENJAMIN, DONALD EASTERN NAVAJO PROBATE **ILENE WOODS** PO BOX 1366 POST OFFICE BOX 3538 POST OFFICE BOX 2572 SHIPROCK, NM 87420 SHIPROCK, NM 87420 SHIPROCK, NM 87420 BENJAMIN, JIMMY BENJAMIN, JONES BENJAMIN, STANLEY 208 WEST 14TH ST #216 PO BOX 1366 PO BOX 3973

SHIPROCK, NM 87420

LOS ANGELES, CA 90015

SHIPROCK, NM 87420

BENJAMIN, TONY	BRYANT, BETTY L	CANTSEE, VINA M
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SHIPROCK, NM 87420	CORTEZ, CO 81321	WINDOW ROCK, AZ 86515
CAPITAN, LENA B	CASON, RITA M	CASTILLO, RITA
BOX 102	801 S PAULINE AVE APT B	PO BOX 4445
MONTEZUMA CREEK, UT 84534	EL RENO, OK 73036	SHIPROCK, NM 87420
CHARLEY ESTATE, ELEANOR	CHAVEZ, ALICE	CHIQUITO SR, BILL
P. O. BOX 401	PO BOX 23	GENERAL DELIVERY
SANOSTEE, NM 87461	MEXICAN SPRINGS, NM 87320	COUNSELOR, NM 87018
CHIQUITO, GLEN	CHIQUITO, JOHNSON	CHIQUITO, WILLIE
PO BOX 184	PO BOX 203	GENERAL DELIVERY
NAGEEZI, NM 87037-0184	COUNSELOR, NM 87018	COUNSELOR, NM 87018
CHIQUITO, WILSON J	CLITSO, CLAUDIA A	CURTIS, PHOEBE ANN
GENERAL DELIVERY	PO BOX 832	PO BOX 1533
COUNSELOR, NM 87018	TONALEA, AZ 86044	KIRTLAND, NM 87417
DAVIS, SYLVIA	DAWES ESTATE, LUCY J	DODGE, HELEN
PO BOX 1762	POST OFFICE BOX 488	PO BOX 3462
FRUITLAND, NM 87416	SHIPROCK, NM 87420-0488	SHIPROCK, NM 87420
ELLISON, DAISY L	ETCITTY ESTATE, ROGER	ETCITTY, EDWARD
PO BOX 886	PO BOX 397	405 W. Watts, Apt #201
SHIPROCK, NM 87420	SHIPROCK, NM 87420	EL RENO, OK 73036
ETCITTY, KEE J	ETCITTY, LAURA	ETCITTY, LEROY
PO BOX 2071	PO BOX 1213	PO BOX 3284
SHIPROCK, NM 87420	EL RENO, OK 73036	SHIPROCK, NM 87420
ETCITTY, PERRENA R	ETCITTY, PIERRE	ETCITTY, SHAWNA
PO BOX 1506	PO BOX 1506	440-C MONROE NE APT C
SHIPROCK, NM 87420	SHIPROCK, NM 87420	ALBUQUERQUE, NM 87108

FOSTER, LORETTA H	GEORGE, IRENE K	GRIFFITH, MAXINE C
POST OFFICE BOX 603	GENERAL DELIVERY	2550 E 16TH BLD 10 APT 101
WATERFLOW, NM 87421	COUNSELOR, NM 87018	FARMINGTON, NM 87401
HARRISON JR, JOHNSON	HARRISON SR, ALFRED	HARRISON, DONALD
PO BOX 111	PO BOX 73	PO BOX 345
NAGEEZI, NM 87037	COUNSELOR, NM 87018	NAGEEZI, NM 87037
HARRISON, FLORENCE	HARRISON, HERBERT	HARRISON, JUDY
PO BOX 3694	HCR 17 BOX 1000	PO BOX 453
FARMINGTON, NM 87499	CUBA, NM 87013	NAGEEZI, NM 87037
HARRISON, LARRY	HARRISON, NELSON	HARRISON, SARAH
PO BOX 301	PO BOX 1592	PO BOX 111
BLOOMFIELD, NM 87413	BLOOMFIELD, NM 87413	NAGEEZI, NM 87037
HASUSE, AMOS W	HOLYAN, ALBERTA	JAKE, LULA
PO BOX 1607	PO BOX 1674	GENERAL DELIVERY
SHIPROCK, NM 87420	CROWNPOINT, NM 87313	COUNSELOR, NM 87018
JAMES SR, BOBBY	JAMES SR, HAROLD	JAMES, ALBERT
PO BOX 161	PO BOX 355	PO BOX 1509
WATERFLOW, NM 87421	TOHATCHI, NM 87325	SHIPROCK, NM 87420
JAMES, ANDREW	JAMES, ERNIE	JAMES, HENRY
PO BOX 107	PO BOX 563	PO BOX 1144
SANOSTEE, NM 87461	FRUITLAND, NM 87416	FRUITLAND, NM 87416
JAMES, JOE A	JAMES, TIMOTHY	JOE ESTATE, CURTIS E
PO BOX 3891	PO BOX 500	BOX 1261
SHIPROCK, NM 87420	SANOSTEE, NM 87461	WATERFLOW, NM 87421
JOE, JIMMIE E	KAYE, JANET	KEETSO, WILLIE
PO BOX 452	PO BOX 522	GENERAL DELIVERY
FRUITLAND, NM 87416	PINON, AZ 86510	COUNSELOR, NM 87018

KING, GERTRUDE H	KING, KATHERINE R	LAMEMAN, BETTY
PO BOX 3445	PO BOX 3445	PO BOX 884
SHIPROCK, NM 87420	SHIPROCK, NM 87420	SHIPROCK, NM 87420
LEE SR, REX	LEE, FRANCES J	LEE, LEONARD J
PO BOX #4115	445 LYELL ST	PO BOX 1025
SHIPROCK, NM 87420	MONTE VISTA, CO 81144	SHIPROCK, NM 87420
LEE, LINUS J	LEWIS, JEFFERSON	LEWIS, ROBINSON
PO BOX 3526	PO BOX 241	PO BOX 31
SHIPROCK, NM 87420	NAGEEZI, NM 87037	NAGEEZI, NM 87037
LEWIS, SUSAN	LEWIS, THOMAS	MANYGOAT, ANNA M
PO BOX 785	PO BOX 314	PO BOX 1213
CUBA, NM 87013	NAGEEZI, NM 87037	EL RENO, OK 73036
MANYGOAT, BARBARA J	MANYGOATS, MARY A	MARK ESTATE, PAUL J
PO BOX 115	PO BOX 327	PO BOX 193
KIRTLAND, NM 87417	SHIPROCK, NM 87420	SANOSTEE, NM 87461
MARK, DAVID J	MARK, DELVIS	MARTIN, CHERYL JANE
BOX 334	5640 S THOMPSON STREET	PO BOX 1569
SANOSTEE, NM 87461	TACOMA, WA 98408	SHIPROCK, NM 87420
MARTINEZ ESTATE, AVOE, C/O EASTERN NAVAJO AGENCY P O BOX 328 CROWNPOINT, NM 87313	MARTINEZ, ALICE PO BOX 255 NAGEEZI, NM 87037	MARTINEZ, DAVID V PO BOX 36 CUBA, NM 87013
MARTINEZ, GIBSON	MARTINEZ, HELEN	MARTINEZ, LUCILLE R
1097 ROAD 44	1016 SAN JUAN AVE	BOX 12
CENTER, CO 81125	ALAMOSA, CO 81101-3340	CUBA, NM 87013
MARTINEZ, ROLAND	MCDONALD, TOMMY T	MITCHELL, ROLAND B
PO BOX 1172	TWO GREY HILLS TP	PO BOX 34
CUBA, NM 87013	TOHATCHI, NM 87325	SHIPROCK, NM 87420

MONTOYA ESTATE, EARL DEAN, C/O EASTERN NAVAJO PROBATE PO BOX 328 CROWNPOINT, NM 87313	MONTOYA, BERDINA PO BOX 370 DULCE, NM 87528	MONTOYA, CHERISH S C/O MELANIE LEVATO PARENT P O BOX 781 DULCE, NM 87528
MONTOYA, DONNA	MONTOYA, MARONDA	MORNINGOWL, ERNESTINE
PO BOX 1476	PO BOX 1543	3220 1/2 NE RIVERSIDE AVE
DULCE, NM 87528-1476	DULCE, NM 87528	PENDLETON, OR 97801
MUSKRAT, BERNICE V	NARANJO, JOHN M	NARANJO, LILI M
PO BOX 1296	PO BOX 1403	PO BOX 90344
DULCE, NM 87528	ALBUQUERQUE, NM 87103	ALBUQUERQUE, NM 87109
NELSON, THELMA J	NEZ, ARLOA S	O'JOHN, VERA
126 EAST MAIN	PO BOX 1781	PO BOX 842
FARMINGTON, NM 87401	DULCE, NM 87528	IGNACIO, CO 81137
PACHACO KENNETH, EVA M	PACHECO SR, LEO J	PACHECO, HAROLD
42 ROAD 5580	PO BOX 281	PO BOX 2021
FARMINGTON, NM 87407	BLOOMFIELD, NM 87413	BLOOMFIELD, NM 87413
PETER, LAWRENCE	PETER, MURPHY R	PETER, RAYMOND
PO BOX 384	HC 63 BOX 6013	PO BOX 219
SANOSTEE, NM 87461	WINSLOW, AZ 86047	SANOSTEE, NM 87461
PETER, REGINALD	PETERS, DONNY R	PETERS, LAVERNA
PO BOX 1055	HC 63 BOX 361	HC 63 BOX 6041
SHEEP SPRINGS, NM 87364-1055	WINSLOW, AZ 86047	WINSLOW, AZ 86047
PETERS, LENORA	PETERS, LORRAINE	PETTIGREW, DOROTHEA
HC 63 BOX 6020	HC 63 BOX 6041	PO BOX 6481
WINSLOW, AZ 86047	WINSLOW, AZ 86047	NAVAJO DAM, NM 87419
PETTIGREW, JOHN PO BOX 3154	PHILLIPS ESTATE, NELLIE, C/O SHIPROCK AGENCY P O BOX 3538	PINTO ESTATE, JIMMIE PO BOX 1412

SHIPROCK, NM 87420

CUBA, NM 87013

SHIPROCK, NM 87420

PINTO, JAKE	PINTO, JENNIFER	PINTO, PATRICK
PO BOX 803	PO BOX 803	PO BOX 803
DULCE, NM 87528	DULCE, NM 87528	DULCE, NM 87528
PINTO, PHILBERT	PINTO, STEVEN	PINTO, WAYNE
PO BOX 546	PO BOX 192	PO BOX 803
DULCE, NM 87528	DULCE, NM 87528	DULCE, NM 87528
RAFAEL, ALICE	RAFAEL, BENNIE	RAFAEL, EVA
PO BOX 1097	PO BOX 3998	PO BOX 814
CUBA, NM 87013	GALLUP, NM 87305	CUBA, NM 87013
RAFAEL, JAMES	RAFAEL, MARTIN L	RAFAEL, PAUL
PUEBLO PINTADO STORE	1605 FINCH AV	HCR 79 BOX 46
CUBA, NM 87013	FARMINGTON, NM 87401	CUBA, NM 87013
RAFAEL, PHILLIP	ROBERTSON, ELIZABETH C	ROGERS, CAROL M
12000 COPPER NE APT B	PO BOX 7726	PO BOX 4402
ALBUQUERQUE, NM 87123	MYRTLE BEACH, SC 29572	SHIPROCK, NM 87420
ROY SR, LEE B	ROY, DANIELLE L	ROY, DELVIN M
PO BOX 1972	PO BOX 249	PO BOX 249
SHIPROCK, NM 87420	RED VALLEY, AZ 86544	RED VALLEY, AZ 86544
ROY, NATALIE K	ROY, NATHANIEL S	ROY, ROSELYN M
557 TRAMWAY BLVD NE APT 10	4201 ATRISCO NW APT Q	PO BOX 249
ALBUQUERQUE, NM 87123-2153	ALBUQUERQUE, NM 87120	RED VALLEY, AZ 86544
SAM, EDITH A	SAM, FREDDIE	SAM, HUXLEY LEO
PO BOX 26703	PO BOX 1822	PO BOX 1087
ALBUQUERQUE, NM 87125	BLOOMFIELD, NM 87413	CUBA, NM 87013
SAM, IRVIN	SAM, JESSIE M	SAM, JONES L
434 N 3RD	PO BOX 212	HCR 79 BOX 1602

COUNSELOR, NM 87018

BLOOMSFIELD, NM 87413

CUBA, NM 87013

SAM, JULIAN	SAM, MARGARET R	SAM, MELVIN
PO BOX 221	PO BOX 1087	#14 COUNTY ROAD 4903
COUNSELOR, NM 87018	CUBA, NM 87013	BLOOMFIELD, NM 87413
SAM, NASBAN	SAM, OSMUND	SAM, OSMUND
BOX 212	PO BOX 234	PO BOX 234
COUNSELOR, NM 87018	NAGEEZI, NM 87037	NAGEEZI, NM 87037
SAM, TOM PO BOX 7589 NEWCOMB, NM 87455	SANCHEZ, MARY S PO BOX 234 NAGEEZI, NM 87037	SANDOVAL ESTATE, RUSSELL, C/O EASTERN NAVAJO AGENCY PO BOX 328 CROWNPOINT, NM 87313
SANDOVAL, AURELIA J	SANDOVAL, DIXON K	SANDOVAL, DUANE
PO BOX 205	PO BOX 770	PO BOX 612
COUNSELOR, NM 87018	DULCE, NM 87528	DULCE, NM 87528
SANDOVAL, ELMO	SANDOVAL, HOBSON	SANDOVAL, JACQUE H
PO BOX 633	BOX 394	PO BOX 493
DULCE, NM 87528  SANDOVAL, KURT E	DULCE, NM 87528  SANDOVAL, LESTER	SANDOVAL, LULA
PO BOX 471 DULCE, NM 87528	PO BOX 412 DULCE, NM 87528	PO BOX 3445 SHIPROCK, NM 87420
SANDOVAL, MERTON	SANDOVAL, MYRA V	SANDOVAL, RANDY
PO BOX 1118	BOX 493	PO BOX 2216
DULCE, NM 87528	DULCE, NM 87528	BLOOMFIELD, NM 87413
SANDOVAL, STUART B	SANDOVAL, WALT J	SERAFIN, ROBERTA V
PO BOX 937	PO BOX 821	612 ORTEGA ROAD NW
DULCE, NM 87528	DULCE, NM 87528	ALBUQUERQUE, NM 87114
SHORTY, PAULINE	SLOAN, AMOS	SPECK, ROSALIE M

HC 61 BOX 38-612

TEEC NOS POS, AZ 86514

PO BOX 298

KIRTLAND, NM 87417

6501 W MONTE VISTA RD

PHOENIX, AZ 85035

STALLINGS, DEBORAH M	TILLER, VERONICA V	TOLEDO, LUCY C
971 E MONTEREY ST	4833 CHARLOTTE COURT NE	BOX 187
CHANDLER, AZ 85225	ALBUQUERQUE, NM 87109	NAGEEZI, NM 87037
TOLEDO, ROSIE K	TRUJILLO, ARLENE A	TRUJILLO, KATHY D
PO BOX 75	PO BOX 403	PO BOX 82
COUNSELOR, NM 87018	NAGEEZI, NM 87037	MOSCA, CO 81146
TSOSIE, BETTY D	VALARDE, HARRY	VELARDE, ALBERTA
PO BOX 3826	365 CR 5500	PO BOX 994
WINDOW ROCK, AZ 86515	BLOOMFIELD, NM 87413	DULCE, NM 87528
VELARDE, BOB C	VELARDE, DANIEL G	VELARDE, DARRELL O
HC 74 BOX 5	PO BOX 490	PO BOX 745
REGINA, NM 87046	BLOOMFIELD, NM 87413	LOS LUNAS, NM 87031
VELARDE, DAVID	VELARDE, DOROTHY M	VELARDE, EDDIE T
PO BOX 295	PO BOX 58	PO BOX 737
DULCE, NM 87528-0295	DULCE, NM 87528	DULCE, NM 87528
VELARDE, GILBERT	VELARDE, JACKSON	VELARDE, JIMI D
BOX 953	PO BOX 400	PO BOX 1442
BLOOMFIELD, NM 87413	DULCE, NM 87528	DULCE, NM 87528
VELARDE, JUDY	VELARDE, LINDBERG	VELARDE, MARY M
PO BOX 418	PO BOX 15	9208 MIRA MAR LANE NW
DULCE, NM 87528	LINDRITH, NM 87029	ALBUQUERQUE, NM 87114
VELARDE, RUBENA DENISE	VELARDE, SHARON B	VENENO LUKEE, RONDA RENAE
PO BOX 919	PO BOX 5003	8412 TROTTER RD SW
DULCE, NM 87528	WINDOW ROCK, AZ 86515	ALBUQUERQUE, NM 87121
VIGIL JR, KEE PO BOX 1563	VIGIL, HARRY PO BOX 10597	VIGIL, JERRY PO BOX 1836

SANTA FE, NM 87504

FARMINGTON, NM 87499

CROWNPOINT, NM 87313

WERITO, ARTHUR PO BOX 2046 BLOOMFIELD, NM 87413 WERITO, BLANCHE J PO BOX 5615 FARMINGTON, NM 87499 WERITO, CECELIA PO BOX 1274 FRUITLAND, NM 87416

WERITO, ERMA J, c/o RENA WERITO PO BOX 215 NAGEEZI, NM 87037

WERITO, GILBERT PO BOX 5615 FARMINGTON, NM 87499 WERITO, LOUISE PO BOX 541 BLOOMFIELD, NM 87413

WERITO, RENA PO BOX 215 NAGEEZI, NM 87037

WERITO, ROGER PO BOX 1032 FRUITLAND, NM 87416 WERITO, SONYA F PO BOX 417 NAGEEZI, NM 87037

WILLIE, IRA M 758 STAGECOACH TRL DURANGO, CO 81301-8468 WILSON, ETTA W PO BOX 66 NAGEEZI, NM 87037 YAZZIE, DELTA PO BOX 1474 SHIPROCK, NM 87420

YAZZIE, DONALD H P. O. BOX 516 SANOSTEE, NM 87461

YAZZIE, FRANK 7230 CR 24.3 CORTEZ, CO 81321 YAZZIE, GILBERT H PO BOX 111 WATERFLOW, NM 87421

YAZZIE, VERA 306A N OLIVER AZTEC, NM 87410

ETCITTY, PERRYENE R PO BOX 1506 SHIPROCK, NM 87420

ABEYTA, LINDA M PO BOX 171 BLOOMFIELD, NM 87413	ANTHONY, CLARA M PO BOX 561 BLOOMFIELD, NM 87413	ANTHONY, SIEPHRENO R GUARDIAN PO BOX 54 NAGEEZI, NM 87037
ANTONE, SHIRENE RAMONA 521 MESCILLA ST NE ALBUQUERQUE, NM 87108	ANTONITO, EUNICE A PO BOX 524 BLANCO, NM 87412	ARMSTRONG, ROSE M PO BOX 1715 BLOOMFIELD, NM 87413
ARVISO, ALONZO A	ARVISO, ARTHUR L	ARVISO, DARRELL W
PO BOX 1028	PO BOX 1625	PO BOX 1575
CROWNPOINT, NM 87313	CROWNPOINT, NM 87313	CROWNPOINT, NM 87313
ATCITTY, ANNABELLE	ATENCIO, EMERSON	ATENCIO, IRENE L
PO BOX 1181	PO BOX 457	PO BOX 61
FARMINGTON, NM 87499	NAGEEZI, NM 87037-0457	NAGEEZI, NM 87037
ATENCIO, NINA	ATENCIO, PAULINE	ATENCIO, ROSITA
BOX 175	PO BOX 54	PO BOX 157
NAGEEZI, NM 87037	NAGEEZI, NM 87037	NAGEEZI, NM 87037
ATENCIO, RUTH H	AUGUSTINE JR, JOHN	AUGUSTINE, ALICE
PO BOX 101	PO BOX 157	305 E 28TH ST APT 101
NAGEEZI, NM 87037	NAGEEZI, NM 87037	FARMINGTON, NM 87401
AUGUSTINE, DARLENE C	AUGUSTINE, EDDIE	AUGUSTINE, FREDDIE
PO BOX 366	PO BOX 2110	BOX 405
NAGEEZI, NM 87037-0366	KAIBETO, AZ 86053	BLOOMFIELD, NM 87413
AUGUSTINE, HERMAN PO BOX 132 NAGEEZI, NM 87037	AUGUSTINE, IRENE PO BOX 214 NAGEEZI, NM 87037	AUGUSTINE, PAUL C 9301 VOLCANO RD NW TRLR #98 ALBUQUERQUE, NM 87121
AUGUSTINE, PHILLIP	AUGUSTINE, ROSITA	AUGUSTINE, TOMACITA
PO BOX 571	301 BETTE CLAIR ST SE	PO BOX 226
FRUITLAND, NM 87416-0571	ALBUQUERQUE, NM 87123	COUNSELOR, NM 87018

BAKER, ANDREW A	BAKER, ELOUISE	BAKER, LEROY
PO BOX 1703	PO BOX 1703	PO BOX 1703
BLOOMFIELD, NM 87413	BLOOMFIELD, NM 87413	BLOOMFIELD, NM 87413
BAKER, MILTON	BAKER, NORMA L	BARBER, JOANNE T
PO BOX 135	BOX 1703	126 E MAIN
KIRTLAND, NM 87412	BLOOMFIELD, NM 87413	FARMINGTON, NM 87401
BARBOA, RITA	BEDAH, INETH M	BEGAY ESTATE, LAFFIE
PO BOX 3303	605 CIRCLE DR	PO BOX 571
CANONCITO, NM 87026	FARMINGTON, NM 87401	FORT WINGATE, NM 87316
BEGAY, ANNA	BEGAY, EFFIE	BEGAY, MARLENE L
HC 61 PO BOX 85	1640 SOUTH XAVIER ST	PO BOX 1707
WINSLOW, AZ 86047	DENVER, CO 80219	AZTEC, NM 87410
BEGAY, MATILDA V	BEGAY, MONICA S	BEGAY, RUDY
PO BOX 583	PO BOX 5652	39 RANCH DR
BLOOMFIELD, NM 87413	FARMINGTON, NM 87499	SHIRLEY, NY 11967
BELIDITTO, DAVID	BELIDITTO, KEE C	BENALLY, JUNE
BOX 12	BOX 172	3112 CRESCENT AVENUE
COUNSELOR, NM 87018	DULCE, NM 87528	FARMINGTON, NM 87401
BENALLY, LUCY A	BETONI, ELAINE	BEYALE, ANDREW L
BOX 753	PO BOX 134	PO BOX 944
KIRTLAND, NM 87417	NAGEEZI, NM 87037	FORT DEFIANCE, AZ 86504
BEYALE, ANDY	BEYALE, CLARENCE	BEYALE, EMILY W
PO BOX 1175	PO BOX 3308	324 W BLANCO BLVD #36
FRUITLAND, NM 87416-1175	FARMINGTON, NM 87499	BLOOMFIELD, NM 87413
BEYALE, HERMAN	BEYALE, IRENE	BEYALE, KEE
2011 TROY KING RD	PO BOX 1643	HCR 79 BOX 3049

FRUITLAND, NM 87416

TRLR 28

FARMINGTON, NM 87401

CUBA, NM 87013

BEYALE, LORENZO PO BOX 298 KIRTLAND, NM 87417	BEYALE, RICKIE PO BOX 1454 BLOOMFIELD, NM 87413	BILIDITTO, MELISSA 3150 N FLOWING WELLS RD APT 2 TUCSON, AZ 85705
BREWER, ARLINDA	BROWN, APRIL J	CASTILLO, ALICE S
10700 ACADEMY NE #2318	3903 WELLINGTON ST	HCR 79 BOX 3064
ALBUQUERQUE, NM 87111	FARMINGTON, NM 87402	CUBA, NM 87013
CASTILLO, DELROY PO BOX 652 CUBA, NM 87013	CASTILLO, GLORIA PO BOX 1188 CUBA, NM 87013	CASTILLO, IRENE 4515 ARROWHEAD RIDGE DR SE APT 712 RIO RANCHO, NM 87124
CASTILLO, JOSEPHINE B	CASTILLO, LORENZO	CASTILLO, PATRICK
56 ROAD 5580	PO BOX 3535	PO BOX 38
FARMINGTON, NM 87401	CANONCITO, NM 87026	COUNSELOR, NM 87018
CASTILLO, RENA	CASTILLO, RICHARDSON	CASTILLO, SAMSON
PO BOX 1353	PO BOX 3822	PO BOX 44
CUBA, NM 87013	SHIPROCK, NM 87420	COUNSELOR, NM 87018
CASTILLO, SANDERSON J	CASTILLO, STANLEY	CASTILLO, WALLACE
GENERAL DELIVERY	60 E 200 N #4	PO BOX 44
COUNSELOR, NM 87018	WELLSVILLE, UT 84339	COUNSELOR, NM 87018
CAVAZONE, RACHELLE L	CAYADITO, CALVIN	CAYADITTO, HELEN S
7201 CHANTELLE	PO BOX 54	PO BOX 1351
FARMINGTON, NM 87410	NAGEEZI, NM 87037	CUBA, NM 87013
CAYADITTO, ISIAIH M GUARDIAN PO BOX 54 NAGEEZI, NM 87037	CAYADITTO, LUCITA PO BOX 272 NAGEEZI, NM 87037	CHARLEY, SHIRLEY A 38 ROAD 5255 BLOOMFIELD, NM 87413
CHARLIE, BENJAMIN	CHARLIE, CAROLINE	CHARLIE, JIMMIE
PO BOX 164	PO BOX 67	1496 E-8N RD
CUBA, NM 87013	NAGEEZI, NM 87037	MONTE VISTA, CO 81144

CHAVEZ, AMOS PO BOX 240	CHAVEZ, ANDREW PO BOX 1512	CHAVEZ, ANNIE PO BOX 15
COUNSELOR, NM 87018	BLOOMFIELD, NM 87413	NAGEEZI, NM 87037
CHAVEZ, CALVIN	CHAVEZ, DESWOOD	CHAVEZ, HARRY
4633 GILA SP 8 FARMINGTON, NM 87402	PO BOX 398 NAGEEZI, NM 87037	PO BOX 105 NAGEEZI, NM 87037
CHAVEZ, JENITA 120 N MCQUEEN RD	CHAVEZ, MAGDELINE B	CHAVEZ, MICHAEL 715 W BROADWAY
APT 246 CHANDLER, AZ 85225	PO BOX 1404 FRUITLAND, NM 87416	SPACE 45 FARMINGTON, NM 87401
CHAVEZ, NED PO BOX 252	CHAVEZ, RONALD M PO BOX 3303	CHAVEZ, STEVEN H PO BOX 476
NAGEEZI, NM 87037	CANONCITO, NM 87026	FORT HALL, ID 83203
CHAVEZ, VIRGIL J 508 N LINCOLN AVE 1	CHIQUITO, GLEN H PO BOX 184	CHIQUITO, JAKE PO BOX 216
FARMINGTON, NM 87401	NAGEEZI, NM 87037-0184	COUNSELOR, NM 87018
CHIQUITO, LEO H BOX 9	COMANCHE, DOROTHY B	CORNFIELDS, CECELIA S
NAGEEZI, NM 87037	HCR 79 BOX 3035 CUBA, NM 87013	PO BOX 1591 FRUITLAND, NM 87416
CURTIS, ERVIN L 1115 JAMES CIRCLE DR	CURTIS, LEVI J PO BOX 1533	CURTIS, LORRAINE W 501 OURAY
BLOOMFIELD, NM 87413	KIRTLAND, NM 87417	FARMINGTON, NM 87401
DEMPSEY, PRISCILLA A PO BOX 984	DENNISON ESTATE, VERN	DENNISON JR ESTATE, JOE
CHINLE, AZ 86503	#6 ROAD 3945 FARMINGTON, NM 87401	PO BOX 3776 GALLUP, NM 87305
DENNISON, SAMPSON C/O NAVAJO TRADING	DIETRICH JR, GERALD A	DISWOOD, BEVERLY G
126 EAST MAIN	2194 NORTH COUGARWAY MERIDIAN, ID 83646	PO BOX 1892 FARMINGTON, NM 87499

MERIDIAN, ID 83646

FARMINGTON, NM 87401

FARMINGTON, NM 87499

DISWOOD, VERLIN L	FORD, AGNES S	FRANCISCO, ANITA S
PO BOX 3287	1186 N ESTHER PARKWAY	505 NORTH BEHREND
KIRTLAND, NM 87417	CAMP VERDE, AZ 86322	FARMINGTON, NM 87401
FRIEDLI, ALISON J 211 MONTICELLO CT APT 1B NEWPORT NEWS, VA 23602	FRIEDLI, MATTHEW D C/O MATTHEW M FRIEDLI, SR 6623 SOUTH FIELD COURT LITTLETON, CO 80123	GENGLER, LUCINDA A 901 N AUBURN AVE #22 FARMINGTON, NM 87401
GEORGE, GILBERT	GEORGE, MATILDA R	GEORGE, MAXINE
GENERAL DELIVERY	2100 E BLANCO BLVD #80	PO BOX 1043
COUNSELOR, NM 87018	BLOOMFIELD, NM 87413	CUBA, NM 87013
GLEASON, LENDORA S	GLEASON, LIONEL L	GRIFFITH, SAM C
PO BOX 2586	PO BOX 2586	HC 17 BOX 600
BLOOMFIELD, NM 87413	BLOOMFIELD, NM 87413	CUBA, NM 87013
HACEESA, ELLA M	HACEESA, NELLIE R	HARRISON, KATIE J
PO BOX 137	PO BOX 188	HCR 79 BOX 3035
NAGEEZI, NM 87037	NAGEZZI, NM 87037	CUBA, NM 87013
HARRISON, PATRICIA	HARRISON, PATTY J	HARRISON, PAULINE
4715 GILA ST SP 41	PO BOX 1412	PO BOX 73
FARMINGTON, NM 87401	CUBA, NM 87013	COUNSELOR, NM 87018
HARRISON, ROSE N	HARRISON, THELMA G	HARRISON, THERESA A
PO BOX 524	PO BOX 1592	TURNEAGATAN #66
FARMINGTON, NM 87499	BLOOMFIELD, NM 87413	KISTA SWED, SWEDEN
HARRISON, TOMMY	HARRISON, VAL T	HASKIE, PRESTON
235 2 S DUSTIN RD	PO BOX 6102	PO BOX 822
FARMINGTON, NM 87401	FARMINGTON, NM 87401	BLOOMFIELD, NM 87413
HASKIE, SHERALENE L	HASKIE, SHERIDAN P	HASKIE, SHERMAN
PO BOX 822	PO BOX 514	PO BOX 822
BLOOMFIELD, NM 87413	AZTEC, NM 87410	BLOOMFIELD, NM 87413

HENRY, VIRGINIA M	HERRERA SR, BOBBY	HERRERA, JIMMY
23 CR 5584	BOX 2	BOX 4
FARMINGTON, NM 87401	COUNSELOR, NM 87018	COUNSELOR, NM 87018
HERRERA, PETE	HOOD, VICTORIA M	JACKSON, EARLENE V
PO BOX 214	PO BOX 4	PO BOX 625
COUNSELOR, NM 87018	AZTEC, NM 87410	BLOOMFIELD, NM 87413
JAMES, BRENDA A	JAMES, JASON E	JAMES, MARLINDA ANN
PO BOX 139	PO BOX 3856	2011 TROY KING RD 175
RED VALLEY, AZ 86544	SHIPROCK, NM 87420	FARMINGTON, NM 87401
JAMES, MOLLY M	JAMES, PATRICK E	JAMES, RONALD EDWARD
WATERFLOW, NM 87421	1016 GLADE LN APT 5	PO BOX 7399
PO BOX 1352	FARMINGTON, NM 87401	SHONTO, AZ 86054
JIM, CECIL	JIM, EDITH R	JIM, ESTHER
PO BOX 1203	HCR 79 BOX 3082	PO BOX 6696
CUBA, NM 87013	CUBA, NM 87013	FARMINGTON, NM 87499
JIM, KEE	JOE, OCIE ROSE	JOE, ROSEY N
HCR 79 BOX 1521	1016 GLADE LANE APT 10	HCR 79 BOX 3013
CUBA, NM 87013	FARMINGTON, NM 87401	CUBA, NM 87013
JOHNSON, BRENDA PO BOX 2044 KIRTLAND, NM 87417	JOHNSON, LEO PO BOX 482 NAVAJO, NM 87328	JOHNSON, PHIL C/O FRANK F JOHNSON 15 ROAD 6115 KIRTLAND, NM 87417
JONES, ROSE MARY PO BOX 65 CROWNPOINT, NM 87313	JOSE, LORRAINE CORONADO APT B-28 2630 N DUSTIN AVE FARMINGTON, NM 87401	JULIAN, LOUISE PO BOX 10156 ALBUQUERQUE, NM 87184
JULIAN, REBECCA V PO BOX 457	KEETSO, LOIS M PO BOX 254	KELLYWOOD, ARLENE PO BOX 2093

NAGEEZI, NM 87037

BLOOMFIELD, NM 87413

DULCE, NM 87528

KNOTCHAPONE, MARLENE	KOTSEDAKIS, DIANE J	LARGO, BERNA Y
12838 DORADO ST SE #3	36491 YAMAS DR APT 2908	PO BOX 286
ALBUQUERQUE, NM 87123	WILDOMAR, CA 92595-9824	NAGEEZI, NM 87037
LARGO, EVA	LARGO, ROSIE M	LARVIE, CONRITA
PO BOX 904	1710 JUNIPER LANE	PO BOX 2296
BLOOMFIELD, NM 87413	BLOOMFIELD, NM 87413	FRUITLAND, NM 87416
LEVATO, ALICE B 3500 W ORANGE GROVE RD APT 8102 TUCSON, AZ 85741-2859	LISTER, TANYA PO BOX 1106 FRUITLAND, NM 87416	LONGHORN, GLENDA B 10300 CHANNEL ISLAND DR AUSTIN, TX 78747
LOPEZ ESTATE, CASPER	LOPEZ ESTATE, JASPER	LOPEZ, ALBERT
GENERAL DELIVERY	HCR 17 BOX 410	PO BOX 124
COUNSELOR, NM 87018	CUBA, NM 87013	NAGEEZI, NM 87037
LOPEZ, BERTHA	LOPEZ, CAROLINE	LOPEZ, ELMER
PO BOX 64	PO BOX 236	PO BOX 239
NAGEEZI, NM 87037	NAGEEZI, NM 87037	COUNSELOR, NM 87018
LOPEZ, EUNICE	LOPEZ, EVA R	LOPEZ, EVELYN C
PO BOX 107	HCR 17 BOX 403	PO BOX 1411
NAGEEZI, NM 87037	CUBA, NM 87013	CUBA, NM 87013
LOPEZ, HERBERT	LOPEZ, IRENE S	LOPEZ, JEFFERSON
PO BOX 1717	PO BOX 107	PO BOX 107
BLOOMFIELD, NM 87413	NAGEEZI, NM 87037	NAGEEZI, NM 87037
LOPEZ, JEROME R	LOPEZ, LUCY G	LOPEZ, NELSON
2530 SAN JUAN BOULEVARD	PO BOX 1871	PO BOX 107
FARMINGTON, NM 87401	KIRTLAND, NM 87417	NAGEEZI, NM 87037
LOPEZ, PAULINE PO BOX 1531	LOPEZ, PEARL 1200 ROLLOWAY ST	LOPEZ, RITA PO BOX 1544

FARMINGTON, NM 87401

CUBA, NM 87013

**AZTEC, NM 87410** 

LOPEZ, THERESA	LOPEZ, TRACY	LOPEZ, WAYNE
HCR 17 BOX 403	HCR 17 BOX 410	PO BOX 107
CUBA, NM 87013	CUBA, NM 87013	NAGEEZI, NM 87037
LUKEE, RENA RICHELLE	MANUEL, VALERIE	MARTIN, JOHNNIE M
5652 CHERBOURG	PO BOX 171	PO BOX 272
COLORADO SPRINGS, CO 80902	BLOOMFIELD, NM 87413	FT DEFIANCE, AZ 86504
MARTIN, MARY R PO BOX 147 CROWNPOINT, NM 87313	MARTINEZ ESTATE, AVOE EASTERN NAVAJOAGENCY BUREAU OF INDIAN AFFAIRS P O BOX 328 CROWNPOINT, NM 87313	MARTINEZ SR, FRED C 4633 GILA #30 FARMINGTON, NM 87402
MARTINEZ, ALICE	MARTINEZ, ANNA C	MARTINEZ, CHARLES
PO BOX 255	PO BOX 1411	PO BOX 22
NAGEEZI, NM 87037	CUBA, NM 87013	NAGEEZI, NM 87037
MARTINEZ, CHARLITA	MARTINEZ, CUSTER	MARTINEZ, DAVID V
PO BOX 22	PO BOX 97	PO BOX 36
NAGEEZI, NM 87037	FINLEY, OK 74543	CUBA, NM 87013
MARTINEZ, EARL	MARTINEZ, GIBSON	MARTINEZ, HAROLD
14475 C.R. 21	1097 ROAD 44	PO BOX 305
CORTEZ, CO 81321	CENTER, CO 81125	NAGEEZI, NM 87037
MARTINEZ, HELEN	MARTINEZ, JOE	MARTINEZ, LOLITA ANN
1016 SAN JUAN AVE	PO BOX 1	PO BOX 22
ALAMOSA, CO 81101-3340	CAHONE, CO 81320	NAGEEZI, NM 87037
MARTINEZ, LOUISE M	MARTINEZ, LUCILLE R	MARTINEZ, MARIE
PO BOX 22	BOX 12	PO BOX 1294
NAGEEZI, NM 87037	CUBA, NM 87013	AZTEC, NM 87410
MARTINEZ, PEARL BOX 255	MARTINEZ, ROLAND PO BOX 1172	MARTINEZ, SAM BOX 5

CUBA, NM 87013

NAGEEZI, NM 87037

NAGEEZI, NM 87037

MARTINEZ, WILLIE J	MCCALLISTER, CHARLENE	MCDONALD, TOMMY T
PO BOX 81	PO BOX 333	TWO GREY HILLS TP
NAGEEZI, NM 87037	RUIDOSO DOWNS, NM 88346	TOHATCHI, NM 87325
MONTOYA ESTATE, EARL DEAN EASTERN NAVAJO AGENCY ATTN: PROBATE AND ESTATE SERVICES PO BOX 328 CROWNPOINT, NM 87313	MONTOYA, BERDINA PO BOX 370 DULCE, NM 87528	MONTOYA, CHERISH S C/O MELANIE LEVATO PARENT P O BOX 781 DULCE, NM 87528
MONTOYA, DONNA	MONTOYA, MARONDA	MORALES, LENORA MAE
PO BOX 1476	PO BOX 1543	PO BOX 476
DULCE, NM 87528-1476	DULCE, NM 87528	KIRTLAND, NM 87417
MURDOCK, RETHA F	MUSKRAT, BERNICE V	NAVAJO NATION
PO BOX 44	PO BOX 1296	NAVAJO NATION
SHAWNEE, OK 74802	DULCE, NM 87528	WINDOW ROCK, AZ 86504
NEPHI, SAMANTHA J	NEZ, ARLOA S	NEZ, KAY R
PO BOX 919	PO BOX 1781	PO BOX 1573
FORT DUCHESNE, UT 84026	DULCE, NM 87528	KIRTLAND, NM 87417
NOCKAI, DEBBY	NORBERTO JR, KEE	NORBERTO SR, ARNOLD L
506 WEST MAPLE	HCR 79 BOX 1559	PO BOX 753
FARMINGTON, NM 87401	CUBA, NM 87013	CROWNPOINT, NM 87313
NORBERTO, ANDY	NORBERTO, BETTY L	NORBERTO, DANIEL
PO BOX 302	PO BOX 147	HCR 79 BOX 1523
NAGEEZI, NM 87037	CROWNPOINT, NM 87313	CUBA, NM 87013
NORBERTO, DOROTHY	NORBERTO, KENNETH	NORBERTO, LEE
PO BOX 35	BOX 973	PO BOX 69
NAGEEZI, NM 87037	CHINLE, AZ 86503	NAGEEZI, NM 87037
NORBERTO, LESTER B	NORBERTO, LORRAINE	NORBERTO, MARTIN B
BOX 973	907 DOWNINGTON AVE	HCR-79 BOX 1557
CHINLE, AZ 86503	SALT LAKE CITY, UT 84105	CUBA, NM 87013

NORBERTO, NELSON R 902 WEST SYCAMORE AVE BLOOMFIELD, NM 87413	NORBERTO, RICKY N 2011 TROY KING RD TRLR 175 FARMINGTON, NM 87401	NORBERTO, TED C 8309 PEBBLE CREEK WAY UNIT 204 LITTLETON, CO 80126
NORBERTO, THOMAS L	PAUL, DONOVAN C	PAUL, VERA J
PO BOX 1425	501 OURAY AVE	1115 JAMES CIRCLE
BLOOMFIELD, NM 87413	FARMINGTON, NM 87401	BLOOMFIELD, NM 87413
PERRY, CAROLINE A	PINTO ESTATE, JIMMIE	PINTO, ELVIRA
PO BOX 88	PO BOX 1412	PO BOX 803
SMITH LAKE, NM 87365	CUBA, NM 87013	GALLUP, NM 87305
PINTO, JAKE	PINTO, JENNIFER	PINTO, PATRICK
PO BOX 803	PO BOX 803	PO BOX 803
DULCE, NM 87528	DULCE, NM 87528	DULCE, NM 87528
PINTO, PHILBERT	PINTO, STEVEN	PINTO, WAYNE
PO BOX 546	PO BOX 192	PO BOX 803
DULCE, NM 87528	DULCE, NM 87528	DULCE, NM 87528
PLATERO, EVELYN	RAFAEL, ALICE	RAFAEL, BENNIE
PO BOX 794	PO BOX 1097	PO BOX 3998
CROWNPOINT, NM 87313	CUBA, NM 87013	GALLUP, NM 87305
RAFAEL, EVA	RAFAEL, JAMES	RAFAEL, MARTIN L
PO BOX 814	PUEBLO PINTADO STORE	1605 FINCH AV
CUBA, NM 87013	CUBA, NM 87013	FARMINGTON, NM 87401
RAFAEL, PAUL	RAFAEL, PHILLIP	RANDOLPH, MAE C
HCR 79 BOX 46	12000 COPPER NE APT B	PO BOX 115
CUBA, NM 87013	ALBUQUERQUE, NM 87123	NAGEEZI, NM 87037
RARRICK, CHERYL LYNN	REED, ELVARAE D	RENTZ, EVA
59 CR 3323	7300 GEORGETOWN AVE NW	PO BOX 1253
AZTEC, NM 87410	ALBUQUERQUE, NM 87120	BLOOMFIELD, NM 87413

REVAL, BESSIE B	SAM, HAROLD	SAM, ROSELYN L
PO BOX 864	506 WEST MAPLE	HCR 17 BOX 408
DULCE, NM 87528	FARMINGTON, NM 87401	CUBA, NM 87013
SAM, STEPHANIE PO BOX 1128 CUBA, NM 87013	SANDOVAL ESTATE, MELVIN C/O EASTERN NAVAJO AGENCY PO BOX 328 CROWNPOINT, NM 87313	SANDOVAL ESTATE, RUSSELL C/O EASTERN NAVAJO AGENCY PO BOX 328 CROWNPOINT, NM 87313
SANDOVAL, ALVIN	SANDOVAL, DIXON K	SANDOVAL, DUANE
PO BOX 341 COUNTY RT 7815	PO BOX <sup>,</sup> 770	PO BOX 612
NAGEEZI, NM 87037	DULCE, NM 87528	DULCE, NM 87528
SANDOVAL, ELMO	SANDOVAL, HOBSON	SANDOVAL, JACQUE H
PO BOX 633	BOX 394	PO BOX 493
DULCE, NM 87528	DULCE, NM 87528	DULCE, NM 87528
SANDOVAL, KURT E	SANDOVAL, LESTER	SANDOVAL, MERTON
PO BOX 471	PO BOX 412	PO BOX 1118
DULCE, NM 87528	DULCE, NM 87528	DULCE, NM 87528
SANDOVAL, MYRA V	SANDOVAL, RANDY	SANDOVAL, RUSTY C
BOX 493	PO BOX 2216	PO BOX 34
DULCE, NM 87528	BLOOMFIELD, NM 87413	NAGEEZI, NM 87037
SANDOVAL, STUART B	SANDOVAL, WALT J	SERAFIN, ROBERTA V
PO BOX 937	PO BOX 821	612 ORTEGA ROAD NW
DULCE, NM 87528	DULCE, NM 87528	ALBUQUERQUE, NM 87114
SHIELDS, MARENA	SHORTY, PAULINE	SIMMS, HARRISON E
2011 TROY KING RD #182	PO BOX 298	PO BOX 1606
FARMINGTON, NM 87401	KIRTLAND, NM 87417	FRUITLAND, NM 87416
SIMS ESTATE, FRANCIS	SIMS, BENJAMIN A	SIMS, MARIE
PO BOX 1597	PO BOX 1264	10440 W 62ND PL APT 104
FRUITLAND, NM 87416	SHIPROCK, NM 87420	ARVADA, CO 80004-4895

SIMS, MICHAEL H SLIM, EDISON SLIM, NATASHA PO BOX 2222 PO BOX 1252 PO BOX 1276 KIRTLAND, NM 87417 TEEC NOS POS, AZ 86514 TEEC NOS POS, AZ 86514 SLIM, RITA TOLEDO, ESTHER C TILLER, VERONICA V PO BOX 4738 321 TENNESSEE SE #C **4833 CHARLOTTE COURT NE** SHIPROCK, NM 87420-4738 ALBUQUERQUE, NM 87109 ALBUQUERQUE, NM 87108 TOLEDO, HELEN W TOLEDO, LUCY C TOMAS, ESTHER H 3409 ILES AVE BOX 187 PO BOX 76 FARMINGTON, NM 87402 NAGEEZI, NM 87037 COUNSELOR, NM 87018 TRUJILLO, ARNOLD TRUJILLO, ALVIN TRUJILLO, ARLENE A C/O SUPERINTENDENT 45A RD 5295 PO BOX 403 PO BOX 328 FARMINGTON, NM 87401 NAGEEZI, NM 87037 CROWNPOINT, NM 87313 TRUJILLO, ELENA TRUJILLO, ELVINA B TRUJILLO, ELVIRA A 3805 S 100 W **PO BOX 108 PO BOX 108** NIBLEY, UT 84321 NAGEEZI, NM 87037 NAGEEZI, NM 87037 TRUJILLO, ENA H TRUJILLO, ERNIE TRUJILLO, ERVIN PO BOX 108 #18 RD 3935 2 CR 1738 NAGEEZI, NM 87037 FARMINGTON, NM 87401 FARMINGTON, NM 87401 TRUJILLO, KATHY D TRUJILLO, ROSITA W TSO, MARY PO BOX 48 PO BOX 82 PO BOX 352 MOSCA, CO 81146 NAGEEZI, NM 87037 NAGEZZI, NM 87037 TSO, PHYLLIS I TSOSIE, BERTHA TSOSIE, BRENDA PO BOX 461 3649 CHICAGO AVE S APT 2 **COUNTY ROAD 5364 #20** FRUITLAND, NM 87416 MINNEAPOLIS, MN 55407 FARMINGTON, NM 87401 TSOSIE, CARLENE TSOSIE, JERIMIAH -

TSOSIE, ERNESTINE

PHOENIX, AZ 85003

338 W YUMA ST

GUARDIAN

PO BOX 2825

**GALLUP, NM 87305** 

C/O ELVIRA P. TSOSIE

GALLUP, NM 87305

PO BOX 2825

TSOSIE, JODY PO BOX 2825 GALLUP, NM 87305	TSOSIE, JOE 126 EAST MAIN FARMINGTON, NM 87401	TSOSIE, KENDRICK C/O ELVIRA P. TSOSIE PO BOX 2825 GALLUP, NM 87305
TSOSIE, LORRAINE PO BOX 2592 KIRTLAND, NM 87417	TSOSIE, RACHEL J - GUARDIAN PO BOX 2825 GALLUP, NM 87305	VALARDE, HARRY 365 CR 5500 BLOOMFIELD, NM 87413
VELARDE, ALBERTA PO BOX 994 DULCE, NM 87528	VELARDE, BOB C HC 74 BOX 5 REGINA, NM 87046	VELARDE, DANIEL G PO BOX 490 BLOOMFIELD, NM 87413
VELARDE, DARRELL O PO BOX 745 4951 CEDRO WAY LOS LUNAS, NM 87031	VELARDE, DAVID PO BOX 295 DULCE, NM 87528-0295	VELARDE, DOROTHY M PO BOX 58 DULCE, NM 87528
VELARDE, EDDIE T 34 PUMPHOUSE PO BOX 737 DULCE, NM 87528	VELARDE, GILBERT BOX 953 BLOOMFIELD, NM 87413	VELARDE, JACKSON PO BOX 400 DULCE, NM 87528
VELARDE, JIMI D PO BOX 1442 DULCE, NM 87528	VELARDE, JUDY PO BOX 418 DULCE, NM 87528	VELARDE, LINDBERG PO BOX 15 LINDRITH, NM 87029
VELARDE, MARY M 9208 MIRA MAR LANE NW ALBUQUERQUE, NM 87114	VELARDE, RUBENA DENISE PO BOX 919 DULCE, NM 87528	VELARDE, SHARON B PO BOX 5003 WINDOW ROCK, AZ 86515
VENENO LUKEE, RONDA RENAE 8412 TROTTER RD SW ALBUQUERQUE, NM 87121	VICTOR JR, EDDIE 501 N 4TH STREET APT 2 BLOOMFIELD, NM 87413	VICTOR JR, THOMAS PO BOX 171 BLOOMFIELD, NM 87413
VICTOR, AUSTIN PO BOX 112 NAGEEZI, NM 87027	VICTOR, BRUCE PO BOX 4	VICTOR, CARLESTON PO BOX 266

AZTEC, NM 87410

NAGEEZI, NM 87037

NAGEEZI, NM 87013

VICTOR, CAROLINE	VICTOR, DARLENE	VICTOR, DOROTHY
600 W BLANCO BLVD #29	717 RUTH LN, APT 402	PO BOX 171
BLOOMFIELD, NM 87413	BLOOMFIELD, NM 87413	BLOOMFIELD, NM 87413
VICTOR, ELMER B C/O NAVAJO CURIO SHOP 126 EAST MAIN FARMINGTON, NM 87401	VICTOR, EMERSON 126 EAST MAIN FARMINGTON, NM 87401	VICTOR, ERNEST PO BOX 112 NAGEEZI, NM 87037
VICTOR, ESTHER	VICTOR, HARRY	VICTOR, HERMAN
PO BOX 4	PO BOX 281	PO BOX 4
AZTEC, NM 87410	NAGEEZI, NM 87037	AZTEC, NM 87410
VICTOR, KATHLEEN 600 W BLANCO BLVD APT 19 BLOOMFIELD, NM 87413	VICTOR, LINDA J PO BOX 17 NAGEEZI, NM 87037	VICTOR, LORRAINE M PO BOX 2716 BLOOMFIELD, NM 87413
VICTOR, MARY W	VICTOR, RANDELL	VICTOR, RHETA
PO BOX 112	PO BOX 291	3614 W WEBSTER CT
NAGEEZI, NM 87037	BLOOMFIELD, NM 87413	ANTHEM, AZ 85086
VICTOR, SAMUEL	VICTOR, THERESA	VIGIL, ALICE C
PO BOX 291	PO BOX 2716	RT 42 PO BOX 57 - TP
BLOOMFIELD, NM 87413	BLOOMFIELD, NM 87413	SANTA FE, NM 87506
WANOSKIA, LOUDINE V	WATCHMAN, DARRELL M	WATCHMAN, DELBERT K
PO BOX 208	PO BOX 1493	101 S PARK ST APT 2
DULCE, NM 87528	KIRTLAND, NM 87417	FLAGSTAFF, AZ 86001
WATCHMAN, ELVIRA A	WATCHMAN, HELEN	WELCH, DORAINE
2402 W SELDON LANE	PO BOX 1240	3004 KNUDSEN AVE
PHOENIX, AZ 85021	CUBA, NM 87013	FARMINGTON, NM 87401
WERITO JR, GILBERT PO BOX 5615	WERITO, ARTHUR PO BOX 2046	WERITO, BESSIE Y PO BOX 122

BLOOMFIELD, NM 87413

FARMINGTON, NM 87499

NAGEEZI, NM 87037

### ENCANA OIL & GAS (USA) INC. BETONNIE TSOSIE WASH UNIT DENVER MAILING LIST

WERITO, BLANCHE J	WERITO, CECELIA	WERITO, CLIFFORD
PO BOX 5615	PO BOX 1274	113 EAST PINE
FARMINGTON, NM 87499	FRUITLAND, NM 87416	BLOOMFIELD, NM 87413
WERITO, ERMA J c/o RENA WERITO PO BOX 215 NAGEEZI, NM 87037	WERITO, GILBERT PO BOX 5615 FARMINGTON, NM 87499	WERITO, LOUISE PO BOX 541 BLOOMFIELD, NM 87413
WERITO, RAE	WERITO, RENA	WERITO, ROGER
PO BOX 71	PO BOX 215	PO BOX 1032
BLOOMFIELD, NM 87413	NAGEEZI, NM 87037	FRUITLAND, NM 87416
WERITO, SONYA F PO BOX 417 NAGEEZI, NM 87037	WATCHMAN, YOLANDA PO BOX 2733 FT. DEFIANCE, AZ 8504	WESLEY, SAM C/O EASTERN NAVAJO AGENCY PO BOX 328 CROWNPOINT, NM 87313
WETHINGTON, TAMMY R	WILCOX, DEANNA	WILLIE, ALVIN
PO BOX 6429	622 JEFFERSON ST	PO BOX 105
NAVAJO DAM, NM 87419	WINSLOW, AZ 86047	NAGEEZI, NM 87037
WILLIE, MELVIN	WILLIE, RENIA L	WILSON, ETTA W
PO BOX 1288	288 N 800 E	PO BOX 66
TEEC NOS POS, AZ 86514	ROOSEVELT, UT 84066	NAGEEZI, NM 87037
YAZZIE, ALBERT	YAZZIE, BETTY	YAZZIE, EMERSON
PO BOX 5235	PO BOX 124	PO BOX 356
FARMINGTON, NM 87499	NAGEEZI, NM 87037	NAGEEZI, NM 87037
YAZZIE, EVANGELINE	YAZZIE, FRANK	YAZZIE, IRENE
PO BOX 5235	7230 CR 24.3	PO BOX 245
FARMINGTON, NM 87499	CORTEZ, CO 81321	NAGEEZI, NM 87037

YAZZIE, JOE J

WATERFLOW, NM 87421

PO BOX 1222

YAZZIE, KEE

NAGEEZI, NM 87037-0427

PO BOX 427

YAZZIE, JERILYN A

FARMINGTON, NM 87499

PO BOX 5235

#### ENCANA OIL & GAS (USA) INC. BETONNIE TSOSIE WASH UNIT DENVER MAILING LIST

YAZZIE, SARAH PO BOX 1031 AZTEC, NM 87410 YAZZIE, VERA 306A N OLIVER AZTEC, NM 87410 YAZZIE, VICTORIA A PO BOX 4012 SHIPROCK, NM 87420

U.S. Postal Service IM CERTIFIED MAIL, RECEIPT (Domestic Mail Only; No Inc. For delivery information visit BETTONNIE TSOSIE 1 37₽ Postage ப Certified Fee 0007 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 AGNES S FORD. Sent 7006 1186 N ESTHER PKWY Street or PO CAMP VERDE, AZ 86322 City, S

ب ح	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No. MILT) ENCANA	- :
J J	For delivery information via BETTONIE TSOSIE	
ZOUB EZBU DOUT B3ZZ	Postage S Certified Fee S Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postege & Fees S Ser. AHKEAH, PATTY S Sric PO BOX 1243 or f SHIPROCK, NM 87420	
	PS nstr	uctions

SENDER: COMPLETE I THIS SECTION OF GRANE OF OUR SENDER!	LIN SHL 10
	PLACE STICK
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery
AGNES S FORD 1186 N ESTHER PKWY CAMP VERDE, AZ 86322	If YES, enter delivery address below:  No  No  Service Type  Certified Mail
The state of the s	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number   700 \( \frac{1}{2} \)	760 0001 6378 1428
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired.	VINDICATION ON ON DELIVERY  A. Signature  A. Agent
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	B. Received by (Printed Name)  D. Is delivery address different from item 1?
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.	B. Received by (Printed Name)   Addressee

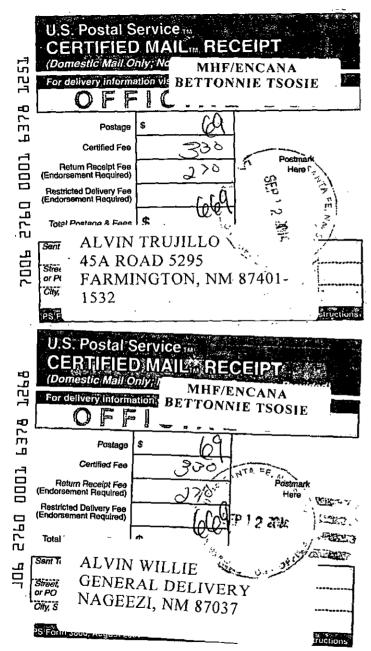
PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service IM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No In Coverage Provided) MHF/ENCANA m For delivery information visit BETTONNIE TSOSIE 7 40 m Postage Certified Fee USD 1000 Postmark\* Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postano & Easo Sent To ALBERT LOPEZ 7006 Street, Apt. I or PO Box N PO BOX 124 NAGEEZI, NM 87037-0124. City, State, 2 PS Form 38

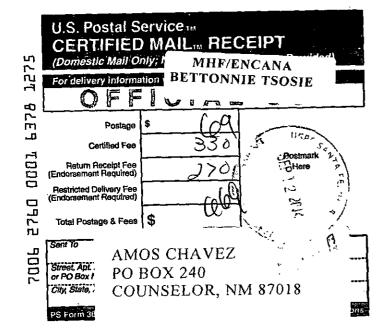
1,244	U.S. Postal S CERTIFIED (Domestic Mail Oil For delivery information	MAILTM RECEIPT  inly; No Insurance Coverage Provided  MHF/ENCANA  ation visit c  PETTONNIE TSOSIE	
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37	Postage	s 69	. }
_D_	Certified Fee	S38 Postmark	•
1007	Return Receipt Fee (Endorsement Required)	270° Here	
	Restricted Delivery Fee (Endorsement Required)		-
<b>7</b> b∪	Total Postage & Fees		
น	Sent To ALIC	CE C VIGIL	
4007	Street, A RT 4	2 PO BOX 57 – TP	
~	or PO Bi	TA FE, NM 87506	
	PS Form		ctions

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SENDER: C SENDER: C SENDER: C	KER AT TOP OF ENV THUM ADDRESS, FO	OF THE FIE	TION ON DE	LIVERY
<ul> <li>Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the ma or on the front if space permits.</li> </ul>	everse	A Signature  X  B. Received by (		☐ Agent ☐ Addressee ☐ C. Date of Delivery
1. Article Addressed to:		•	ress different from i lelivery address be	
ALICE C VIGIL RT 42 PO BOX 57 – TP	*,,	0	P 0.2	5.1U
SANTATE, NM 87506	, <b>L</b>	3. Service Type Certified M Registered Insured Ma	IX Return Re	Mail acelpt for Merchandise
	,	4. Restricted Del	ivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label)	7006	2760 00	01 (6378	1244
PS Form 3811, February 2004	Domestic Reti			102595-02-M-1540



AN ADDRESS, FOLD AT BOTTED LINE	<i>51</i>
SENDER: COMPLETE THIS SECTION	TION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	B. Received by (Rainted Narrie) / C. Date of Delivery  D. Is delivery address different from bery 17   Yes
1. Article Addressed to:  ALVIN TRUJILLO  45A ROAD 5295	D. Is delivery address different from the five Yes If YES, enter delivery address prepw:    16
FARMINGTON, NM 87401- 1532	3. Service Type  Certified Maii Registered Return Receipt for Merchandise C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006	2760 0001 6378 1251
PS Form 3811 February 2004 Domestic Reti	urn Receipt 100sps 00 M 1540

Refurn



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	Sent To	ΔNDI	RFW	A BAK	रा देंच		
7006	Street, Ar	PO B			DIC 21C		
	or PO Bo						
•	City, State	BLOC	OMFI	ELD, N	M 874	13	******
	PS Form						loge

NAM ADDRESS, FOLD AT BOTTED LINE	OF THE RE			
SENDER: COMPLETE THIS SECTION	STREEDING ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X			
1. Article Addressed to:  AMOS CHAVEZ	If YES, enter delivery address below:   No			
PO BOX 240	3. Service Type			
COUNSELOR, NM 87018	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.			
	4. Restricted Delivery? (Extra Fee) Yes			
2. Article Number : 7005 2750 0001 6378 1275; (Transfer from service label)				
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.	A. Signature  X. Signature  Discrete Superior Gagent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Flouise Baker  D. Is delivery address different from Item 12  Yes			
ANDREW A BAKER JR PO BOX 1703	If YES, enter delivery address below:			
BLOOMFIEED, NM 87413	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)	2821,8281,1000,007			

: PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service CERTIFIED MAIL RECEIPT MHF/ENCANA BETTONNIE TSOSIE 637B Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 Total Postage & Fees S ANDREW CHAVEZ 700F 781 HOPE AVE FARMINGTON, NM 87401 for Instructions

	U.S. Postal Service
ם	(Domestic Mail Only, No Insurance Coverage Provided)
13	For delivery information visable BETTONNIE TSOSIE
=0	OFFIC BETTORNIE 150512
637	Postage \$ 60
	Certified Fee 333
1000	Return Receipt Fee (Endorsement Required)
	Restricted Delivery Fee (Endorsement Required)
2760	Total Profess & Ener &
_	Sent TO ANNABELLE ATCITTY
7006	Street A PO BOX 1181
Γ-	Cay, State FARMINGTON, NM 874997

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CKEN AT TOP OF ENVELOPE TO THE RIGHT	SHLI 40
SENDER: COMPLETE THIS SECTION	
Complete Items 1, 2, and 3. Also complete	A. Signeture
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Addressee
on that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
<ul> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> </ul>	
Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, wher delivery address below:
1. Afficie Addressed to:	SEP Z
	1
ANDREW CHAVEZ	2014
781 HOPE AVE	<u> </u>
FARMINGTON, NM 87401	3. Service 100 S  Certified Mail
	Registered Return Receipt for Merchandis
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)   Yes
2. Article Number, 1 [[	6 (2760(1000), 6378 (1299
(Transfer from service label)	400505 00 M 15
PS Form 3811, February 2004 Domestic F	eturn Receipt 102595-02-101-13
A'A' Pro-	
BN ADDRESS, FOLD AT DOTTED LINE	UTBR BHT 10
SENDER: COMPLETE THIS SECTION	VARIATION ON O
■ Complete items 1, 2, and 3. Also complete	A Signature
Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Imateith alisty
Article Addressed to:	D. Is delivery address different from item 1?  Yes
1. Alticle Addlessed to.	If YES, enter delivery address below: ☐√No
a a c a a susse w = w	
ANNABELLE ATCITTY	·
PO BOX 1181	
FARMINGTON, NM 87499	3, Service Type
PARIMINGTON, NW 87422	Certifled Mail Express Mail
المحاسبان والماد ومستخود المتناسب	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	
5. Managa (Administration 1971) 1971 1971 1971	60,0001,6378,1312:;;

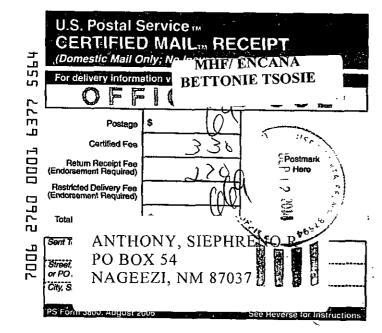
PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service IM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No. 308 MHF/ENCANA For delivery information vis BETTONNIE TSOSIE 띠 Ę Postage 1 مـ Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 ANNA C MARTINEZ Sent To 7005 PO BOX 1411 Street, A CUBA, NM 87013-1411 or PO Bo City, State

	U.S. Postal Service™	
	CERTIFIED MAIL RECEIPT	
-	(Domestic Mail Only; No Ins MHF/ENCAN	idad)
	For delivery information visit of BETTONNIE TS	OSIE
Ť	OFFICE	
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ת מ	Postage \$	
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7000	Return Receipt Fee (Endorsement Required)	
<b>.</b>	Restricted Delivery Fee (Endorsement Required)	1.5
E E	Total Postage & Fees S	a' - 1
10	Sont ANNIE CHAVEZ	~/ <del>.</del>
	Stree PO BOX 15	**********
٠,	mageezi, NM 87037 0015	
	PS.Fc	tructions

ETURN ADDRESS, FOLD AT DOTTED LINE	386-0
SENDER: COMPLETE THIS SECTION TO BE A DO TO TA READ	LS 30VTd CTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
ANNA C MARTINEZ PO BOX 1411 CUBA, NM 87013-1411	3. Service Type  C Certified Mall  Registered  Return Receipt for Merchandise
	D Insured Mail D'C.O.D.
2.00	4. Restricted Delivery? (Extra Fee)
2. Article Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2760 0001,6376 1305
SENDES: CC STATOP OF ENVELOPE TO THE PIGHT  NA ADDRESS, FOLD AT DOTTED LINE	NJBH BHL 40 ON 'ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  Agent  Addressee  B. Baceived by (Printed Name)  C. Date of Delivery  ANDIE CARROL  CHIEF
1. Article Addressed to:  ANNIE CHAVEZ PO BOX 15	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
NAGEEZI, NM 87037-0015	3. Service Type Certified Mall 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)	☐ Insured Mail ☐ C.O.D.



,336	CERTIFIED MAILTH RECEIPT  (Domestic Mail Only; No Information visit of BETTONNIE TSOS)	IE .
-	OFFIC!	
<b>637</b> 8	Postage \$ S	Or SAMTA
0 0001	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	
2760	Total Pretence & Food C HIVA	
	Sent To APRIL J BROWN	
7004	Street: 3903 WELLINGTON ST GIFT, St. FARMINGTON, NM 87402	
	PS For	uctions

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RTIFIED MAIL	A
TOR OF ENVELOPE TO THE RIGHT STATE AND SESSION OF ENVELOPE TO THE RIGHT	BHI 30
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A Signature  A Signature  A Agent  Addressee
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.	B. Received by (Printed Name) C. Date of Delivery Paceho Alena 10
1. Article Addressed to:	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
ANTHONY, SIEPHRENO R	
PO BOX 54	•
NAGEEZI, NM 87037	3. Service Type  Certified Mail  Registered Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Númber 7006 (Transfer from service label)	27\$0:'0001;63 <u>?</u> ? \$564
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

U.S. Postal Service 164 CERTIFIED MAIL RECEIPT (Domestic Mail Only; No I MHF/ENCANA For delivery information visit BETTONNIE TSOSIE m 40 Ę Postage נו\_ Certifled Fee 1000 Postmark Return Receipt Fee (Endorsement Regulred) Here. Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees | \$ Sent To ARLINDA BREWER 7005 2801 TULIPAN LÖOP SE Street, A or PO Bo RIO RANCHO, NM 87124 City, Star

	U.S. Postal S	Service Tall
	CERTIFIED	MAIL RECEIPT
503	(Domestic Mail C	
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<b>637</b>	Postage	s 69
_	Certified Fee	330
0007	Return Receipt Fee (Endorsement Required)	Postmark 4gre
	Restricted Delivery Fee (Endorsement Required)	20 53
걉	Total Postr	a TAUTI
LU LU	Sent To ARL	ENE KELLYWOOD
7005	Street, Apr. PO F	3OX 2093
7	or PO Box N City, State, BLO	OMFIELD, NM 87413
	PS Form 38	Secretarion managements

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.  ARLENE KELLYWOOD	B. Received by (Printed Name)   C. Date of Delivery   C. Date of D
PO BOX 2093 BLOOMFIELD, NM 87413	3. Service Type Certifled Mail Express Mail Registered Receipt for Merchandise Insured Mail C.O.D.
•	4. Restricted Delivery? (Extra Fee)
2. Article Number	2760 0000 6378 3507
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540

U.S. Postal Service I CERTIFIED MAIL RECE 5366 BETTONIE TSOSIE For delivery information vis U つ E 1377 Postage Postmark Here Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Pos ARMENTA, PAULINE PO BOX 1216 DURANGO, CO 81302 Sent To 7005 Street, Apt. or PO Box City, State, PS Form 3800, August 2000

	U.S. PostaliS *CERTIFIE	Semicolo D MANG RECEIPT	
3521	(Domestic Mail) C	MHF/ENCANA	A.
0001 6378	Postage Certified Fee Return Receipt Fee (Endorsement Regulred)	330 Postmatic	
760	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	'l	
2 9002	Street, Apr. EAS	NOLD TRUJILLO, E/O STERN NAVAJO AGENCY BOX 328 DWNPOINT, NM 87313	
	PS Form 38		

SND G31 (OLIV G104 ISSENGOV WAS EARLY			
SENDER: CONFLETE TO THE HEAT OF SERVICE TO THE SERV			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A Signature  Agent  Addressee  B. Received to Drifts Natural  C. Date of Delivery		
Attach this card to the back of the mailpiece, or on the front if space permits.	KdB/680 Kl		
1. Article Addressed to:	D. Is delivery address different from 1em 1? ☐ Yes     If YES, lenter delivery address below: ☐ No		
ARMENIA, PAULINE PO BOX 1216			
DURANGO, CO 81302	3. Service Type  C Certified Mail		
· · · · · · · · · · · · · · · · · · ·	☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Transfer from service label)	760 0001 6377 5366		
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	A. Signature		
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.	B. Received by (Printed Name)  C. Date of Delivery  G. S. 4		
Article Addressed to:	D. Is delivery address different from item 1?		
ARNOLD TRUJILLO, C/O EASTERN NAVAJO AGENCY PO BOX 328			
CROWNPOINT, NM 87313	3. Service Type		
Market Company	Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.		
And the second s	Registered Return Receipt for Merchandise		
2 Acticle Number	☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.		

Calludel Company

PS Form 3811, February 2004

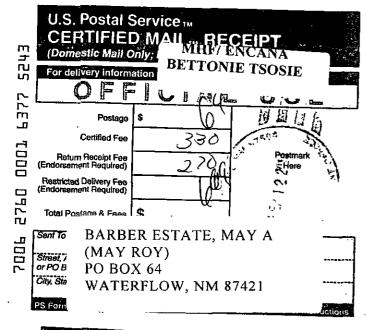
omestic Return Receipt

)2595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No MIHE/ ENCANA 멾 BETTONIE TSOSIE For delivery information vis 52 **57**E9 Postage ३ ङ् Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Dontana & Econ | & ARVISO, STEPHANNIE A. 13105 FRUIT AVE APT D. ALBUQUERQUE, NM 87123 7006 Stre or P structions

	U.S. Postal S	
_	CERTIFIE	D MAIL™ RECEIPT
Щ ф	(Domestic Mail C	Only; No Insurance Covers 5 MHF/ENCANA
7	For delivery inform	BETTONNIE TSOSIE
W	OFF	BELLONNIE 1800:-
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37	Postage	s lA
_	Certified Fee	330 Postmark
	Return Receipt Fee (Endorsement Required)	Postmark Sp. Hêre
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2760	Total Postage & Fees	s 669 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Sent To	TIN VICTOR
7006		
0	or PO Box. PUD	3OX 71
1-	City, State, NAG	EEZI, NM 87037
:	PS Form 38	(ons

PLACE STICKER AT 10P OF ENVELOPE TO THE PIGHT		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
AUSTIN VICTOR PO BOX 71	Anstin Victor	
NAGEEZI, NM 87037	3. Service Type  Certified Mall 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) 700L	2760 0001 6378 3538	
, PS Form 3811, February 2004 Domestic Ret	urn Receipt . 102595-02-M-1540	



U.S. Postal Service TAN CERTIFIED MAIL RECEIONA (Domestic Mail Only; No For delivery information vis	
Postage \$ Certified Fee   Sold   Postmark   Return Receipt Fee   Cendorsement Required   Restricted Delivery Fee   Restricted Delivery Fee	E North
BEGAY, ANNIE C SI PO BOX 431 SI SHIPROCK, NM 87420	rugion:

SENDL  Bani dallod iv droal saled of white are those and a dark and a dol iv droal saled of the dark 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.	A. Signature  X. M. L. G.	Agent Addressee
1. Article Addressed to:  BEGAY, ANNIE C PO BOX 431 =:	'D. Is delivery address different from item 1' If YES, enter delivery address below:	TONO
SHIPROCK, NM 87420	3. Service Type  Certifled Mail  Registered Return Receipt  Insured Mail  C.O.D.	for Merchandise
2. Article Number 7006 2	4. Restricted Delivery? (Extra Fee) 760 0001 6377 5267	☐ Yes
PS Form 3811 February 2004 Domestic Ret	urn Passint	102595-02-M-1540

U.S. Postal Service 184 CERTIFIED MAIL
(Domestic Mail Only; No 5274 BETTONIE TSOSIE For delivery information vis USE **52E9** Postage Certified Fee 0007 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 BEGAY, BERTHA K 7006 PO BOX 443 CHURCHROCK, NM 87311

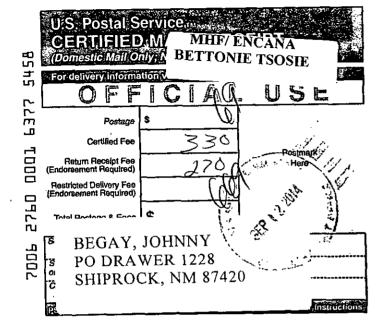
20	U.S. Postal S CERTIFIED (Domestic Mail C	D MAIL::: RECEIPT Only; No Ins MHF/ ENCANA
57	For delivery inform	ation visit of BETTONIE TSOSIE
<b>r</b> ~	OFF	ICI FYOR JUL
637	Postage	\$ 100
	Certified Fee	338 Postmark
0007	Return Receipt Fee (Endorsement Required)	2 >0 Here
	Restricted Delivery Fee (Endorsement Required)	delle a
2760	Tc	
	Ser. BEGAY	ESTATE, AMEYA J
7006		CHAEL RD
~	BELLIN	GHAM, WA 98226
	PS	nstructions

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	SECTION ON DELIVERY  A. Signature
Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	X Bouthank Begy ☐ Agent ☐ Addressee  B. Received by (Printed Name) ☐ C. Date of Delivery  Der Huank Begy ☐ 7 - 14  D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
BEGAY, BERTHA K PO BOX:443 CHURCHROCK, NM 87311	3. Service Type  Certified Mail  Registered Receipt for Merchandise Insured Mail  C.O.D.
2. Article Number  (Transfer from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Res	turn Receipt 102595-02-M-1540

U.S. Postal Service III CERTIFIED MAIL RECEIPT
(Domestic Mail Only; N MHF/ ENCANA (Domestic Mail Only; N For delivery Information v BETTONIE TSOSIE F Postage \_0 Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 BEGAY, GRANT J 7006 PO BOX 536 Siree or PO SHIPROCK, NM 87420 City,

7 h h S	U.S. Postal Service.  CERTIFIED MAIL RECEIPT  (Domestic Mall Only; No For delivery information vis	
	OFFICIAL USE	
7006 2760 0001 6377	Postage  Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  Tott  Sent BEGAY, JOE K PO BOX 981  Stree	
L~	OFR SHIPROCK, NM 87420  City.  PS Form 3800 August 2006  See Reverse for Instruction	ons

PS Form 3811, February 2004 Domestic Ret	ırn Recelpt 102595-02-M-15
2. Article Number (Transfer from service label)	2760 0001 6377 5441
	4. Restricted Delivery? (Extra Fee)
SHIPROCK, NM 87420	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandis □ Insured Mail □ C.O.D.
BEGAY, JOE K PO BOX 981	
DEGLA JOER	·
1. Article Addressed to:	D. Is delivery address different from item 1?
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. A. Signature  D. Agent  D. Ag
SENDER: COMPLETE THIS SECTION NATION AND THE HEAVEN BY SENDER: COMPLETE THIS SECTION NATIONAL SECTION NATION	IS SECTION ON DELIVERY



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7	or PC City, t	FARM	NG'	ΓΟΝ	, NM	87499			
	PSF							. Trill	

(HDLEN SHIP)
YRAVIJAN NO NO
A. Signature    Agent   Agent   Agent   Agent   Addresses
3. Service Type
Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)
2760 0001 6377 5458
A. Signature  X. Addressee  B. Received by   Printed Name  C. Date of Delivery
D. Is delivery address different from item No No No
10+18 N
3. Service Type  Certified Mall

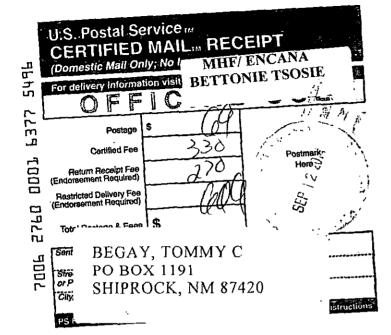
PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service. MHF/ ENCANA (Domestic Mail Only BETTONIE TSOSIE 54 For delivery information m Postage <u>u</u> Certified Fee 1000 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Pc 1 BEGAY, NOMANITA J 7006 P.O. BOX 536 Street, Ap or PO Box SHIPROCK, NM 87420 City, State

1 10 1	U.S. Postal S CERTIFIED (Domestic Mail O	MANUSEC nly, No in BETTO	EIPT ENCANA NIE TSOSIE
-	UFF		
ממחת מחני	Postage Certifled Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	330	Postmark
u u	Total Daniana & Fare		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ם	Sen BEGAY	, RICHARD L	• • • • • • • • • • • • • • • • • • • •
	Sir POBOX	K 3091 OCK, NM 8742	0
	550).		The sector distructions

THEN ADDRESS, FOLD AT DOTTED LINE	CRANE HEL
SENDER: COMPLETE THIS SECTION	CTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	Agent Addresses
Print your name and address on the reverse	Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece,	The received by fringed Name of the land o
or on the front if space permits.	VIOLUTURE CONTRACTOR IN
Article Addressed to:	D. Is delivery address different from Yen 17  Yes  No  No
! <del>-</del>	· · · · · · · · · · · · · · · · · · ·
BEGAY, NOMANITA J	
P.O. BOX 536	3. Service Type
SHIPROCK, NM 87420	Certified Mail
1	Registered Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
1	4. Restricted Delivery? (Extra Fee) ☐ Yes
	2760 0001 6377 5472
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540
IIVVI UEIEIL 8	
SENDEF. SENDER FOR DATE OF THE RIGHT	SECTION ON DELIVERY
M. Complete items 1. 2. and 2. Alexander	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	To Sand
Print your name and address on the reverse	Addressee
, so that we can return the card to you.	Ba Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Emma Koade-17-14
` <del></del>	D. Is delivery address different from item 1?   Yes
1. Article Addressed ta:	If YES, enter delivery address below:
	1
) · · - · · · · · · · · · · · · · · · ·	
PECAY PICHEADD I	
BEGAY, RICHARD L	
PO BOX 3091	2. Service Type
PO BOX 3091	Certified Mail  Express Mail  Hegistered  Return Research Merchandise
PO BOX 3091	Service Type     Certified Mail
PO BOX 3091	Certified Mail  Express Mail  Hegistered  Return Research Merchandise
PO BOX 3091 SHIPROCK, NM 87420	Service Type     Certified Mail
PO BOX 3091 SHIPROCK, NM 87420	Certified Mail



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(Domestic Mail O	DETTON	ENCANA IE TSOSIE	?
For delivery informa	ation visit BETTON	IE ISOSIE	; 📙
OFF	ICIAL	世界	
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Certifled Fee	330 1/	70	15
Return Receipt Fee (Endorsement Required)	228	Helb Lostefark	
Restricted Delivery Fee (Endorsement Required)	Palos	EB	. ,
Total Postage & Fees	s (early		New York
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IU//L	INTY ROAD 25	52	
DURAN	NGO, CO 81301		•
PS 6/		58	reliens

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SENDER: SENDER	
<ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	Agent Addressee Profesived by Chrinted Name Addressee
1. Article Addressed to:  BEGAY, TOMMY C PO BOX 1191	D. Is delivery address different/from item 1?
SHIPROCK, NM 87420	3. Service Type Certified Mall Express Mail Registered Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (	LN 276011000116377 5496
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540

U.S. Postal Service in BETTONIE TSOSIE For delivery information vis S 'n Postage | Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 275 Total Postana & Face | ¢ BENALLY, NORA Sent To 7006 PO BOX 526 Street. BLOOMFIELD, NM 87413 or PO L City, St BETTONIE TSOSIE ய ш Postage Ф **Certified Fee** 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 BENALLY, NORRIS C 7006 PO BOX 226 Str. or F SANOSTEE, NM 87461-0226 Čĺty

PS Porm 3000, August 2000 - S 200 - Sa were a see See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Dona G Agent  B. Received by (Printed Name)  Nova Genally  9-17-14
1. Article Addressed to:  BENALLY, NORA PO BOX 526 BLOOMFIELD, NM 87413	D. Is delivery address different from/Item 1?
BEOOMITIEDD, MAT 97413	3. Service Type Certified Mail
2. Article Number 1 1 11 7006 2760	4. Restricted Delivery? (Extra Fee)
SENDER: COMPLETE IT IS BALLOG AND TO SERVICE SENDER: COMPLETE IT IS BALLOG AND SO HOLLY  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. Signature  B. Repeived by (Printed Name)  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  No. 1540  102595-02-M-1540  Agent  Addressee  Addressee  Addressee  If YES, enter delivery address below:  A
BENALLY, NORRIS C PO BOX 226 SANOSTEE, NM 87461-0226	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 7006	, ¿?, ¿o . o o o o . (6:37;7). 5526
PS Form 3811 February 2004 Domestic Br	

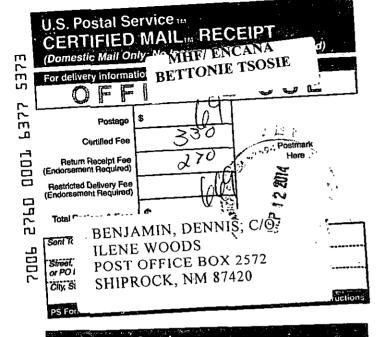
7006 2760 0001 6377 5533	5 RD 5457 Smed FARMINGTON, NM 87401-	fictions
7006 2760 0001 6377 5700	U.S. Postal Service TATE CERTIFIED MAIL RECEIPT (Domestic Mail Only No.)  For delivery Information vis  Postage Certified Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  BENIAH, REX PO BOX 1645 SHIPROCK, NM 87420	

## Return

MENETURN ADDRESS, FOLD AT DOTTED LINE	140
SENDER: COMPLETE THIS SECTION	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Betty, Barry Date of Delivery  B. Received by Printed Name) Date of Delivery  3. Hy Barry - 6-1
1. Article Addressed to:	D. Is delivery address different from Item 17
BENIAH, REX	
PO BOX 1645 SHIPROCK, NM 87420	3 Bervice Type Certified Mall Registered C.O.D.
of the second of a common of the common of t	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	76010001 6377 5700
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

U.S. Postal Service ™ CERTIFIED MAIL RECEIPT 5717 (Domestic Mail Only; No Ins MHF/ ENCANA BETTONIE TSOSIE For delivery information visit ou ~ LL Postage 山 Certified Fee 1000 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 760 Total Post 'n BENIOH, SYLVIA Sent To 7006 313 E 28TH ST APT 333 Street Apt. FARMINGTON, NM 87401 or PO Box I City, State, PS Form 3800, August 2006 U.S. Postal Service 114 CERTIFIED MAIL RECEIPT MHF/ENCANA (Domestic Mail Only; No BETTONNIE TSOSIE For delivery information visit S ш ~ Postage m Ф Certified Fee Postmark 7 Return Receipt Fee (Endorsement Required) 000 Restricted Delivery Fee (Endorsement Required) 2760 Total Postana & Fees S BENJAMIN CHARLIE 7005 **PO BOX 164** Str. or i CUBA, NM 87013-0164 nstructions

Return



	U.S. Postal CERTIFIE (Domestic Mai	ED MAIL RECEIPT	
	For delivery info	mation visit  BETTONIE TSOSI	E
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7000	Return Receipt   {Endorsement Require	Fee 270 Postmari	ency.
2760 (	Restricted Delivery (Endorsement Requirement Requirement Requirement Requirement Requirement Requirement Restricted Restr	real)	
700F 27	Sent BEN	JAMIN, DONALD	
	Siree POB or PC City: SHIP	3OX 1366 PROCK, NM 87420	
	Date:		structions

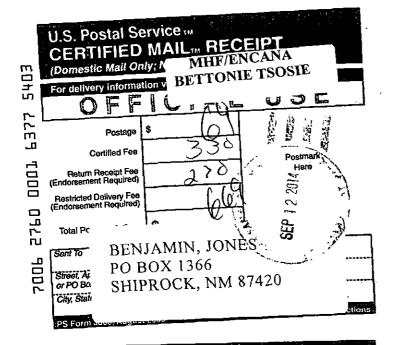
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HE RETURN ADDRESS, FOLD AT DOTTED LINE	140
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee
Article Addressed to:	If YES, enter delivery address below:
BENJAMIN, DENNIS, C/O LLENE WOODS POST OFFICE BOX 2572 SHIPROCK, NM 87420	3. Service Type  Contified Mail  Registered Insured Mail  Co.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 1 1 1 27-11 27-11 27-11	
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540
SENDER  BY TO SELLO I WOOD SENDER  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BENJAMIN, DONALD PO BOX 1366 SHIPROCK, NM 87420	A. Signature  X  Quent  Addressee  B. Reserved by (Priffed Name)  C. Date of Delivery  D. Is delivery address different from Item 1?  Yes  If YES, enter delivery address below:
	Certified Mail
2. Article Number.	
(Transfer from service label)	2760 (0001) 6377 (5380
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL. RECEIPT MHF/ ENCANA (Domestic Mail Only; No I For delivery information visit BETTONIE TSOSIE 57 377E Postage ш, Certifled Fee 1000 Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 275 Tote' n----BENJAMIN ESTATE, ROSE L, C/O EASTERN NAVAJO PROBATE 7006 POST OFFICE BOX 3538 SHIPROCK, NM 87420 or PC City, t

	U.S. Postal Service MAIL RECEIPT
5397	(Domestic Mail Only; No Inst.  For delivery information visit ou  OFFIC
7006 2760 0001 4377	Postage \$ Certified Fee 330 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total ( Sent To BENJAMIN, JIMMY 208 WEST 14TH ST #216 Sireet, or POE LOS ANGELES, CA 90015 City, St.
	PS Form 3800. August 2006 See neverse of marrietions

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ENDER CENTRAL ACTOR OF THE PIGHT ENGENT STICKER TITLE THE	IL 40 ECTION ON DELIVERY				
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.	Signature  Signature  C. Date of Delivery				
BENJAMIN ESTATE, ROSE L, C/O EASTERN NAVAJO PROBATE POST OFFICE BOX 3538	D. Is delivery address different from item 1?				
SHIPROCK, NM 87420	Service Type     Certified Mail				
•	4. Restricted Delivery? (Extra Fee)				
2. Article Number (Transfer from service label) 7006 2760 PS Form 3811, February 2004 Domestic Retu					
SENT:  SENT:  ANT GRADO IV GROUNT SERECTOR NEAREST RAPIDE SENT LAND REPORT OF THE SENT RE	A Signature □ Agent ,				
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by ( Printed Name) C. Date of Delivery				
1. Article Addressed to:  BENJAMIN, JIMMY 200 WEST 14TH ST #216	D. Is delivery address different from item 17/  Yes If YES, enter delivery address below:  No				
LOS ANGELES, CA 90015	3. Service Type  Certified Mail				
	0,0001; 6377; 5397				
(Transfer from service label)	eturn Receipt 102595-02-M-1540				



ILC Postal Service

8 3545	CERTIFIED (Domestic Mail O		E F
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7006	Street, A POB	3OX 1264	
<b>~</b>	City, Stai SHIP	PROCK, NM 87420-1264	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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SENDER:  BY 103 LOG 19 0103  Complete items 1, 2, and 3. Also committee items 1, and 3. Also co	plete everse	A. Signature  X  B. Réceived by (Printed Name)  D. Is delivery address different from item If YES, enter delivery address below	Addressee C Date of Delivery C 7 - 2 7 - ( 9
PO BOX 1366 SHIPROCK, NM-87420	, L	3. Service Type	
		☐ Insured Mail ☐ C.O.D.	ipt for Merchandise
<u> </u>		4. Restricted Delivery? (Extra Fee)	☐ Yes
/ 2: Article Number, [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	ב שממלי	760 10001 116377 5403	t
PS Form 3811, February 2004	Domestic Ret	um Receipt	102595-02-M-1540

U.S. Postal Service 18 MHF/ENCANA **CERTIFIED MA'** (Domestic Mail Only; No **BETTONIE TSOSIE** 3 For delivery information vis USE m Postage \_O Certified Fee 0007 **Postmark** Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 Total Post BENJAMIN, STANLEY Sent To 7006 PO BOX 3973 Street, Apt. SHIPROCK, NM 87420 or PO Box I City, State, PS Form 38

-	U.S. Postal Service MAIL RECEIPT (Domestic Mail Only; No. MHF/ENCANA	
5	For delivery information v BETTONIE TSOSIE	
	OFFIC	
6377	Postage \$	<del></del>
_	Certifled Fee 336	
	Return Receipt Fee (Endorsement Required) 270 Here	i
	Restricted Delivery Fee (Endorsement Required)	
2760	Tota  BENJAMIN, TONY PO BOX 1243	•
n	Sent BENJAMIN, TONY	, ——
7006	PO BOX 1243 SHIPROCK, NM 87420	••••••••
	PS Farm 3000, Hogost	structions

# Return

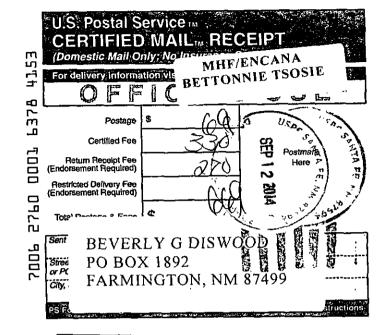
SENDER TOP OF ENVELOPE TO THE RIGHT  RETURN ADDRESS, FOLD AT DOTTED LINE	SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  BENJAMIN, TONY PO BOX 1243	A. Signature  X
SHIPROCK, NM 87420	3. Service Type  Certified Mail Registered Results Mail Results Mail C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number 700L 2760 (Transfer from service label)	0001 6377 5427
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540
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U.S. Postal Service 74 CERTIFIED MAIL: RECEIPT MHF/ENCANA (Domestic Mail Only; No In For delivery information visit of BETTONNIE TSOSIE 55 m Postage m ت. Certified Fee £000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2750 Total Postage & Fees | \$ Sent To BERTHA LOPEZ 700F Street, PO BOX 64 NAGEEZI, NM 87037-0064 CERTIFIED MAIL RECEIPT MHF/ENCANA BETTONNIE TSOSIE For delivery information visit ou Ш 8 Postage m JJ. Certified Fee 0001 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postane & Fees | \$ Sent To **BERTHA POWE** 700E 3649 CHICAGO AVE APT Street, Apt. or PO Box I MINNEAPOLIS, MN 55 City, State. PS Form 38

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)	Agent Addressee			
Article Addressed to:	<ul> <li>D. Is delivery address different from iter</li> <li>If YES, enter delivery address below</li> </ul>				
BERTHA LOPEZ PO BOX 64					
NAGEEZI, NM 87037-0064	3. Service Type Certified Mall Registered Insured Mail C.O.D.	il elpt for Merchandise			
	4. Restricted Delivery? (Extra Fee)	☐ Yes			
2. Article Number					
- Trudare					
ODBERS: COLD AT DOTTED LINE TOP OF ENVELOPE TO THE RIGHT	MELLER SHL 40	IVERY			
SENDER: COMPLETE THE BALL OF A TOTAL SSENDO  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	NEITLER SHILTSO  V RENDILS SOVIA  A. Signature  X	☐ Agent			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece,</li> </ul>	A. Signature				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature	☐ Agent ☐ Addressee  C. Date of Delivery  m 1? ☐ Yes			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from item	Agent Addressee C. Date of Delivery			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X  B. Received by ( Printed Name)  D. Is delivery address different from iter If YES, enter delivery address below  3. Service Type  Coertified Mall	Agent Addressee C. Date of Delivery  m 1? Yes w: No			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>BERTHAPOWE 3649 CHICAGO AVE APT 2</li> </ul>	A. Signature  X  B. Received by ( Printed Name)  D. Is delivery address different from iter If YES, enter delivery address below  3. Service Type Certified Mall Registered  Return Received	Agent Addressee C. Date of Delivery  m 1? Yes w: No			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>BERTHAPOWE         3649 CHICAGO AVE APT 2         MINNEAPOLIS, MN 55407</li> </ul>	A. Signature  X  B. Received by ( Printed Name)  D. Is delivery address different from Itel If YES, enter delivery address below  3. Service Type Certified Mall Registered Return Received Insured Mail C.O.D.	Agent Addressee C. Date of Delivery  m 1? Yes w: No			

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N ADDRESS, FOLD AT DOTTED LINE N ADDRESS, FOLD AT DOTTED LINE	OF THE RETURN
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  A. Agent  Addressee  B. Received by (Printed Name)  D. Is delivery address different/from/lten  Yes
BESSIE B REVAL PO BOX 864	If YES, enter delivery address below: SI No
DULCE, NM 87528-0864	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 700 (Transfer from service label)	16 2760 0001 6378 3583
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540



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FI AT TOP OF ENVELOPE TO THE RIGHT	PLACE STICK
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BEVERLY G DISWOOD PO BOX 1892	A. Signature  Addressee  B. Received by (Printed Nation   C. Date of Delivery  DEVER L.Y TRANSPORT   Yes  If YES, enter delivery address below. O
FARMINGTON, NM 87499	3. Service Type  Certified Mail  Registered  Respired Service Type  Co.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7005 (Transfer from service label)	2760 0001 6378 4153
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BOBBY HERRERA PO BOX 2	A. Signature  A. Signature  B. Received by //Printed Name)  C. Date of Delivery  Lift YES, enter delivery address below:
COUNSELOR, NM 87018	3 Service Type
	☐ Insured Mail ☐ C.O.D.
2. Article Number	

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

U.S. Postal Service IM CERTIFIED MAIL RECEIPT MHF/ENCANA (Domestic Mail Only; No Ins. 40 BETTONNIE TSOSIE For delivery information visit ou 40 32 Postage ۰ Certified Fee Return Receipt Fee (Endorsement Regulred) Restricted Delivery Fee (Endorsement Required) 1962 Total Postage & Fees \$ Sent To **BRENDA GARNANEZ** 7006 Street, A **COUNTY ROAD 5364 #20** or PO Bo City, Star FARMINGTON, NM 87401 PS Form ctions U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provider MHF/ENCANA 무 For delivery information v BETTONNIE TSOSIE Ф Postage m ... Certifled Fee 1000 -Postmark Return Receipt Fee (Endorsement Required) **∼**Here Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees | \$ BRENDA A JOHNSON Sent To 900 Street, Apt. I PO BOX 2044 or PO Box N KIRTLAND, NM 87417 City, State, 2 PS Form 38

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.  OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Brinda Daina Daddressee  B. Received by (Printed Name)  Brenda Garnanez  C. Date of Delivery  M.5 Ly		
1. Article Addressed to:  BRENDA GARNANEZ  COUNTY ROAD 5364 #20  FARMINGTON, NM 87401	D. Is delivery address different from item 1?  If YES, enter delivery address below:  3. Service Type  Certified Mail Return Receipt for Merchandise Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
SENDER: COMPLETE THIS SECTION	COMPLETE TUDO CO TION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee		
1. Article Addressed to: BRENDA A JOHNSON	D. Is delivery address different from Item 1?		
PO BOX 2044— KIRTLAND, NM 87417	3. Service Type  Certified Mail		
	4. Restricted Delivery? (Extra Fee) Yes		
2. Article Number	2760 0001 '6378' 4078		

PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service CERTIFIED MAIL RECEIPT MHF/ENCANA (Domestic Mail Only; No In J.E For delivery information visit of BETTONIE TSOSIE 54 F37, Postage Certifled Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 BRYANT, BETTY L 7005 2208 LA PLATA **CORTEZ, CO 81321** or Pi City. structions

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1000	Return Receipt Fee (Endorsement Required)	,A
	Restricted Delivery Fee (Endorsement Required)	N. S.
2760	Total Postage & Fees \$	(f
	BRUCE VICTOR ESTATE	
7005	Sirve PO BOX 4	
۲-	City: AZTEC, NM 87410	
	PS Fe	tructions

IIVAL TELETIZE	H. C.
SENDER AT 10P OF ENVELOPE TO THE RIGHT  STEVER AT 10P OF ENVELOPE TO THE RIGHT	HL HO SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. A.
Article Addressed to:	D. Is delivery address different from term 1? Yes  If YES, enter delivery address being No
BRYANT, BETTY L 2208 LA PLATA CORTEZ, CO 81321	3 Service Type S Express Mail Certified Mail Return Receipt for Merchandise Insured Mail C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number 7005 2750 (Transfer from service labe) 7005 2750 (PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540,
SENDER: COMPLETE THIS SECTION	OF THE RETURN AD
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature,  X Agent Addressee  B. Received by ( Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from ittern a Yes If YES, enter delivery address below:
BRUCE VICTOR ESTATE PO BOX 4	SEP 1 5 2014
AZTEC, NM 87410	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.O.O. 1
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee)
20 - 0044 -	2760 0001 6378 4092

U.S. Postal Service IM CERTIFIED MAILM RECEIPT 50 (Domestic Mail Only; No Insurance Coverage Provides .MHF/ENCANA ш BETTONNIE TSOSIE -378 Postage ۰ Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ Sent To Bureau of Land Manage 700b P.O. Box 27115 Street, A or PO Br Santa Fe, NM 87502 City, Stat PS Form

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<ul> <li>SENDER: COMPLETE THIS SENDER: COMPLETE THIS SENDER: COMPLETE THIS SENDER: A sender of the sender of</li></ul>	A. Signature  X.
2. Article Number (Transfer from service label)  PS Form 3811, February 2004  Domestic Re	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
. 1. Article Addressed to:  CALVIN CHAVEZ 4633 GILA ST. TRLR 8	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  Out No  2  3 Service Time
FARMINGTON, NM 87402	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  Restricted Delivery? (Extra Fee)
2. Article Number 7006 27	760 0001 6378 4108

PS Form 3811, February 2004

Domestic Return Receipt

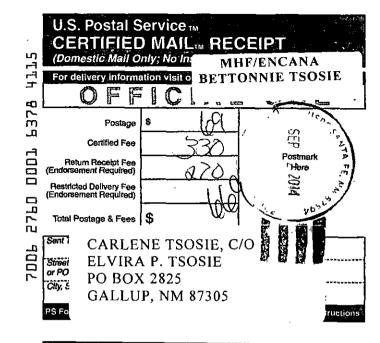
U.S. Postal Service ... CERTIFIED MAIL RECEIPT MHF/ENCANA 5501 (Domestic Mail Only; No Ins For delivery information visit ou BETTONIE TSOSIE 77E Postage Certified Fee 2000 **Postmark** Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total ---CANTSEE, VINA M Sent To 700F PO BOX 1163 Street, or PO L WINDOW ROCK, AZ 86515 City, St

5618	U.S. Postal Service M CERTIFIED MAIL REC (Domestic Mail Only; No Incomplete MHF/E) For delivery information via	EIPT NCANA IE TSOSIE
<u>_</u>		
2760 0001 6377	Postage \$ Certified Fee	Postmark Here
_0	Sent 7 CAPITAN, LENA B	
7006	Street, BOX 102	
7	OF PO. MONTEZUMA CREEK, U	T 84534
	PS For	e neverse ior instructions

SENDER: COMPLETE THIS SECTION  SEENDER: COMPLETE THIS SECTION	G SEL 40 US SOUTH ECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Address  B. Received by (Printed Name)  D. Is delivery address different from item V. Yes
1. Article Addressed to:  CANTSEE; VINA.M  PO BOX 1:163	D. Is delivery address different from item ?
WINDOW ROCK, AZ 86515	3. Service Type  Certified Mail
2. Article Number, (Transfer from service label)	-2760 10001 P372 2P07
PS Form 3811, February 2004  Domestic F  BNN GBLOG IV GROA SSREGOV NERLER BRING BLOG IV GROAD SSREGOV NERLER BRING BROOD IV BROODS  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. Signature  B. Received by (Printed Name)  D. Is delivery address different from item 17  Yes  If YES, enter delivery address below:
CAPITAN, LENA B	If YES, enter delivery address below:
MONTEZUMA CREEK, UT 84534	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number 7006 27	2 X 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

PS Form 3811, February 2004

Domestic Return Receipt



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7005	Street POBOX	X 266		
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SENDER: COMPLETE THIS SECTION	YRAVIJAD NO LEVCE STICKER
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1. Article Addressed to:	D. Is delivery address different from item 1? LI Yes If YES, enter delivery address below: II No
CARLENE TSOSIE, C/O ELVIRA P. TSOSIE PO BOX 2825	3. Service Type
GALLUP, NM 87305	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number , 11 111 11 7,00L (Transfer from service label)	, este assentage 4772
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.	A Signature  B. Received by (Printed Name)  Carlotton Victor  D. Is delivery address different from item 1?   Pagent  Addressee
CARLESTON VICTOR PO BOX 266	If YES, enter delivery address below:   No
NAGEEZI, NM 87037-0266	3. Service Type  CS Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7006 276	J 0001/6378 4122

PS Form 3811, February 2004

Domestic Return Receipt

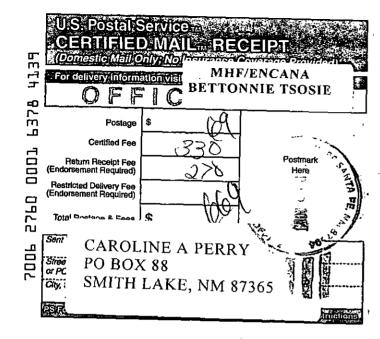
102595-02-M-1540 ·

U.S. Postal Service 76 CERTIFIED MAIL RECEIPT MHF/ENCANA For delivery information vi 7 BETTONNIE TSOSIE ~ Postage m ᄪ Certified Fee 0007 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 CAROLINE CHARLIE 7006 PO BOX 67 Street, A or PO BC NAGEEZI, NM 87037-0067 City, Sta ctions U.S. Postal Service the CERTIFIED MAIL RECEIPT MHF/ENCANA For delivery information visit BETTONNIE TSOSIE **=**0 m Postage J. Certified Fee 000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 760 'n Sent CAROLINE LOPEZ 7006 Stree or P( PO BOX 236 NAGEEZI, NM 87037-023 PS Fo

VRAVITAD NO NO) PLACES TOKE RETURN ADDRESS, FOLD AT DOTTED LINE THE RETURN ADDRESS, FOLD AT DOTTED LINE THAT STATISMOOF SAMELY ADDRESS, FOLD AT DOTTED LINE THAT STATISMOOF SAMELY ADDRESS ADD			
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Slonature  X and us lea Agent  B. pleceived by (Printed Ighne)  C. Date of Delivery  And Ighne)  D. Is delivery address different from Jern 1?		
1. Article Addressed to:  CAROLINE CHARLIE PO BOX 67	If YES, enter delivery address below: No		
NAGEEZI, NM 87037-0067	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number   7006 2760 0001 6378 4146			
PS Form 3811, February 2004  Pomestic Return 3NIT delico IV dios Serred 1 Holle Hill oil adole AND 10 dole I SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  CAROLINE LOPEZ PO BOX 236	A Signature  A Signature  B. Received by (Printed Name)  COMPLETE THIS SECTION ON DELIVERY  A Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  CYCL (NE DEZ OLL 14  D. Is delivery address different from item 17 Yes  If YES, enter delivery address below: No		
NAGEEZI, NM 87037-0236	3. Service Type  Certified Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.		
0. 10.11	4. Restricted Delivery? (Extra Fee)		
2. Article Number 7004 7004	2760 0001 6378 3811		

PS Form 3811, February 2004

Domestic Return Receipt



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7005	Stre PO BOX	(356) NM 87413 图 1
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addresses  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
CAROLINE A PERRY PO BOX 88	
SMITH LAKE, NM 87365	3. Service Type  Signature Certified Mail  Discrete Country Receipt for Merchandise  Discrete Mail  C.O.D.
. Mil.	4. Restricted Delivery? (Extra Fee)
	760 0001 6378 4139
SENDER: COMPLETE THIS SECTION.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  CAROLINE VICTOR PO BOX 3562	A. Signature  X. Carulin Victor  B. Received by (Printed Name)  C. Date of Delivery  CAROLINE VICTOR  D. Is delivery address different from item 17  If YES, enter delivery address below:
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail
2. Article Number	
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(Transfer from service label)	6 2760 0001 6378 3798

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CASON, RITA M 801 SPAULINE AVE APT B		·
EL RENO, OK 73036	☐ Insured Mail ☐ C.O.D.	ot for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) [ in ] 7006	באָבן לַבְּבּם ִ דַּטְסַטָּ וְפִאַלָּגָ	5
PS Form 3811 February 2004 Domestic Ret	urn Receint	102595-02-M-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT Ę MHF/ENCANA 56. For delivery information vis **BETTONIE TSOSIE** ш Postage \_ Certified Fee 0001 Postmark A Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 CASTILLO, RITA 7006 PO BOX 4445 OF PO L SHIPROCK, NM 87420 City, St.

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CASTILLO-RITA PO BOX 4445	If YES, enter delivery address below:   CI No
SHIPROCK, NM 87420	3. Service Type  Certified Mail
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, February 2004 Domestic Ri	eturn Receipt 102595-02-M-1540 i
SENDER: COMPLETE THIS SECTION	MODES THIS SECTION ON DELIVERY "
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.	A. Signature  X. Calc. Coofield Agent  B. Received by (Printed Name)  Coofie Confield 9.15.1
1. Article Addressed to:	D. Is delivery address different from item 1? 🔲 🔀 🗼
CECELIA S.CORNFIELDS	If YES, enter delivery address below:
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Domestic Return Receipt

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PS Form 3811, February 2004

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) Date of Delivery Attach this card to the back of the mailpiece, Charlene MCallis or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address CHARLENE MCCALLISTER USP PO BOX 333 RUIDOSO DOWNS, NM 88346 3. Service Type Certifled Mail ☐ Express Mail Registered Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7006 2760 0001 6376 7613 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery     D. Is delivery address different from Item 1?   Yes
Article Addressed to:	D. Is delivery address different from item 1? D Yes  If YES, enter delivery address below: D No
- <del>ma</del> }	
CHARLES MARTINEZ	
PO BOX 22	<u></u>
NAGEEZI, NM 87037-0022	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 700 (Transfer from service label)	6 2760 0001 6378 1046
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540



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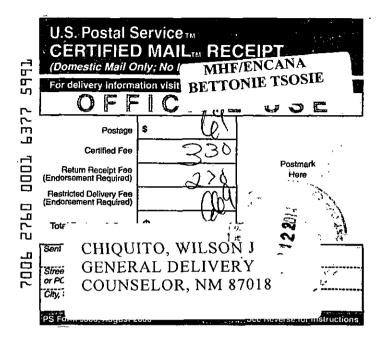
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  A Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from Item 17 Yes				
Article Addressed to:	If YES, enter delivery address below:				
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CHIQUITO, GLEN PO BOX 184					
NAGEEZI, NM 87037-0184	3. Service Type  Certified Mail				
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COUNSELOR, NM 87018	3 Service Type  Scertified Mail Registered Insured Mail C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from service label)	6:2760:0001 8377:5687				
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540				

102595-02-M-1540

U.S. Postal Service TIM CERTIFIED MAILTM RECEIPT (Domestic Mail Only) MHF/ENCANA For delivery information BETTONIE TSOSIE 56 H Postage ف Certifled Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 CHIQUITO SR, BILL AGENERAL DELIVERY 7005 Stree or PC COUNSELOR, NM 87018 City,

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RETURN ADDRESS, FOLD AT BOTTED LINE	HI -0
SENDER: COMPLETE THIS SECTION	EZYNA :CTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Ball Clyul A Gent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C-/5-/U  D. Is delivery address different from Item 1?
Article Addressed to:	If YES, enter delivery address below:   No
CHIQUITO SR, BILL	
GENERAL DELIVERY	3. Service Type  Certified Mail
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee)
SENDER:  SEN	EO
CHIQUITO, WILLIE GENERAL DELIVERY	
COUNSELOR, NM 87018	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	<u> </u>
(Transfer from service label)	2760:0001:6377:5694



U.S. Postal Service™ CERTIFIED MAIL RECEIPT 1060 (Domestic Mail Only; N MHF/ENCANA For delivery information v BETTONNIE TSOSIE 378 Postage ъø 330 Certified Fee 0001 Return Receipt Fee (Endorsement Required) 270 Restricted Delivery Fee (Endorsement Required) SEP 1 2 2014 2760 **CLARA M ANTHONY** 7006 PO BOX 561 Stree or PC BLOOMFIELD, NM 87413 City

77	U.S. Postal S CERTIFIED (Domestic Mail O	ervice DMAIL RECEIPT nly: No Insurance Coverage Provided	,
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SENDER: COMPLETE THIS SECTION	COMPLETE ECTION ON DELIVERY				
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.	A. Signature  D. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from Item 1?  If YES, enter delivery address below:				
CLARA MANTHONY PO BOX 561 BLOOMFIEED, NM 87413	3. Service Type  Certified Mail				
2. Article Number 700L (Transfer from service label)	2760 0001 6378 1060				
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,	A. Signature  B. Received by (Printed Name)  A. Date of Delivery				
or on the front if space permits.  1. Article Addressed to:  CLARENCE BEYALE PO BOX 3308	D. is delivery address different from item 13. Q Yes If YES, enter delivery address below.				
FARMINGTON, NM 87499	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mall C.O.D.  4. Restricted Delivery? (Extra Fee)				
FARMINGTON, NM 87499	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.				



8 1,084	U.S. Postal S CERTIFIED (Domestic Mail O For delivery inform	) MAIL REC	EIPT. ENCANA NIE TSOSIE
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  Agent Addressee  A Received by (Printed Name)  C. Date of Delivery  A Signature  Addressee
1. Article Addressed to:	D. Is delivery address different from Item 1?
CLITSO, CLAUDIA A PO BOX 832 TONALEA, AZ 86044	3. Service Type  Certified Mail
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
. 2. Article Number	(12760)1000016377660041
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete litem 4 if Restricted Delivery is desired.	A Signature
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name) C. Date of Delivery  ONR TA LARUE 9.15
CONRITA LARVIE PO BOX 2296 FRUITLAND, NM 7416	D. Is delivery address different from Item 1?   If YES, enter delivery address below:   LET No
r KOIT LAND, THE	3: Service Type  Certified Mall  Registered Return Receipt for Merchandise  Insured Mail  C.O.D.
·	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006	2760 0000 6378 1084

PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service 18 CERTIFIED MAIL RECEIPT (Domestic Mail Only; No InstruMHF/ENCANA
For delivery information
BETTONIE TSOSIE 37 52 For delivery information m Postage J Certifled Fee 1000 270 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage CURTIS, PHOEBE ANN Sent To 7006 PO BOX 1533 Sireet, Apt. No. or PO Box No. KIRTLAND, NM 87417 City, State, ZIP PS Form 3800

1091	CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Courses Receipt MHF/ENCANA	
Ä	For delivery information visit	2
ĘŪ	OFFIC BETTONNIE TSOSIE	٦
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0007	Postage \$ USA Certified Fee 330  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Repuired)	3
	Restricted Delivery Fee (Endorsement Required)	Ē, ≥
2760	Total Postage & Fees \$	
_	Sent To CUSTER MARTINEZ	
7006	Street Apr. PO BOX 97	
	cin, state.: FINLEY, OK 74543-0097	,
	PS Form 20	_ 1

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:  CURTIS, PHOEBE ANN PO BOX 1533  KIRTLAND, NM 87417  3. Service Type  Certified Mail   Express Mail   Registered   Return Receipt for Merce   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes Form 3811, February 2004   Domestic Return Receipt   1025954	chandise
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:  CURTIS, PHOEBE ANN PO BOX 1533  KIRTLAND, NM 87417  3. Service Type Certified Mail	Delivery
PO BOX 1533  KIRTLAND, NM 87417  3. Service Type  Cortified Mail	<u>:</u>
2. Article Number (Transfer from service label)	<u>:</u>
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(Transfer from service label)	
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY	
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 mailplece, or on the front if space permits.  1. Article Addressed to:  B. Received by (Printed Name)  C. Date  2 u.g. u.g. u.g. u.g. u.g. u.g. u.g. u.g	Agent Addressee of Delivery 2114 Yes
CUSTER MARTINEZ PO BOX:97 FINLEY, OK 74543-0097  3. Service Type Certified Mail	erchandise
	Yes
2. Article Number 7006 2760, 0001 6378 1091	Yes

PS Form 3811, February 2004

Domestic Return Receipt

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	OX 1493		,
	LAND, NM 8	7417	
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Article Addressed to:	D. Is delivery address different from Item 1?  Yes  If YES, enter delivery address below:  No			
DARLENE VICTOR 717 RUTH LN APT 402	ii 126, cital doinely addition books.			
BLOOMFIELD, NM 87413	3. Service Type  D-Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.			
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee)			
2. Article Number ( (Transfer from service label)	760:0001(6378)1107			
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.  A. Signature  X. Mach. M. Complete   Agent   Addressee    B. Received by (Printed Name)   C. Date of Delivery    Martha M. Signature    X. Mach. M. Complete   Agent   Addressee    B. Received by (Printed Name)   C. Date of Delivery    Martha M. Signature    X. Mach. M. Signature    X. Signature    X. Mach. M. Sign				
DARRELL M WATCHMAN PO BOX 1493	If YES, enter delivery address below: No			
KIRTLAND, NM:87417	3. Service Type  Contified Mail			
·	4 Restricted Delivery? (Extra Fee) 11 Ve-			
	4. Restricted Delivery? (Extra Fee)			
2. Article Number (Transfer from service label) 111111111111111111111111111111111111	<u> </u>			

ובנו 1378 מססס בללב 1221	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Postage Repost Repos	uctions.
7006 2760 0001 6377 5748	U.S. Postal Service MCERTIFIED MAIL RECEIPT (Domestic Mail Only) MHF/ENCANA For delivery information BETTONIE TSOSIE  Postage Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$  Sent To DAVIS, SYLVIA Street, I PO BOX 1762 or POB, FRUITLAND, NM 87416	

A TOP OF ENVELOPE TO THE RIGHT INN RODRESS, FOLD AT GOTTED LINE	LINE I						
SENDER: COMPLETE THIS SECTION	CUMPLETE INIS SECTION ON DELIVERY						
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Devid Schillet   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery  DHVLD 13-11-14-19-14-14-14-14-14-14-14-14-14-14-14-14-14-						
Article Addressed to:    Article Addressed to:	D. Is delivery address different from item 1?						
DAVID BELIDITTO PO-BOX 93 COUNSELOR, NM 87018	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Results Mail C.O.D.						
<u> </u>	4. Restricted Delivery? (Extra Fee)						
2. Article Number. (Transfer from service label) 7006 2760 0001 6378 1121  PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540							
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  DAVIS, SYLVIA	A. Signature  X						
PO BOX 1762 FRUITLAND, NM 87416	3. Service Type  Certified Mail						
2. Article Number							
(Transfer from service label)  PS Form 3811, February 2004  Domestic Retu	2760 0001 6377 5748						

7 5755	U.S. Postal Service IM CERTIFIED MAIL (Domestic Mail Only, No in For delivery information visit  OFFIC A
7006 2760 0001 6377	Postage Certifled Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage 2 Seen  Sent To  DAWES ESTATE, LUSY J Street, Apr. POST OFFICE BOX 488 City, State, SHIPROCK, NM 87420-0488

8 1138	U.S. Postal Service in CERTIFIED MAIL RECEIPT (Domestic Mail Only; No. II MHF/ENCANA BETTONNIE TSOSION FOR CENTRAL PROPERTY OF	. 7
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T 000	Return Receipt Fee (Endorsement Required)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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276	Total Portran & Enne &	
<b>-</b> 0	Sent To DEANNA WILCOX	
7006	Sirent At 622 JEFFERSON ST OF PO BO WINSLOW, AZ 86047	P======
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## Return

<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature    Agent
DEANNA WILCOX 622 JEFFERSON ST	
WINSLOW, AZ 86047	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number! (	760 0001 6378 1138
PS Form 3811, February 2004 Domestic Ret	rum Receipt 102595-02-M-1540

U.S. Postal Service IM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Ir 0460 MHF/ENCANA For delivery information visit BETTONNIE TSOSIE 40 F . Postage ם Certifled Fee 1000 Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 2760 DEBBY NOCKAI 506 W MAPLE ST FARMINGTON, NM 8740 7006 or PO City, S

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ENDER: COMPLETE THIS SECTION	STON ON DELIVERY
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	If YES, enter delivery address below:
DEBBY NOCKAI 506 W MAPLE ST FARMING CON, NM 87401	Service Type 0/70  Service Type 0/70  Certified Meili
4.	Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	007/8359 09#0////
S Form 3811, February 2004 Domestic Return	Receipt 102595-02-M-1540
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:  DELBERT K WATCHMAN, C/O I HARRISON SIMMS PO BOX 1606	A Signature  A Signature  A Received by (Printed Name)  D. Is delivery address different from them 12/12/12/12/15/15/15/15/15/15/15/15/15/15/15/15/15/
FRUITLAND, NM 87416	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Action Murchart III I IIII i i i i i i i i i i i i i i	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	
PS Form 3811, February 2004 Domestic Ret	2760'0001'6378 0957

U.S. Postal Service TM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pro MHF/ENCANA 1960 For delivery information vis BETTONNIE TSOSIE ΨO 32 Postage \_ 230 Certified Fee 1000 Postmark Return Receipt Fee (Endorsement Required) 278 Restricted Delivery Fee (Endorsement Required) 2761 Total P----- à **DELROY CASTILLO** Sent To 7005 **PO BOX 652** Street, i or POB CUBA, NM 87013-0652 uctions PS Form

0971	U.S. Postal Service TM CERTIFIED MAILTE RECEIPT (Domestic Mail Only; No MHF/ENCANA For delivery information vis BETTONNIE TSOSIE	
2760 0001 6378	Postage \$ USBS USBS USBS USBS USBS USBS USBS US	
7006	Sent To DESWOOD CHAVEZ  Street, At or PO Bo. Chy, Stati NAGEEZI, NM 87037-0398  PS Form	tions

0971

SENDER: COMPLETE THIS SECTION	ON NEILIA BHT 30 COMPLETE THIS SECTION ON DELIVERY
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 malipiece, or on the front if space permits.  1. Article Addressed to:  DESWOOD CHAVEZ PO BOX 398	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  O S S S S S S S S S S S S S S S S S S
NAGEEZI, NM 87037-0398	3. Service Type
2. Article Number	27601000163761dh71
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

U.S. Postal Service TM CERTIFIED MAIL, RECEIPT (Domestic Mail Only; No MHF/ENCANA ق 571 For delivery Information vis BETTONIE TSOSIE ₽m Л Certifled Fee 1000 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 DODGE, HELEN 700**6** PO BOX 3462 Str. or I SHIPROCK, NM 87420 Cit

88	U.S. Postal Service MAIL RECEIPT (Domestic Mail: Only, No Insurance Coverage Provided)	
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8	OFFI BETTONNIE TSOSIE	
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0007	Return Receipt Fee (Endorsement Required)	
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ت	DOROTHY VICTOR	-
7006	STORT ARE: PO BOX 171	
Γ~	or PO Box A Gity, State, 2 BLOOMFIELD, NM 87413	
	les Form 38	

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SENDER: CO LINE BIGHT TOP SEEN FOR THE BIGHT TOP OF ENVELOPE TO THE BIGHT	Bu ant 30 TION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Nobel Agent  B. Received by (Printed Name)  Helen B. Dodge  Agent  Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No	
DODGE, HELEN PO BOX 3462		
SHIPROCK, NM 87420	3. Service Type  Certified Mail	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)	760 0001 6377 5762	
Sector of Botter (June)		
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.	A Signature  X Dorothy Valor Maddressee  B. Received by (Printed Name)  C. Date of Delivery  Ourathy Voctor 9:145-145	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>DOROTHY VICTOR.</li> <li>PO BOX 171</li> </ul>	A. Signature  X Described Valor MAddressee  B. Received by (Printed Name)  C. Date of Delivery	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>DOROTHY VICTOR.</li> </ul>	A. Signature  X. Described Name)  B. Received by (Printed Name)  C. Date of Delivery  Durathy (Octor)  D. Is delivery address different from item 17  If YES, enter delivery address below:  No  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>DOROTHY VICTOR.</li> <li>PO BOX 171</li> </ul>	A. Signature  X. Derolly Uso Maddressee  B. Received by (Printed Name)  C. Date of Delivery  Octor  O. Ig. 199  D. Is delivery address different from item 17  Pes  If YES, enter delivery address below:  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise	

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

U.S. Postal Service 1M CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 1510 MHF/ENCANA For delivery information visit or BETTONNIE TSOSIE ₽2 Postage 6 m ۵ Certifled Fee 1000 Return Receipt Fee (Endorsement Required) SEP 1 2 2014 Restricted Delivery Fee (Endorsement Required) 760 Total Postage & Fees \$ ъ'n Dugan Production Company 7005 709 East Murray Drive Street, or PO E Farmington, NM 87401 City, Sta PS For

7	U.S. Postal S CERTIFIE  (Domestic Mail C	D MAIL RECEIPT Only: No Incurance Coverage Provider	d)
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0001	Return Receipt Fee (Endorsement Required	11 612 (21	<u> </u>
	Restricted Delivery Fee (Endorsement Required	$  (0,0) \rangle, \qquad   (0,0) \rangle$	
2760	Total F		
	Sent To Duga	n Production Company	
7005	Street, 709 E	East Murray Drive	
7		ington, NM 87401	
	PS Form suggesting	r. 1000	uctions

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SENDER: COMPLETE THIS SECTION SESSION NEUTRING TO GOT TAKEN THE THIS SECTION.	TION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Beceived by (Printed Name)   C. Date of Delivery   C. Date of Delivery   C. Date of Delivery
Dugan Production Company 709 East Murray Drive	fr YES, enter delivery address below: ☐ No
Farmington, NM 87401	3. Service Type  Certified Mail
<u></u>	4. Restricted Delivery? (Extra Fee)
2. Article Number   7006 (Transfer from service label)	2760  0001 6378 1510
SENDER:  AND GRAIL OF THOSE SENDER SENDER:  AND GRAIL OF THOSE SENDER WHEN THOSE SENDER:  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 Signature  X
	If YES, whiter delivery address below: No
Dugan Production Company 709 East Murray Drive Farmington, NM 87401	3. Service Type  Certified Mail
709 East Murray Drive Farmington, NM 87401	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

U.S. Postal Service IM CERTIFIED MAILTH RECEIPT
(Domestic Mail Only; No Insurance Coverage 90 MHF/ENCANA For delivery information vis **BLANCO WASH** 罓 **637** Postage <u> 330</u> Certifled Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Dugan Production Corp. 7006 709 East Murray Drive Farmington, NM 87401

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SENDER: COMPLETE THIS SECTION	Y YABAIJAD NO NO PLACE STICKER AT TOI
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressed     B. Received by (Printed Name)   C. Date of Delivery
1. Article Addressed to:  Dugan Production Corp. 709 East Murray Drive	D. is delivery address different from item 1? Yes
Farmington, NM 87401	3. Service Type  Certified Mail
2. Article Number	160 (000)
PS Form 3811, February 2004 Domestic	ic Return Receipt 102595-02-M-1544
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.	A Signature  X August Julian (A) Agent  A Signature  X August Julian (A) Agent  Addressee  B. Received by (Printed Name)  C. Date of Defivery  CLSON 9-15-14  D. Is delivery address different from Item 17  Pas  If YES, enter delivery address below:
EARLENE V JACKSON	II C

Service Type

Registered

Insured Mail

4. Restricted Delivery? (Extra Fee)

1700612760100001637611008

Certified Mail

☐ Express Mall

□ C.Ó.D.

Return Receipt for Merchandise

☐ Yes

102595-02-M-1540

PO BOX 625

BLOOMFIELD, NM 87413

U.S. Postal Service 114 CERTIFIED MAIL RECEIPT (Domestic Mail Only; No In MHF/ENCANA For delivery information visit 0.9 BETTONNIE TSOSIE 中 E Postage \$ ۰ Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 EARL MARTINE Sent To 7006 3108 CARMEL DR Street, A or PO B FARMINGTON, NM City, Sta PS Forn

77	U.S. Postal Service 174 CERTIFIED MAIL RECEIPT (Domestic Mail Only; No. MHF/ENCANA)	n.
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37	Postage \$ Q US	
<u>п</u>	Certified Fee 338	X
0003	Return Receipt Fee (Endorsement Required)	=
	Restricted Delivery Fee (Endorsement Required)	$i^{1}$
2760	Total Postano & Fass \$	,
	Sent To EDDIE VICTOR JR	
7006	Sireet. 501 N 4TH ST UNIT 2	*********
<u> </u>	BLOOMFIELD, NM 87413	
	PS For	uctions

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SENDER: COMPLETE THIS SECTION	COMPLETE 130 Por STOKES STOKES
<ul> <li>Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Addresse  B. Received by (Printed Name)  C. Date of Deliver  9-18-14
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
EDDIE VICTOR JR 501 N.4TH STUNIT 2	·
BLOOMFIELD, NM 87413	3. Service Type  Q Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	06/5360 0003/6378/301S
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595.02-M-156

REturn

U.S. Postal Service 188 CERTIFIED MAILIN RECEIPT (Domestic Mail Only; No Incurance Coverage Provided) m MHF/ENCANA 밁 For delivery information vis BETTONNIE TSOSIE 40 37 Q) Postage 330 Certifled Fee 1000 Return Receipt Fee (Endorsement Required) 270 Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees | \$ ELAINE BETONI 700E PO BOX 134 Stree or PC NAGEEZI, NM 87037 City, E PS Fo

8 0841 ·	U.S. Postal S CERTIFIED (Domestic Mail C	DMAIL REC	CEIPT ENCANA NIE TSOSIE
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1000	Certified Fee Return Receipt Fee (Endorsement Required)	270	Postmark Here
	Restricted Delivery Fee (Endorsement Required)	1,69	7
2760	Total Pr * F	lee ( <i>V</i>	E I
2005	Street, 3 3805	A M TRUJILI S 100 W EY, UT 84321	
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. So C
1. Article Addressed to:  ELAINE BETONI	If YES, enter delivery address below:   No
PO BOX 134	
NAGEEZI, NM 87037	3. Sepvice Type  IZ Certified Mail
	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	<del></del>
PS Form 3811, February 2004 Domestic Ret	rurn Recelpt 102595-02-M-1540
	COMPLETE THIS SECTION ON DELIVERY
PS Form 3811, February 2004 Domestic Ret	COMPLETE THIS SECTION ON DELIVERY  A Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
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,	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Agent  Addressee
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  ELENA M TRUJILLO	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  ELENA M TRUJILLO 3805 S 100 W	A Signature  A Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  ELENA M TRUJILLO	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery     C. Date
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  ELENA M TRUJILLO 3805 S 100 W NIBLEY, UT 84321-7633	A Signature  A Signature  A Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  B. Received by (Printed Name)  B. Received by (Printed Name
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  ELENA M TRUJILLO 3805 S 100 W NIBLEY, UT 84321-7633	A. Signature  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  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  Registered:  Refurn Receipt for Merchandise  Insured Mail  Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service 184 CERTIFIED MAIL RECEIPT (Domestic Mail Only MHF/ENCANA For delivery informatic BETTONIE TSOSIE USE m Postage ... Certified Fee .000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 ELLISON, DAISY L 7006 PO BOX 886 Si SHIPROCK, NM 87420 U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No I MHF/ENCANA For delivery information visit BETTONNIE TSOSIE 'n Postage ... Certified Fee Return Receipt Fee (Endorsement Required) 冒 Restricted Delivery Fee (Endorsement Required) 2760 Total Pretona & Earn & ELMER B VICTOR, C/O Sent To 300£ NAVAJO CURIO SHOP Street, A or PO Bo 126 E MAIN ST City, Sta FARMINGTON, NM 87401 PS Form

TE NETURN ADDRESS, FOLD AT DOTTED LINE	
SENDEH: CONNECTED OF THE RIGHT OF SEARCH HRUTER HE RIGHT	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Wish F. Sulin B. Addressee  A. Received by (Printed Name)  A. Signature  Agent  B. Addressee  Addressee  A. Signature  Agent  B. Addressee  Addressee
Article Addressed to:	D. is defivery address different from item 1?  Yes  If YES, enter delivery address below:  No
ELLISON, DAISY L PO BOX 886 SHIPROCK, NM 87420	3 Service Type  Certified Mail Express Mail Registered Receipt for Merchandise Insured Mail C.O.D.
• •	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540
■ Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY  A. Signature
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X / ) The Grant
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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:  ELMER B VICTOR, C/O NAVAJO CURIO SHOP	A. Signature  X
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:  ELMER B VICTOR, C/O NAVAJO CURIO SHOP 126 E MAIN ST FARMINGTON, NM 87401	A. Signature  X
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:  ELMER B VICTOR, C/O NAVAJO CURIO SHOP 126 E MAIN ST FARMINGTON, NM 87401	A. Signature  X

U.S. Postal Service 1M CERTIFIED MAILT RECEIPT (Domestic Mail Only; No I MHF/ENCANA 086. For delivery information visit BETTONNIE TSOSIE 40 Postage \_\_\_\_ 30 Certifled Fee Postmark\* 1000 Return Receipt Fee (Endorsement Required) 270 CHere Here Restricted Delivery Fee (Endorsement Required) 2760 10 Total Postana & Fees \$ **ELOUISE BAKER** 7006 Street, or PO E PO BOX 1703 BLOOMFIELD, NM 87413 City, Sta PS For

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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:  ELOUISE BAKER	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  G. Date of Delivery
PO BOX 1763 BLOOMFIELD, NM 87413	3. Service Type Certified Mail
<del></del>	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7005	2760:0001 6378: 0865
PS Form 3811, February 2004 Domestic Retu	um Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	N DET TA RENORTE BOALS NO DET TA RENORTE BHT 90 NO DET	IVERY .
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7300 GEORGETOWN AVE NW LANGUERQUE, NM-87120	3. Service Type  Certified Mail	ail elpt for Merchandise
2. Article Number (Transfer from service label)	1,57601100011637810	872
PS Form 3811, February 2004 Domestic Ret	um Receipt	102595-02-M-1540

U.S. Postal Service 1M CERTIFIED MAIL RECEIPT Coverage Provided) 5040 (Domestic Mail Only; N MHF/ENCANA For delivery information v BETTONNIE TSOSIE 40 ъ. Postage ۰ Certified Fee 000. Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postana & Fees S Sent To **ELVIRA PINTO** 2005 PO BOX 2825 Street, A or PO Bo **GALLUP, NM 87305** City, Stai PS Form

20 E	CERTIF (Domestic I	Mail Only; No	IL. REC	ENCANA	
8 D&	For delivery	nformation vis	RELLONY	VIE TSOSIE	
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2006	loce " -	BOX 108 BEEZI, NI	M 87037		
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Return

SENDER: COMPLETE THIS SECTION	OWNETE THIS SECTION ON DELIVERY  O GOT TA REMOTE SOLAR  CONNETE THIS SECTION ON DELIVERY
<ul> <li>■ Complete items 1, 2, and 3, Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>■ ELVIRA A TRUJILLO PO BOX 108</li> </ul>	B. Received by ( Printed Name) . C. Date of Delivery
NAGEEZI, NM 87037	3. Service Type  Certified Mail
2. Article Number (Transfer from service label)	08 2760 0001 6378 0889
PS Form 3811, February 2004 Dome	stic Return Receipt 102595-02-M-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No li 0896 MHF/ENCANA For delivery information visit BETTONNIE TSOSIE 378 69 Postage 'n. 300 Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ ELVIRA A WATCHMAN 2402 W SELDON LN PHOENIX, AZ 85021 7006 Stree or PC Chy. tructions PS Fo

6 0919	U.S. Postal S CERTIFIED (Domestic Mail O For delivery informs	MAIL nly; No lr	REC	EIPT F/ENCAM NNIE TS	OSIE
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7006	Street Ant. 126	E MAI	N ST	IM 8740	

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SENDER: COMPLETE  Complete items 1;2,and 3. Active item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	A. Signature  X. Luc
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from Printer 2. Yes
1. Article Addressed to:	if YES, enter delivery address below No
ELVIRA A WATCHMAN 2402 W SEEDON LN	SEP 1 6 2014 XX
PHOENIX AZ 85021	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
·	4. Restricted Delivery? (Extra Fee)
2. Article Number 1111 i i i i i i 700h (Transfer from service label)	2760,0001 6378 0896
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540 {
70 901 TA 223 RODI A M	PLACE STICKER
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	A Signature  X Dyne Gaf Agent  B. Received by (Printed Name)  C. Date of Delivery  Tyrene Gartield 9/03
1. Article Addressed to:	D. Is delivery address different from Item 1?  Yes If YES, enter delivery address perow:  No
EMERSON VICTOR 126 E MAIN ST	13 2140
	3. Service Type  Q Certified Mail

PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service IM CERTIFIED MAILTIM RECEIPT (Domestic Mail Only; No MHF/ENCANA For delivery information vis BETTONNIE TSOSIE  Postage Certified Fee  330 Fig. 1997 Fig. 199	
Postage \$ USA	
Restricted Delivery Fee	CANTA FR. W.
Energen Resources Corporation 605 Richard Arrington Jr. Blvd. Birmingham, AL 35203	ictions

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SENDER: COMPLETE THIS SECTION	ION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete a item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  R. S.
Article Addressed to:	D. Is delivery address different from item 1? LI Yes If YES, enter delivery address below: Ci No
ENA H TRUJILLO	
PO BOX 108	
NAGEEZI, NM 87037	3. Service Type Certified Mail Registered Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number.	2760 0001 6378 0526
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X N POWN
Article Addressed to:	D. Is delivery address different from item 1?
Energen Resources Corporation 605 Richard Arrington Jr. Blvd.	
Birmingham, AL 35203	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
	0001, 6328, 7387
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540 /

U.S. Postal Service™ CERTIFIED MAIL, RECEIPT (Domestic Mail Only; No Incurance Coverage Provided) MHF/ENCANA 120 For delivery information v BETTONNIE TSOSIE 378 Postage | \$ ۵ 330 Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 **Total Pc** ERNESTINE TSOSIE Sent To 7006 338 W YUMA ST Street, Ap or PO Box PHOENIX, AZ 85003 City, State

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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  ERNESTINE TSOSI	A. Signature  X. Agent  B. Flecelved by (Printed Name)  Chate of Delivery  Chack Hine  D. Is delivery address different from item 17  If YES, enter delivery address below:  No
338 W YUMA ST PHOENIX, AZ 85003	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Co.D.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	בארם מספט בארם ובססט סארב
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X June Jule Galery  B. Received by (Printed Name)  C. Date of Delivery  TMEST VLJST 91514
1. Article Addressed to: ERNEST VICTOR PO BOX 112	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
NAGEEZI, NM 87037	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	2760 0001 P329  0933
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540

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<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature    Agent   Addressee     Addres
ERNIE TRUJILLO PO BOX 108 NAGEEZI, NM 87037	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	2760 0001 6378 0759
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 mailplece, or on the front if space permits.  1. Article Addressed to:  ERVIN TRUJILLO 2 ROAD 1738 FARMINGTON, NM 87403	A signature  X
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes

1800 7006 2760 10001 6378 0766

102595-02-M-1540

Domestic Return Receipt

2. Article Number -

(Transfer from service label)
PS Form 3811, February 2004

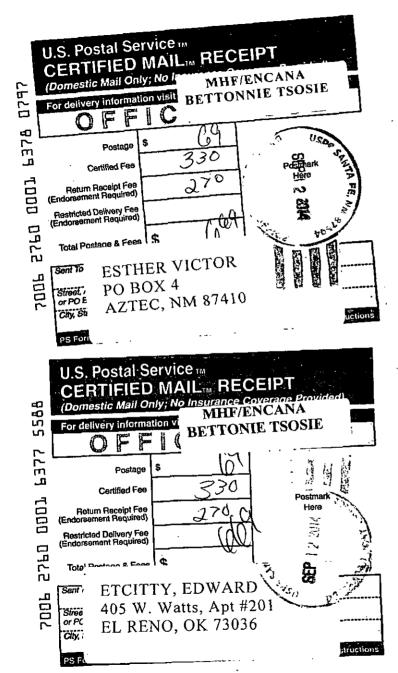
U.S. Postal Service TM CERTIFIED MAIL THE RECEIPT

(Domestic Mail Only; MHF/ENCANA) 6770 MHF/ENCANA For delivery information BETTONNIE TSOSIE **6378** Postage Certifled Fee 0001 270 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 (0) Total Postage & Fees \$ ESTHER C TOLEDO 7006 321 TENNESSEE SE #C Sire or F ALBUQUERQUE, NM 87108

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from Item 17  If Yes  If YES, enter delivery address below:
ESTHER C TOLEDO  321 TENNESSEE SE #C  ALBUQUERQUE; NM \$7108	ABO NM 8723
ALBOUGH OF NAME OF THE PARTY OF	3. Service Type  Certified Mail  Express Mall  Registered  Return Receipt for Merchandise  Insured Mall  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number SPS 7006 2760 (Transfer from service label)	0001 6378 0773
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.	A. Signature  Respectived by (Printed Name)  NON DELIVERY  Agent  Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	Eshort. Thomas 9/19/14  D. Is delivery address different from item 1? 17 Yes
Article Addressed to:	If YES, enter delivery address below:   No
ESTHER H TOMAS	ii 123, biildi delively addless below.
ESTHER H TOMAS PO BOX 76 COUNSELOR, NM 87018	3. Service Type  C Certified Mail
PO BOX 76	3. Service Type  C Certified Mail
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SENDER: COMPLETE THIS SECTION  SENDER: COMPLETE THIS SECTION	PLACE STICKER AT TOP OF ENT OF THE RETURN ADDRESS, FC	
<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the revers so that we can return the card to you.</li> <li>Attach this card to the back of the mailpie or on the front if space permits.</li> </ul>	B. Received by (Printed Name) C. Date of	dressee Delivery
1. Article Addressed to:  ESTHER VICTOR PO BOX 4	D. Is delivery address different from them 14 Expenses below:  No. 1 6 2014	*
AZTEC, NM 87410	3. Service Type  Certified Mail Registered Return Receipt for Merc	nandise
,	4. Restricted Delivery? (Extra Fee)	5
Article Number	000/5200 0007/6328/0283	
PS Form 3811, February 2004 Do	mestic Return Receipt 102595-0	2-M-1540

U.S. Postal Service 188 CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance MHF/ENCANA 525 BETTONIE TSOSIE  $\sim$ .m Postage Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postana & Face ETCITTY ESTATE, ROGER Sent 1 700F PO BOX 397 Street, or PO SHIPROCK, NM 87420 City, S PS For ructions

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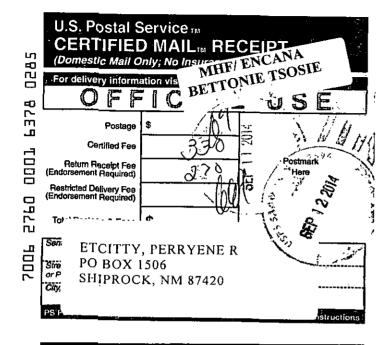
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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also consitem 4 if Restricted Delivery is desired. Print your name and address on the is so that we can return the card to you. Attach this card to the back of the misor on the front if space permits.  Article Addressed to:  ETCITTY, KEE J	A. Signat  A. Signat  X. C.	ed by (Printed Name)  ery address different from it enter delivery address bet	Addressee  C. Date of Delivery  Term 1? Yes
PO BOX 2071	<u>الشــــــ</u>		
SHIPROCK, NM 87420	3. Sërvici		
	· □ Rec	tified Mail	Mail resipt for-Merchandise
1	. 4. Restric	ted Delivery? (Extra Fee)	☐ Yes
Article Number,	1 70061 2760	0001 6377 5	595

U.S. Postal Service 154 CERTIFIED MAIL RECEIPT MHF/ENCANA For delivery information vi
BETTONIE TSOSIE **6377** Postage Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total, martine a Francisco ETCITTY, LAURA 7006 PO BOX 1213 Stree or PC EL RENO, OK-73036 City. structions

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2005	CECCHI.	X 3284 OCK, NM 874	20	
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SENDER: COMPLETE THIS SELECTION STANDARD TO A STANDARD TO	A. Signature  A. Signature  A. Signature  A. Agent  Addressee  B. Received by (Printed Name)  D. Is delivery address different from Item 12  Yes
ETCITTY, LAURA PO BOX 1213 EL RENO, OK 73036	If YES, enter delivery address below:
2. Article Number	トリスプトロロリット Hurn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SENDER WAS ASSESSED.  Complete items 22 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 mallpiece, or on the front if space permits.	A. Signature  X. Sawana Ctath  B. Received by (Printed Name)  Agent  Addressee  Addressee  Addressee  Addressee
1. Article Addressed to:  ETCITTY, LEROY PO BOX 3284 SHIPROCK, NM 87420	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail Restricted Delivery? (Extra Fee)  Yes  D. Is delivery address different from item 12
2. Article Number	, , , , , , , , , , , , , , , , , , , ,
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540



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Hole BH. OL SOCIAL BANDLES SENDER: COMPLETE THIS SECTION	COMPLETE IN SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Addressee     B. Beceived by (Printed Name)   C. Date of Delivery   Well & Colt   Colt     D. Is delivery address different from item 17   Yes
1. Article Addressed to:	If YES, enter delivery address below:
ETCITTY, PERRYENE R PO BOX 1506 SHIPROCK, NM 87420	3. Service Type  Di Certified Mail  Di Registered  Di Return Bossipt for Merchandise
	☐ insured Mall ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	111, 114:444 /
2. Article Number 7006 (Transfer from service label)	
	eturn Receipt 102595-02-M-1540
SENDEI  SENDEI  ANT GALLOG LY GADA SSABGGY NEGLES BY THORSE BALLOG AND GADANA GO OF LY BANDLES  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  ETCITTY, PERRENA R	A. Signature  X
PO BOX 1506 SHIPROCK, NM 87420	3 Service Type  D Certified Mall  Express Mail  Heckelot 184 Wase handise
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	60 0001 6377 5915
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mall Only; No MHF/ENCANA 59 For delivery Information vis BETTONIE TSOSIE 377 Postage ف Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 ETCITTY, PIERRE 7005 Street, . or PO E PO BOX 1506 SHIPROCK, NM 87420 City, St. PS For.

U.S. Postal Service MHF/ENCANA BETTONIE TSOSIE For delivery information 59 Ę Postage Д Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 · Total Pos ETCITTY, SHAWNA Sent To 7006 440-C MONROE NE APT C ALBUQUERQUE, NM 87108 or PO Box City, State, PS Form 3

STOCKER AT TOP OF ENVELORE TO THE RIGHT  RETURN ADDRESS, FOLD AT DOTTED LINE	HL 40 30478 SECTION ON DELIVERY
■ 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.	A. Signature  A.
1. Article Addressed to:  ETCITTY, PIERRE PO BOX 1506	If YES, enter delivery address below: No
SHIPROCK, NM 87420	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number 1 7005 (Transfer from service label)	\$460   0001   \$355   \$455
SENDER: COMPLETED 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.	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  MON CA FROM
1. Article Addressed to: ETCITTY, SHAWNA	D. Is delivery address different from item 17
440-C MONROE NE APT C ALBUQUERQUE, NM 87108	3. Service Type  Certified Mail
(Transfer from service label	1001 E377 5939
PS Form 3811, February 2004 Domestic Retu	rn Receint

U.S. Postal Service TM CERTIFIED MAIL RECEIPT 0870 (Domestic Mail Only; No I MHF/ENCANA BETTONNIE TSOSIE For delivery information visit 中 37.E Postage ... 330 Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 EVA R LOPEZ 7005 HC 17 BOX 403 Street or PC CUBA, NM 87013 City, E

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<i>(</i> ~	City, Str	BLOO	MFIELD, NM	8/4 12 图 图 2
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	Dest LOPEZ	Agent  Addressee  Date of Delivery	
Article Addressed to:	D. Is delivery address different from item     If YES, enter delivery address below:	1? ☐ Yes ☐ No	
EVA.R LOPEZ		2.10	
HC 17 BOX 403	,		
CUBA, NM 87013	3. Service Type  Certified Mail	for Merchandise	
	4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article Number (1780) 11 11 1 7006 2760 0001 6378 0810			
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.	B. Received by (Printed Name)  D. Is delivery address different from iten if YES, enter delivery address below	Agent  Addressee  C. Date of Delivery  9-16-14	
EVA RENTZ PO BOX 1253 BLOOMFIELD, NM 87413	3. Service Type  1. Certified Mail	ipt for Merchandise	
2. Article Number	06115860 000016378 (	1827	
PS Form 3811, February 2004 Domestic R	eturn Receipt	102595-02-M-1540	

U.S. Postal Service III CERTIFIED MAIL RECEIPT MHF/ENCANA 0.8 For delivery information BETTONNIE TSOSIE **B37B** Postage 330 Certifled Fee 1000 Postmark Return Receipt Fee (Endorsement Required) Hêre Restricted Delivery Fee (Endorsement Required) 2760 **EVELYN C LOPEZ** Sent To 7006 PO BOX 1411 Street, Apt., or PO Box I CUBA, NM 87013 City, State,

ED3	C	S. Postal S ERTIFIEI Omestic Mail C	D MAIL			SACRE CONTRACTOR
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THORETON AS ON THE BICHT THIS SECTION  SENDER: COMPLETE THIS SECTION	ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X. Lucy C. Pare of Delivery  B. Beeerved by (Printed Name) C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:		
EVELYN C LOPEZ PO BOX 1411 CUBA, NM 87013	3. Service Type ☐ Certified Mail ☐ Express Mail		
· · · · · · · · · · · · · · · · · · ·	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number	2760 0001 6378 0834		
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  EUNICE LOPEZ PO BOX 107	COMPLETE THIS SECTION ON DELIVERY  A Signature		
NAGEEZI, NM 87037	3. Service Type  Certified Mail		
2. Article Number			
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540 (		

U.S. Postal Service 756 CERTIFIED MAIL RECEIPT MHF/ENCANA For delivery information vi BETTONNIE TSOSIE 6378 Postage 55 330 Certified Fee 1000 - Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 FRANCIS SIMS ES 7006 PO BOX 1597 or PO Bo FRUITLAND, NM 87416 City, State

U.S. Postal S			
CERTIFIED MAIL RECEIPT			
(Domestic Mail Only; No MHF/ENCANA			
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## REHURN

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SENDER: COMPLETE THIS SECTION	TARBANTE STORY OF THE SERVE AT		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Dame la Phuley Agent  B. Received by (Prihied Name) C. Date of Delivery		
1. Article Addressed to: FRED C MARTINEZ 4633 GILA ST TRLR 30	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No		
FARMINGTON, NM 87402	3. Service Type Virging 3  Gertifled Mail		
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee)		
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540		

---- LIVINETEIPIRATES --

U.S. Postal Service 164 CERTIFIED MAIL RECEIPT (Domestic Mail Only; N Coverage Provided) MHF/ENCANA ш For delivery information v BETTONNIE TSOSIE 40  $\sim$ m Postage J **Certified Fee** Return Receipt Fee (Endorsement Required) 270  $\overline{\Box}$ Restricted Delivery Fee (Endorsement Required) 건 Total Postage & Fees | \$ TU FREDDIE AUGUSTINE PO BOX 405 BLOOMFIELD, NM 87413 7006 Ċň instructions. ρŚ U.S. Postal Service™ CERTIFIED MAIL RECEIPT MHF/ENCANA (Domestic Mail Only; No BETTONIE TSOSIE For delivery information vi ш Postage \_ Cartified Fee П 000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Regulred) 75 Total 'n FOSTER, LORETTA H Sent To 7006 POST OFFICE BOX 603 Street, WATERFLOW, NM 87421 or PO Chy, S PS Form 3800, August 2006

FLOOM KODINESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Fred C Haging 911014
1. Article Addressed to: FREDDIE *AUGUSTINE	D. Is delivery address different from item 1?
PO BOX 405	
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee)
2. Article Number   1	27601000016378 12565
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540 ,
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  T. Article Addressed to:  FOSTER, LORETTALH  POST OFFICE BOX 603	ÊŬ
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.	A Signalufor  A Signalufor  A Signalufor  A Signalufor  A Addressee  B. Received by (Printed Name)  C. Date of Delivery  Q//Q//  D. Is delivery address different from item 1?
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  FOSTER, LORETTA H. 9 Min C. WATERFLOW, NM 87421 US.	A Signalufe CTION ON DELIVERY  A Signalufe Addressee  B. Refceived 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 Mall Express Mail  Registered Return Receipt for Merchandise  Insured Mall C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  FOSTER, LORETTA H. 9 MAR POST OFFICE BOX 603 WATERFLOW, NM 87421 US	A Signalufe:  A Signalufe:  A Signalufe:  A Addressee  B. Refceived by (Printed Name)  D. Is delivery address different from item 1?

U.S. Postal Service TM CERTIFIED MAIL THE RECEIPT

(Domestic Mail Only; No. MHF/ENCANA) (Domestic Mail Only; No ij BETTONIE TSOSIE For delivery information vig, ப் μŽ Postage | \$ \_\_ Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here : Restricted Delivery Fee (Endorsement Required) 20 GEORGE, IRENE K GENERAL DELIVERY COUNSELOR, NM 87018 27 Total F Sent To 7006 Street, A or PO Bo City, State , August 2006 See Reverse for Instructions

ū	U.S. Postal S CERTIFIEI (Domestic Mail C	D MAIL, RECEIPT	
8 1.572	For delivery inform	MHF/ENCANA ation BETTONNIE TSOSIE	•
216 0001 6378	TOTAL POP	\$ 330 Sepostment of there	<i>[ ]</i>
YUUP	Street, Ap 986 N	ALD A DIETRICH JR S N STOLLE WAY IDIAN, ID 83642-6091	

	FA)
SENDER: STATE STORE TO THE RIGHT SKEND OF ENVELOPE TO THE RIGHT	H BHL 40 DUS 30V14
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Signature   A. Agent  A. Addressee
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.	B. Received by (Printed Name) C. Date of Delivery)  Singlet (2007) 9-15-14
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
GEORGE, IRENE K GENERAL DELIVERY	
COUNSELOR, NM 87018	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	5.40(1000) (P3.5.12423)
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540
II INT GELLO	Weigner -
SENDER: COMPLETE THIS SECTION	BUTAR THE RETURN ON OF THE RETURN
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A Signature
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:     Article Addressed to:	D. is delivery address different from the transfer of the No. If YES, enter delivery address below:
GERALD A DIETRICH JR 986 NESTOLLE WAY	A CONTRACTOR
MERÎDIAN, ID 83642-6091	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(mansier from service label)	1276010001116384 17733
S Form 3811, February 2004 Domestic Return	127601 0001 (P329 1725)

U.S. Postal Service IM CERTIFIED MAIL, RECEIPT 89 (Domestic Mail Only; No In MHF/ENCANA For delivery information visit BETTONNIE TSOSIE **6378** Postage 300 Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees S Sont To GLEN H CHIQUITO 7005 Street, A or PO B **PO BOX 184** NAGEEZI, NM 87037 City, Sta PS Form

B 1596	CERTIFIED (Domestic Mail Control For delivery inform	MHE/ENCANA	
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<u>F</u> 3	Postage	\$ 64	
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70	Street, Apt. PO	BOX 1188	ł
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Aftach this card to the back of the mailpiece, of on the front if space permits.	109/20/94 thenis 05/20/14
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j	<b> </b>
. GLEN H CHIQUITO	}
PO BOX 184	
NAGEEZI, NM 87037	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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SENDER: COMPLETE THIS SEC ITO TO STAND NAME AND A SENDER: COMPLETE THIS SEC ITO TO ADD IN MAINTENAMENT OF THE SEC ITO TO THE SEC ITO THE SEC ITO TO THE SEC ITO TH	A. Signature  X. L. L. Cu. L. Agent  D. Addressee  B. Received by (Printed Name), C. Date of Delivery
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.	A. Signature  X. L. C. C. Date of Delivery.  B. Received by (Printed Name)  A. D. S. C. Date of Delivery.  D. Is delivery address different from item 12  Yes
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.	A. Signature  X. L. C. C. Date of Delivery.  A. D. C. Date of Delivery.
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.	A. Signature  X. L. C. C. Date of Delivery.  B. Received by (Printed Name)  A. D. S. C. Date of Delivery.  D. Is delivery address different from item 12  Yes
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.	A. Signature  X. L. C. C. Date of Delivery.  B. Received by (Printed Name)  A. D. S. C. Date of Delivery.  D. Is delivery address different from item 12  Yes
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  GLORIA CASTILLO	A. Signature  X. A. L. Cu. M. Agent  D. Addressee  B. Received by (Printed Name), C. Date of Delivery.  An DY Cost 1 C. Date of Delivery.  D. Is delivery address different from Item 1? D. Yes  If YES, enter delivery address below: D. No.
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  GLORIA CASTILLO PO BOX 1188	A. Signature  X. A. L. Cu. Agent  Addressee  B. Received by (Printed Name), C. Date of Delivery.  An DY Cost 1  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No  3. Service Type  Certified Mall  Registered  Registered  Insured Mail  C.O.D.
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  GLORIA CASTILLO PO BOX 1188	A. Signature  X. A. L. Cu. Agent  Addressee  B. Received by (Printed Name), C. Date of Delivery.  An DY Costi Community  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No  3. Service Type  Certified Mall

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

U.S. Postal Service TM CERTIFIED MAIL RECEIPT

MHE/ENCANA (Domestic Mail Only; No BETTONIE TSOSIE For delivery information vis Ę~ Postage ╜ Certified Fee 000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage ' GRIFFITH, MAXINE C Sent To 7006 2550 E 16TH BLD 10 APT 101 Street, Apt. No.; or PO Box No. FARMINGTON, NM 87401 City, State, ZIP+

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Γ-	or PO Bo: NAG	EEZI, NM 870	)372 日日里	<u></u>
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or or: \(\lambda\) if space permits.	Maxinetantity
<del></del>	D. Is delivery audiess different porg item 1?  Yes
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2550 E 161H BLD 107H 1 10H L	3. Service Type
FARMINGTON, NM 87401	Certified Mall
	☐ Registered ☐ Return Receipt for Merchandise
	Insured Mail C.O.D.
Contract to the Contract of th	
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	0001,18355 2460 1 1 4
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PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540 t
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IFIED MAIL.	<i>IH</i> 33
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■ Complete items 1, 2, and 3. Also complete	A SIGNATURE
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>	A Signature
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A Signature Agent Addressee
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	B. Received by (Printed Name)  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	B. Received by (Printed Name)  A Signature  D. Addressee  B. Received by (Printed Name)  C. Date of Delivery  AND MATTER C. 9-17, 201 PM
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  D. Is delivery address different from item 1?   Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7 - 17, 201   D. Is delivery address different from item 1?   Yes
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	B. Received by (Printed Name)  A Signature  D. Addressee  B. Received by (Printed Name)  C. Date of Delivery  AND MATTER C. 9-17, 201 PM
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  D. Is delivery address different from item 1?   Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7 - 17, 201   D. Is delivery address different from item 1?   Yes
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  D. Is delivery address different from item 1?   Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7 - 17, 201   D. Is delivery address different from item 1?   Yes
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	B. Received by (Printed Name)  D. Is delivery address different from item 1?   Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7 - 17, 201   D. Is delivery address different from item 1?   Yes
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:  HAROLD MARTINEZ	B. Received by (Printed Name)  D. Is delivery address different from item 1?   Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7 - 17, 201   D. Is delivery address different from item 1?   Yes
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>HAROLD MARTINEZ</li> <li>PO BOX 305</li> </ul>	Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  ATA AMATICAL 97-17, 2011  D. Is delivery address different from item 17  Yes  If YES, enter delivery address below:
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:  HAROLD MARTINEZ	B. Received by (Printed Name)  D. Is delivery address different from item 17  Yes  If YES, enter delivery address below:
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>HAROLD MARTINEZ</li> <li>PO BOX 305</li> </ul>	Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  ATA AMATICAL 97-17, 2011  D. Is delivery address different from item 17  Yes  If YES, enter delivery address below:
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>HAROLD MARTINEZ</li> <li>PO BOX 305</li> </ul>	B. Received by (Printed Name)  D. Is delivery address different from item 17  Yes  If YES, enter delivery address below:  No  3. Service Type  Certified Mail  Express Mall
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>HAROLD MARTINEZ</li> <li>PO BOX 305</li> </ul>	B. Received by (Printed Name)  Date of Delivery  A NAME For C 7 - 7 - 20 1 20  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No  3. Service Type  Certified Mail
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:  HAROLD MARTINEZ PO BOX 305 NAGEEZI, NM 87037	Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery 7 - 7 - 20 1 20 1 20 1 20 1 20 1 20 1 20 1 20
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>HAROLD MARTINEZ</li> <li>PO BOX 305</li> </ul>	B. Received by (Printed Name)  D. Date of Delivery  ATA J. (In func. 7 - 7 , 20 )  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No  3. Service Type  Q. Certified Mail  Express Mall  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

PS Form 3811, February 2004

Domestic Return Receipt

	U.S. Postal Se CERTIFIED	MAIL <sub>IM</sub> REC	EIPT	
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Shirle H. Largo  B. Received by (Printed Name)  Chille H. Largo	☐ Agent ☐ Addressee
HARRISON SR, ALFRED PO BOX 73 COUNSELOR, NM 87018	D. Is delivery address different from Item If YES, enter delivery address below:	
	3. Service Type  Certified Mail  Registered Return Receip  Insured Mail  C.O.D.  Restricted Delivery? (Extra Fee)	ot for Merchandise
2. Article Number 7006 275	0 0001 8377 59841	Li Yes
PS Form 3811, February 2004 Domestic Rete	urn Receipt	102595-02-M-1540

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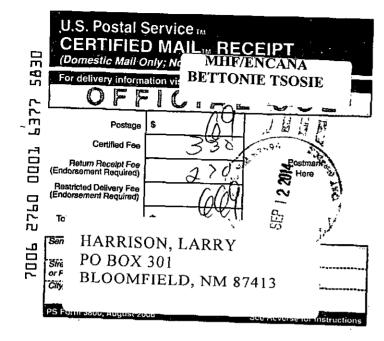
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  **Market   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery  **Flurence Horns**  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No
HARRISON, FLORENCE PO BOX 3694 FARMINGTON, NM 87499	STAM 8 7 PO
	3 Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number ? • 7006	2760 0001 F372 2804
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

U.S. Postal Service 121 CERTIFIED MAIL RECEIPT MHF/ENCANA (Domestic Mail Only; BETTONIE TSOSIE For delivery information ږج Ę. Postage م Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) ₽ Total Postana & Fees | \$ 'n HARRISON JR, JOHNSON 2005 PO BOX 111 Stree NAGEEZI, NM 87037 or Pt City. structions PS F U.S. Postal Service m CERTIFIED MAIL PECCENT (Domestic Mail O BETTONIE TSOSIE nu For delivery informa Πė S  $\sim$ m Postage Postmark \_ Certified Fee 000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Το HARRISON, JUDY Sen 7006 PO BOX 453 Sire or I NAGEEZI, NM 87037 PS Form 3800, August 2006 nstructions

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SENDER: COLO AT DOTTED LINE  THEN ADDRESS, FOLO AT DOTTED LINE	EN THE TO CTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  A Signature  A Signature  A Agent  Addressee  B Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery
Article Addressed to:	D. is delivery address different from Item 1?  Yes  If YES, enter delivery address below:  No
HARRISON JR, JOHNSON PO BOX 111	
NAGEEZI, NM 87037	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
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PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540
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Article Addressed to:	If YES, enter delivery address below:
HARRISON, JUDY PO BOX 453 NAGEEZI, NM 87037	3. Service Type Certified Mail
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PS Form 3811, February 2004

Domestic Return Receipt



	U.S. Postal S	Service 14			
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HARRISON, LARRY PO BOX 301 BLOOMFIELD, NM 87413	3 Service Type Certified Mail
2. Article Number   1   1   1   1   1   1   1   1   1	760:0001:163771:5830.
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HARRISON, NELSON PO BOX 1592 BLOOMNELD, NM 87413	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 7006 2760	0001/16377 5847 16311111

Domestic Return Receipt

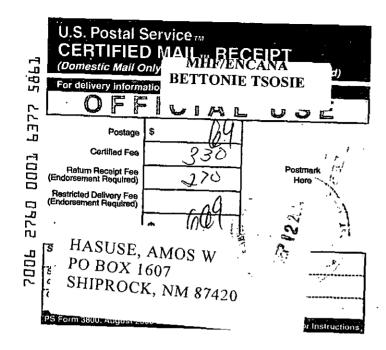
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<sup>1</sup> PS Form 3811, February 2004

U.S. Postal Service na CERTIFIED MAIL RECEIPT MHF/ENCANA
(Domestic Mail Only) 54 BETTONIE TSOSIE 58 For delivery information USE 6377 Postage Certified Fee 0001 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 HARRISON, SARAH Sent To 7006 PO BOX 111 Street, A or PO Bo NAGEEZI, NM 87037 City, Sta PS Form

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SENDE THE RIGHT STICKER AT TOP OF ENVELOPE TO THE RIGHT	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X M. G. Addressee  B. Rêceived by (Printed Name)  C. Date of Delivery  A. Signature  A. Signature  A. Agent  Addressee
1. Article Addressed to:  HARRISON, SARAH POBOX 111 NAGEEZI, NM 87037	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No  3. Service Type Certified Mail Express Mail Registered 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.	Agent  B. Received by (Printed Name)  Cay Nanas and 30  Agent  Addresse  B. Received by (Printed Name)  C. Date of Delive
<ul> <li>■ Complete items 1; 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>HARRISON E SIMMS</li> <li>PO BOX 1606</li> </ul>	Agent  B. Received by (Printed Name)  Out Name and State of Delivery  Agent  C. Date of Delivery
<ul> <li>Complete items 1; 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>HARRISON E SIMMS</li> </ul>	COV NBD 138 3HL 30 OLIVERY  A. Signature  Agent  Addresse  B. Received by (Printed Name)  D. Is delivery address different from 12  If YES, enter delivery address below.  2014
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:  HARRISON E SIMMS PO BOX 1606 FRUITLAND, NM 87416	A Signature  A Signature  A Received by ( Printed Name)  D. Is delivery address different from 12, 17 and 18 and 19 and 1



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1. Article Addressed to:  HASUSE, AMOS W PO BOX 1607	·	O. Is delivery address If YES, enter delive	ery address below:	No.
SHIPROCK, NM 87420	4	Service Type  Certified Mail  Registered  Insured Mall  Restricted Delivery	□ c.o.d.	Yes
2. Article Number	5 1200 F	ונסססוסול	637711586	<u>,</u> ,
PS Form 3811, February 2004	Domestic Return	Receipt		102595-02-M-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Cov MHF/ENCANA C BETTONNIE TSOSIE For delivery information visit щ 37 Postage 330 Certified Fee 1000 270 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees | \$ HARRY VICTOR 7006 B A Street, a PO BOX 281 NAGEEZI, NM 87037 City, St. iclions

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7005	STREET 3409 ILES AVE	*******
<u></u>	FARMINGTON, NM 87402	·
	PS Form	AND MORRE

HA ADDRESS, FOLD AT DOTTED II.	UTHE HILLYO
SENDER: COMPLETE THIS SECTION	YON ON DELIVERY
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Article Addressed to:	D. Is delivery address different from item 1?
HARRY VICTOR	
PO BOX 281	<u></u>
NAGEEZI, NM 87037	3. Service Type  Cl-Certified Mail  Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
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PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
	A B F La Page 1
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Signature  A Signature  A Addressee
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X   Agent   Addressee
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>HELEN W TOLEDO</li> <li>3409 ILES AVE</li> </ul>	A. Signature  X
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>HELEN W TOLEDO</li> </ul>	A. Signature  X   MA   Agent  Addressee  B. Received by (Printed Name)  D. Is delivery address different from tham 1? Yes  If YES, enter delivery and test below  3. Service Type
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>HELEN W TOLEDO</li> <li>3409 ILES AVE</li> </ul>	A. Signature  X
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>HELEN W TOLEDO</li> <li>3409 ILES AVE</li> </ul>	A. Signature  X

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insuran MHF/ENCANA 무 BETTONNIE TSOSIE For delivery information visit 멾 口 3 Postage \_\_ 330 Certified Fee C Postmark 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 1965 Total Portage & East HELEN C WATCHMAN PO BOX 1240 CUBA NM 87013 Sent To 7006 PO BOX 1240 CUBA, NM 87013 Stroet, Ap or PO Box City, State PS Form

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۔۔۵	Sent To HERB	ERT LOPEZ	
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© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  HELENIC WATCHMAN PO BOX 1240;  CUBA, NM: 87/013  CUBA, NM: 87/013  3. Service Type □ Centified Mail □ Express Mail □ Registered □ Return Receipt for Merchandis □ Insured Mail □ C.O.D.  4. Restricted Delivery? (Extra Fee) □ Yes  2. Article Number!   1   1   1   1   1   1   1   1   1	- Aven	PLACE STICKER AT TOP THE RETURN ADDRESS
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:  HELENIC WATCHMAN  PO BOX 12407  CUBA, NM 87/013  3. Service Type  Certified Mail   Express Mail   Registered   Return Receipt for Merchandis   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes  2. Article Number!   1   7006   2760   0001   6378   1640   164	SENDER: COMPLETE THIS SECTION	COMPLETE INC.
1. Article Addressed to:  HELENIC WATCHMAN PO BOX 12407 CUBA, NM: 87/013  3. Service Type Certified Mail	<ul> <li>item 4 If Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	*Aden Water Addresse  B. Received by (Printed Name)  Helen Waterran  C. Date of poliver
PO BOX 1240:  CUBA, NM 87,013  3. Service Type  Cuba, NM 87,013  Cuba, Name of the company of the cuba of the cub	1. Article Addressed to:	D. 15 delivery address different from from the
☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes  2. Article Number! ☐ [ ] ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	- PO BOX 1240₁簑	Certified Mail ☐ Express Mail
2. Article Number!	Settle	· • _ ·
(Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes
20 2 2044 2	2. Article Number!	06 2760 0001 6378 1640
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154	PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-154
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AN ADDRESS, POLD AT DOTTED LINE NAM ADDRESS, POLD AT DOTTED LINE N	
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Agent  Addressee  B. Fleceived by (Printed Name)  C. Date of Delivery  Agent  C. Date of Delivery  C. 15-1
1. Article Addressed to:	If YES, enter delivery address below:
HERBERT LOPEZ PO BOX 1717	
BLOOMFIELD, NM 87413	31 Service Type Certified Mail
A CARROLL SEE	4. Restricted belivery ( Yes
2. Article Number   1   1   1   1   7   7   6   7   7   6   7   7   7   7	2580 0001 E37A 1664
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540 1

8 1671	U.S. Postal Service 11.  CERTIFIED MAIL THE RECEIPT  (Domestic Mail Only; No MHF/ENCANA  For delivery information visit  OFFIC
6378	Postage \$ Certified Fee 3.30 3 1/50
1000	Return Receipt Fee (Endorsement Required)
2760 0	Restricted Delivery Fee (Endorsement Required)
	Sent HERMAN BEYALE
7005	Street PO BOX 4784 or PO Gloss SHIPROCK, NM 87420
	PS For see neverse for instructions

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	Restric (Endorse	ted Delivery Fee ament Required)		م رمو		C.7	F.
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SENDER: COMPLETE THIS SECTION  SENDER: COMPLETE THIS SECTION	Mais 게 40 ON ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  Agent  Addressee  B. Received by (Printed Name)  D. is delivery address different from item 12  Yes
1. Article Addressed to:  HERMAN BEYALE  PO BOX 4784	D. Is delivery address different from item 11 TJ Yes ' If YES, enter delivery address below:  No
SHIPROCK, NM 87420	3. Service Type Certified Mall
	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Transfer from service label)	00F 5280, 0001, 8359 1851
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540

REturn

U.S. Postal Service IM CERTIFIED MATT MHIF/ENCANA
(Domestic Mail Only; A BETTONIE TSOS) 5878 BETTONIE TSOSIE For delivery information v USE **6377** Postage Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 HOLYAN, ALBERTA. 7006 Street or PO PO BOX 1674 CROWNPOINT, NM 87313 City, E PS Fo tructions

1 1675	U.S. Pos CERTII (Domestic For delivery	FIEL Mail O	OMA	IL <sub>TM</sub> RE(	CEIPT F/ENCA NNIE T	NA	
2759 TOOO D972 9378	Return Rece (Endorsement Re Restricted Delivi (Endorsement Re Total Postane /	ery Fee equired)	H M CIRCI	BEDAH LE DR GTON, N	/ (CORE)		
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E NETURN ADDRESS, FOLD AT DOTTED LINE  STICKER AT TOP OF EVELOPE TO THE RIGHT  SECULOR COLUMN TO THE RI	AL 40 30VId SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
HOLYAN, ALBERTA PO BOX 1674 CROWNPOINT, NM 87313	3. Service Type Certified Mail
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 276	0.0001 6377 5878
PS Form 3811 February 2004 Domestic Re	turn Receipt 102595-02-M-1540
A NDBRESS, FOLD AT DOTTED LINE	RUTHE ANT 40
SENDER: COMPLETE THIS SECTION	COMPLET ON ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  Lingth Bedah  C. Date of Delivery
Article Addressed to:	D. Is delivery address of the Moon on 1? Yes  If YES, enter delivery address below.   No
INETH M BEDAH 605 CIRCLE DR	Z into
FARMINGTON, NM 87401	S Service Type Certified Mail Registered Insured Mail C.O.D.
O Added Number 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. Restricted Delivery? (Extra Fee)
2. Article Number	6 2760 0001 6378 1695
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-1540



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Article Addressed to:	D. Is delivery address different from item 1? Yes, enter delivery address below:	
IRENE L ATENCIO	· · · · · · · · · · · · · · · · · · ·	;
PO BOX 61		
NAGEEZI, NM 87037	3 Service Type Certified Mail	chandise
	4. Restricted Delivery? (Extra Fee)	 9s
2. Article Number (Transfer from service label)	7006  2760  0001 6378  2725	
PS Form 3811, February 2004	omestic Return Receipt 102595-	·02-M-1540

U.S. Postal Service 165 CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provide MHF/ENCANA For delivery information vis BETTONNIE TSOSIE 40 m Postage ۵., Certified Fee Postmark Here 0003 Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 2760 Total Post IRENE CASTILLO 6720 CAMPFIRE LN NW 1000 ALBUQUERQUE, NM 87120 Sent To 700E Street, Apt. or PO Box City, State, PS Form 3

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Authorization and the second and the	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>	A. Signature
▶ ■ Print your name and address on the reverse	A Calfful □ Addressee
so that we can return the card to you.  * Attach this card to the back of the mailpiece,	B. Received by Printed Name) C. Date of Delivery
or on the front if space permits.	( s 5+1/0 169)
, 1. Article Addressed to:	D: its delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
{	
IRENE CASTILLO	, 1
6720 CAMPFIRE LN NW	
ALBUQUERQUE, NM 87120	3. Service Type  SCertified Mail C Express Mail
A STATE OF THE STA	Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
<del></del>	4. Restricted Delivery? (Extra Fee) Yes
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	Return Receipt 102595-02-M-1540
DAN ADDRESS, FOLD AT BOTTED LINE	EMARKA TANAN
SENDER COMPLETE THIS SECTION	ON ON DELIVERY
Complete items 1, 2, and 3. Also complete	X. Signature
item 4 if Restricted Delivery is desired:  Print your name and address on the reverse	Agent Addressee
T	B. Received by Printed Name C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	09/16/14
	D. Is delivery address different from item 1?
t 1. Article Addressed to:	If YES, enter delivery address below: ☐ No
<u></u>	1
T C T C T C T C T C T C T C T C T C T C	
IRENE S LOPEZ	·
PO BOX 107	3. Service Type
NAGEEZI, NM 87037	Certified Mail
3 No. 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	☐ Insured Mail ☐ C.O.D.
· · · · · · · · · · · · · · · · · · ·	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540 }

PS Form 3811, February 2004

U.S. Postal Service IM MÎLF/ÊNCÂNA CERTIFIED MA" (Domestic Mail Only; No BETTONIE TSOSIE 口 5.0 For delivery information vis S 377 Postage ف Certified Fee 0007 Postmank Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postana & Fann JAKE, LULA 7006 GENERAL DELIVERY Street, Ap or PO Box COUNSELOR, NM 87018 City, State See Reverse for Instructions PS Form 3

2 7070	CE (Don	Postal S RTIFIED  mestic Mail Or  elivery Information	MAIL RECEIPT MHEVENCANA  DETTONIE TSOSIE	2)
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TICKER AT TOP OF ENVELOPE TO THE RIGHT  RETURN ADDRESS, FOLD AT DOLD STILNE O	SECTION ON DELIVERY
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Complete items 1, 2, and 3. Also complete	A Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	1 1 1 1 1 1 TAY 0 9/16/14
	D. Is delivery address different from item 1?  Yes
Article Addressed to:	If YES, enter delivery address below:   No
JAKE, LULA	1
GENERAL DELIVERY	<u> </u>
COUNSELOR, NM 87018	
COOMSTROIS	3. Service Type
وريونه که <del>انگرميندسو</del> ر <sub>د</sub>	Registered Return Receipt for Merchandise
	☐ Insured Mall ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
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(Transfer from service label)  S Form 3811, February 2004  Domestic Re	eturn Receipt 102595-02-M-1540
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Research of the service label)  SENDEF.  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.	DEBUTH Receipt 102595-02-M-1540  LEF BLUE BLUE BANGE FOR ON DELIVERY  A. Signature Agent  Address
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Research of the state of the s	A. Signature  A. Signature  B. Rećejved by (Printed Name)  C. Date of Delivery  A. Signature  C. Date of Delivery
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Research of the property of t	DEBUTH Receipt  102595-02-M-1540  LEFU LEFU LEFU LEFU LEFU LEFU LEFU LEF
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Reservice label)  SENDEF:  SENDEF:  Jan 32110 17 0104 SSEBROW NET  SENDEF:  Jan 3210 17 0104 SSEBROW NET  SEN	A. Signature  B. Rećejved by (Printed Name)  D. Is delivery address different from item 1?
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Reservice label)  SENDEF:  Print 3811, February 2004  SENDEF:  S	A. Signature  B. Rećejved by (Printed Name)  D. Is delivery address different from item 12 Yes
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Research of the property of t	A. Signature  B. Rećejved by (Printed Name)  D. Is delivery address different from item 12 Yes
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Reservice label)  SENDEF:  Print 3811, February 2004  SENDEF:  S	A. Signature  A. Signature  A. Signature  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  C. Service Type
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Research of the property of t	A Signature  A Sig
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Research of the property of t	A. Signature  Address  B. Rećejved by (Printed Name)  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  Registered  Registered  Insured Mail  C.O.D.
S Form 3811, February 2004  S Form 3811, February 2004  Domestic Research of the property of t	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  D. Is delivery address different from item 1?  YES, erriter delivery address below:  Registered  Registered  Insured Mail  Restricted Delivery? (Extra Fee)  Yes  Yes

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Γ-	or PO Bc	WA	TE	ER.	FLC	)W,	NM	8742	21	;	
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KER AT TOP OF ENVELOPE TO THE RIGHT	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Delegot, Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
JAMES, ANDREW PO BOX 107 SANOSTEE, NM 87461	AWAYS USE ZIPTU 87461-0107
	3 Service Type Certified Mail El-Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	006 2760 0000 6377 7094
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540

	·
SENDESENDE	SECTION ON DELIVERY
Complete items 1, 20 B at 10 1 RO B AND 20 do 10 19 B B	B. Received by (Printed Name)  C. Date of Delivery  Bobby A cames Sr. 9.15-14  D. Is delivery address different from item 17  Yes  If YES, enter delivery address below:  No
WATERFLOW, NM 87421	3. Service Type  Certified Mail
2. Article Number, (Transfer from service label)	0612760 0001 6377 7063
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540 t

istructions:

PS Form 3811, February 2004

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RELIDIA ADDRESS. FOLD AT DOTTED LINE ICKEN ET TOP OF ENVELOPES OF THE RIGHT.	S BOATH COTION ON DELIVERY		
1976 (1976 1976 1976 1976 1976 1976 1976 1976	A. Signature		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature		
Print your name and address on the reverse	Addressee		
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by Printed Name) C. Date of Delivery		
or on the front if space permits.	Evelyn a.mes 4-18-14		
Article Addressed to:	D. Is delivery address different from item 17  Yes If YES, enter delivery address below:		
JAMES, ERNIE			
PO BOX:563			
FRUITLAND, NM 87416			
TROTES IND, INV 67-10	3 Service Type  Certified Mall		
	☐ Registered ☐ Return Receipt for Merchandise		
	☐ Insured Mail ☐ C.O.D.		
. ·	4. Restricted Delivery? (Extra Fee)		
2. Article Number	JP, 54PD 0007, P354 4700		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			
•	102300 02 111 1340 7		
- Control Control			
THEN ADDRESS, FOLD AT DOTTEP LINE TOR OF ENVELOPE TO THE RIGHT	AN BALLAGO		
SSERGIA WHO	BUBAL 40 IQUES 30Y18 COMPLETE THIS SECTION ON DELIVERY		
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	A. Signature		
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	SHERLEO SHERLEO SHERLEO SHERLEO COMPLETE THIS SECTION ON DELIVERY		
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.	A. Signature  A. Manual Agent  A. Addressee		
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,	A. Signature  A. Signature  A. Agent  Addressee		
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.	A. Signature  B. Received by (Printed Name)  D. Is delivery address different from item 1? 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.	A. Signature  B. Received by (Printed Name)  D. Is delivery address different from item 1? Yes		
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  B. Received by (Printed Name)  D. Is delivery address different from item 1? Yes		
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  AMESESR, HAROLD PO BOX 355	A. Signature  B. Received by (Printed Name)  D. Is delivery address different from item 1? Yes		
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  JAMESSR, HAROLD	A. Signature  A. Signature  B. Paccived by (Printed Name)  C. Date of Delivery  D. is delivery address different from item 1?  If YES, enter delivery address below:  3. Service Type		
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.  JAMESSR, HAROLD PO BOX 355	A. Signature  A. Signature  B. Peceived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:  Service Type  C. Contact of Delivery  D. Is delivery address different from item 1?  No		
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.  AMESESR, HAROLD PO BOX 355	A. Signature  A. Signature  B. Paccived by (Printed Name)  C. Date of Delivery  D. is delivery address different from item 1?  If YES, enter delivery address below:  3. Service Type		
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.  AMESESR, HAROLD PO BOX 355	A. Signature  A. Signature  B. Paccived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No  Service Type  C. Cate of Delivery  D. Is delivery address different from item 1?  No  Service Type  C. Cate of Delivery  Addressee  Registered  Registered  Registered  Registered		
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 SR, HAROLD PO BOX 355  TIOHATCHI, NM 87325	A. Signature  A. Signature  B. Received by (Printed Name)  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  Service Type  S. Certiffed Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.		

Domestic Return Receipt

U.S. Postal Service ™ (Domestic Mail Only; No MHF/ENCANA EL For delivery information vis BETTONIE TSOSIE Postage m Ŀ  $\sim$ Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2761 Total Postage & Fees | \$ JAMES, HENRY 7006 Street, or PO L PO BOX 1144 FRUITLAND, NM 87416 City, St PS For

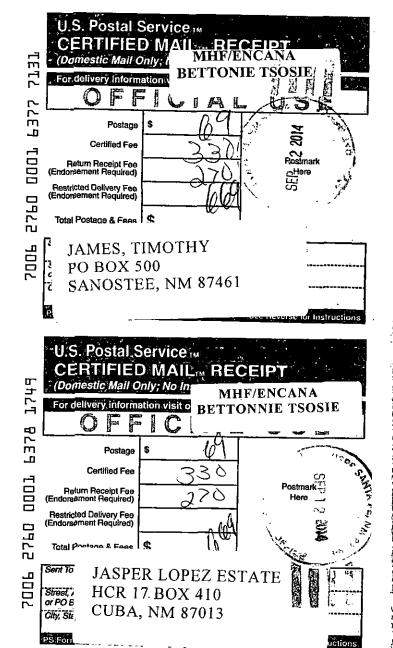
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AE BETURN ADDRESS, FOLD AT DOTTED LINE	30A14 17.10
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from Fernit Yes  If YES, enter delivery address below:
JAMES, HENRY PO BOX 1344 FRUITLAND, NM 87416	3. Service Type Certified Mail Registered Return Receipt for Merchandise
<u> </u>	☐ Insured Mall ☐ Č.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	2760 0001 6377 7J17  turn Receipt 102595-02-M-1540
SENDE SINT OF LOO BY GOOD SERVING SENDE  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 your O  Attach this card to the back of the mailpiece or on the front if space permits.	A. Signature  X
SHIPROCK, NM 87420	3. Sapvice type  Certified Mall
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PS Form 3811, February 2004

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Agents  Addressee  B. Received by (Printed Name)  C. Date of Delivery  (100 hy 0005
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes
LANGER THACTURE	ALWAYS USE ZIPFET
JAMES; TIMOTHY PO BOX 500	-> 874LOI- 0500
, 1	3. Service Type  Certified Mail
h.	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 2	760 0001 6377 7131
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X
1. Article Addressed to:	If YES, enter delivery address below:
JASPER LOPEZ ESTATE	\
HCR 17 BOX 410 CUBA, NM 87013	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	760,0001 6378 1749
PS Form 3811, February 2004 Domestic Retu	rn Receipt - 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL RECEIPT 꿉 (Domestic Mail Only; No Ins MHF/ENCANA For delivery information visit of BETTONNIE TSOSIE ᇷ 1378 Postage Certified Fee .0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postr JEFFERSON LOPEZ Sent To 7005 **PO BOX 107** Street, Apt. or PO Box N NAGEEZI, NM 87037 City, State, PS Form 38

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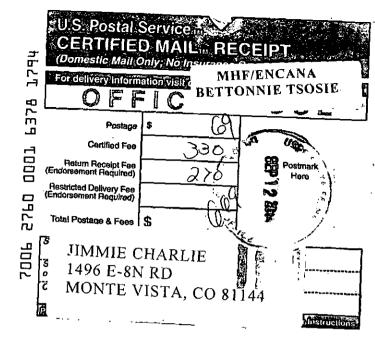
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1. Article Addressed to:	D. Is délivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JEFFERSON LOPEZ PO BOX 107 NAGEEZI, NM 87037	3. Service Type 2. Certified Mail
	4. Restricted Delivery? (Extra Fee)
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Signature
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Deliver
Article Addressed to:  JENITA CHAVEZ	D. Is delivery address different from item 1?
PO BOX 2701' KIRTL'AND; NM 87417	3. Service Type  Q Certified Mall  Registered  Return Receipt for Merchand  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee)
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<ul> <li>Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Pinted Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
JERIMIAH TSOSIE, ELVIRA PINTO , PARENT FOR JERIMIAH TSOSIE PO BOX 2825	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
GALLUT, NM:87305	3. Service Type Certified Mail
2. Article Number (Transfer from service label)	ร รัสษ์ต ้อออีน 6378ในวิจอ
PS Form 3811, February 2004 Domestic Retu	Jrn Receipt 102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	OLIS 30VTIS COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from Item 17  Yes
1. Article Addressed to:  JEROME R LOPEZ	If YES giver deliver Address below: No
2530 SAN JUAN BLVD FARMINGTON, NM 87401	3. Service Type 2 Certified Mail 2 Registered 3. Service Type 4 Express Mail 5 Registered 6 Return Receipt for Merchandise 6 C.O.D.
A service of the serv	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	2760.0001 6378:1787
PS Form 3811, February 2004 Domestic Ret	ırn Receipt 102595-02-M-1540



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, 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: U No		
JIMMIE/CHARLIE 1496 E-8N RD			
MONTE VISTA, CO 81144	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise  C.O.D.		
₩.	4. Restricted Delivery? (Extra Fee)		
2. Article Number 7006 2760 0001 6378 1794 (Transfer from service label)			
PS Form 3811, February 2004 Domestic Ref	urn Receipt 102595-02-M-1540		
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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.  1. Article Addressed to:  JIMMY HERRERA	Signature  A Signature  A Signature  A Agent  Addressee  B. Received by (Printed Name)  C. Data of Delivery  MMIL Levere J. 9/7/4  D. Is delivery address different from item 17  If YES, enter delivery address below:  A Agent  A Agent  A Agent  A Agent  A Addressee  Printed Name  A D. Data of Delivery  A D. Is delivery address different from item 17  If Yes  If YES, enter delivery address below:		
PO BOX 4 COUNSELOR, NM 87018	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.		
	4. Restricted Delivery? (Extra Fee) Yes		
2. Article Number 7006 27 (Transfer from service label)	60 0001 6378 1800 -		
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540		

U.S. Postál Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No In MHF/ENCANA For delivery information visit BETTONNIE TSOSIE m Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 1975 Total Postage & Fees \$ JOANNE T BARBER 126 E MAIN ST FARMINGTON, NM 87401 Instructions

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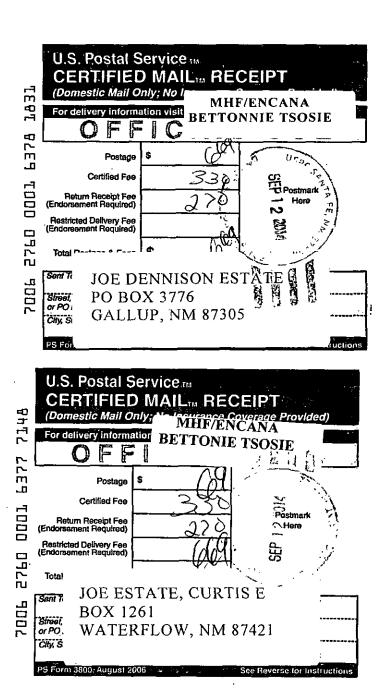
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X Dyn G of G Agent G Addressee  B. Received by (Printed Name) C. Date of Delivery C. Parte of C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
JOANNE T BARBER 126 E MAIN ST FARMINGTON, NM 87#01	3. Service Type
TARMINGTON, NW 8/401	☐ Certified Mail/ ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
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JODY.TSOSIE PO BOX.2825 GALLUP,«NM 87305	If YES, enter delivery address below:   No  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)	५००, ०००७ १ वंडिंग १८३५

Domestic Return Receipt

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PS Form 3811, February 2004

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U.S. Postal Service In CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) MHF/ENCANA For delivery informati BETTONIE TSOSIE **137** Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ JOE, JIMMIE E 7006 PO BOX 452 FRUITLAND, NM 87416 instructions

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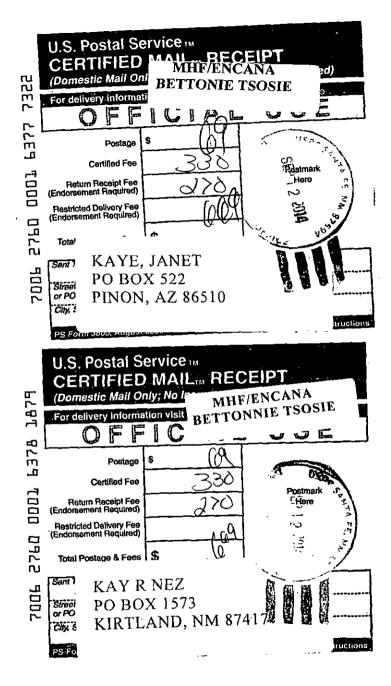
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SENDEN: COMPLETE THIS SECTION	SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	A Agent
Print your name and address on the reverse	Addressee
so that we can return the card to you.	8. Received by (Printed Name) C Date of Delivery
Attach this card to the back of the mailpiece,	1 Jimmie 200 2 74-19
or on the front if space permits.	D. Is delivery address different from item 1?
1. Article Addressed to:	. If YES, enter delivery address below: No
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2. Article Number	006:2760:0001:6377 7155
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	stic Return Receipt 102595-02-M-1540
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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Attach this card to the back of the mailpiece,	B. Received by ( Printed Name) C. Date of Delivery
or on the front if space permits.	<u> </u>
Article Addressed to:	D. is delivery address different from Item 1?
11 Fillion Addressed to.	#YES, enter delivery address below:
JOE MARTINEZ	,
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PO BOX	
CAHONESCO 81320	2 Condes Toron
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U.S. Postal Service TM CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Coverage P. LTI. MHF/ENCANA 뭐 For delivery information v BETTONNIE TSOSIE 40 m Postage \_0 Certified Fee Postmark Return Receipt Fee (Endorsement Required) 270 ▭ Here Restricted Delivery Fee (Endorsement Required) 7 Total Postage & Fees | \$ 'n JOSEPHINE B CASTILLO 56 ROAD 5580 J FARMINGTON, NM 87401 7006 or PO Box City, State, PS Form 3 U.S. Postal Service 744 CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) MHF/ENCANA 191 For delivery information visit BETTONNIE TSOSIE 띠 ₽m Postage ш. Certified Fee Postmark 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total ~ KATHLEEN VICTOR Sent To 700E 600 W BLANCO BLVD APT 19: or PO BLOOMFIELD, NM 87413 City, S

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ant d	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY.
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Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:   No
KATHLEEN VICTOR 600 W BLANCO BLVD	Kalhken Victor
BLOOMFIELD, NM 87413	3, Service Type
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece or on the front if space permits.  Article Addressed to:  KAY R NEZ PO BOX 1573	A. Signature  Agent Addressee  B. Received by Printed Name) C. Date of Delivery
KIRTLAND, NM 87417	3. Service Type  Certified Mail
(Transfer from service label)	7.006(2760(0001,6378,1879) stic Return Receipt 102595-02-M-154

U.S. Postal Service ™ CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Ins 1886 MHF/ENCANA For delivery information visit o BETTONNIE TSOSIE 40 m L Postage Ъ Certified Fee Postman 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postene & Fees S KEE BEYALE Sent To 7006 PO BOX 4303 Street, or PO L SAN FELIPE, NM 87 City, St uctions PS For

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ENDER: COMPLETE THIS SECTION AND A	Signature
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KEE BEYALE	
	3. Service Type  3. Service Type  Condified Mail D Express Mail
PO BOX 4303 SAN FELIPE, NM 87001	Certified Mail Return Receipt for Merchandise
SAN 12	G Inguised Mail C.O.D.
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item 4 if Restricted Delivery is desired.	X A Agent
Print your name and address on the reverse so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Davia beliaitto 1917/14
Article Addressed to:	D. Is delivery address different from item 1?  Yes
	If YES, enter delivery address below: ☐ No
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KEE C BELIDITTO	<u>.</u>
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DULCE, NM 87528	3. Service Type
DODCE, NW 67326	Certified Mail  Express Mail
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	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	3310 0001 1338 333
The first term deriving taboly	2760,0001 6378 1893
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

U.S. Postal Service In CERTIFIED MAIL RECEIPT (Domestic Mail Only; MHF/ENCANA For delivery information BETTONIE TSOSIE F 37 6EP 12 Postage \_0 Certified Fee 0001 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 IN CASE OF KEETSO, WILLIE 7006 GENERAL DELIVERY Stree or P COUNSELOR, NM 87018

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<b>[~</b>		LUP, NM 87305	
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CKER AT TOP OF ENVELOPE TO THE RIGHT  ETURN ADDRESS, FOLD AL DOTTED LINE	OF THE			
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KEETSO, WILLIE	<b>\</b> .			
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والمحاصون والمحاصون والمحاصون	Registered Receipt for Merchandise			
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	D. Is delivery address different from Item 1?  Yes			
Article Addressed to:	If YES, enter delivery address below:   No			
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KENDRICK TSOSIE	1.			
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L' CATITID NM 8/3U2	3. Service Type			
GALLUP, NM 87305	Certified Mail			
GALLUP, NM 87303	Certified Mail			
GALLUP, NM 87303	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
GALLUP, NM 87303	Certified Mail			
<u></u>	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			

U.S. Postal Service via CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Coverage Provi 6.37四年近 MHF/ENCANA For delivery information visit BETTONNIE TSOSIE Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees | \$ Key Production Co. 7006 1700 Lincoln Street Stree or PC Suite 3200 City, : Denver, CO 80203

	U.S. Postal S	Service <sub>TM</sub>	
	CERTIFIE	MAIL RECEIPT	3 × 12
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	Certified Fee	< >	**************************************
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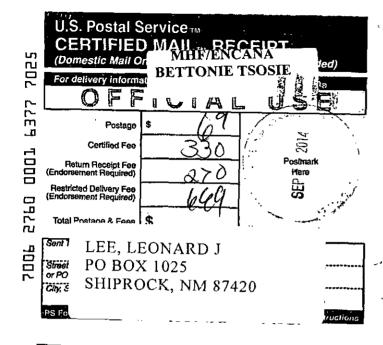
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SENDER: COMPLETE 1 1019 SECULOR ASSESSMENT SENDER:	H BHT 40	CTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X	9/15/14
1. Article Addressed to:  Key Production Co. 1700 Lincoln Street Suite 3200¹ Denver, CO 80203	Is delivery address if YES, enter delivery      Service Type     Certified Mail     Registered     Insured Mail     Restricted Delivery	□ Express Mail □ Return Receipt for Merchandise □ C.O.D.
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PO BOX 3445. SHIPROCK, NM 87420  2. Article Number (Transfer from service label)	3. Service Type Certified Mail Registered Insured Mail 4. Restricted Delivery	
PS Form 3811, February 2004 Domestic Retu	ern Pacaint	102595-02-M-1540

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	D. Is delivery address different from item 1	Agent Addressee Date of Delivery
LAMEMAN, BETTY PO BOX 884	If YES, enter delivery address below:	<b>J</b>
SHIPROCK, NM 87420	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.	for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
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PS Form 3811, February 2004 Domestic Retu	ım Receipt	102595-02-M-1540



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-0 Lu	Postage \$	*
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7007	LEE, LINUS J PO BOX 3526 SHIPROCK, NM 87420	
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SENDER: COMPLETE THIS SECTION	COMPLETE CTION ON DELIVERY				
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Article Addressed to:	D. Is delivery address different from Item 1?				
LEE, LEONARDE PO BOX 1025 SHIPROCK, NM 87420	3. Sepvice Type Certified Mail DExpress Mail				
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
- 1	4. Restricted Delivery? (Extra Fee) Yes				
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LEE, LINUS J PO BOX 3526	Emma lee				
SHIPROCK, NM 87420	3. Service Type  Certified Mall  Express Mall  Registered  Insured Mail  C.O.D.				
2. Article Number	4. Restricted Delivery? (Extra Fee)				
(Transfer from service label)	פאסה לאפש בסססוסארב				
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Domestic Return Receipt

U.S. Postal Service TM
CERTIFIED MAIL MRECEIPT
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MHIF/ENCANA 203Z BETTONIE TSOSIE For delivery information F377 Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ LEE SR, REX 7006 Street, or PO PO BOX #4115 SHIPROCK, NM 87420 City, S ructions PS Fo

9 1916	U.S. Postal Service IM CERTIFIED MAIL IM RECEIPT (Domestic Mail Only; No For delivery information vi  OFFICE  U.S. Postal Service IM RECEIPT (Domestic Mail Only; No BETTONNIE TSOSIE	
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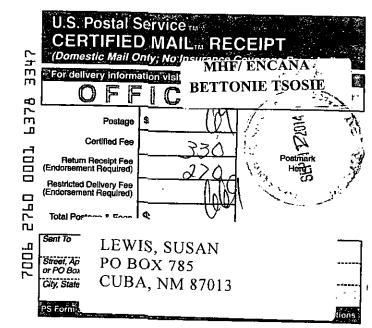
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1. Article Addressed to:  LEE SR, REX PO BOX-#4115 SHIPRO©K, NM 87420	D. Is delivery address different from item 1?
	Certified Mail
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SENDER: C  SENDER: C  AND ABLIOG IV GTO: SSENGOV N.  Complete items 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.	#ILEN BILL: 30  ## A Signature
1. Article Addressed to:  LEO JOHNSON PO BOX 482	D. Is delivery address different from item 1?
NAVÄJO, NM 87328	3.\Service Type   Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.     4. Restricted Delivery? (Extra Fee)   Yes
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PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

U.S. Postal Service IM CERTIFIED MAILTA RECEIPT (Domestic Mail On For delivery informati BETTONIE TSOSIE **5377** Postage Certified Fee 0007 Postmark, Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ LEWIS, JEFFERSON 7006 Strei or Pi **PO BOX 241** NAGEEZI, NM 87037

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2760	. Total Postana & Feas		318 A
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7005	Street, A PO BO	OX 31	
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Specified Nowfews  B. Received by (Printed Name)  JEFFERSON LEWIS	C. Date of Delivery
1. Article Addressed to:  LEWIS, JEFFERSON PO BOX 241 NAGEEZI, NM 87037		ow: No
2. Article Number	□ Insured Mail □ C.O.D.  4. Restricted Delivery? (Extra Fee)  7.60 □□□□ 1 6377 7□	☐ Yes
SENDER  THOM SHILL OF STORY NEAR SERVICE  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,	A. Signature  X Rebrusan Lensi  B. Received by (Printed Name)	☐ Agent ☐ Addressee ☐ C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:  LEWIS, ROBINSON PO BOX 31	D. Is delivery address different from if YES, enter delivery address be	item 1? 🗆 Yes
NAGEEZI, NM 87037	3. Service Type Certified Mail Registered Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)	Mail ecelpt for Merchandise □ Yes
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PS Form 3811, February 2004 Domestic Ref	urn Receipt	102595-02-M-1540



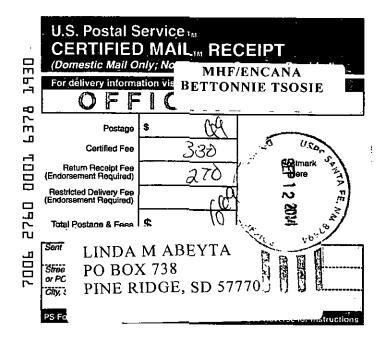
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X. Sureful as the Adgent Addressee  B. Received by (Printed Name)  C. Date of Velivery  91514
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
LEWIS, SUSAN PO BÖX 785 CUBA, NM 87013	3. Service Type  Certified Mall Registered Return Receipt for Merchandise Insured Mali C.O.D.
	4. Restricted Delivery? (Extra Fee)
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.	A. Signature
LEWIS, THOMAS PO BOX 314 NAGEEZI, NM 87037	3. Service Type  Certified Mail Registered Co.D.  4. Restricted Delivery? (Extra Fee)  Yes  2760 0001 6378 3330
Transfer from service labell: 700	P 5(PD 0000 00(0 55577 ° )

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004



	D MAILTM RECEIPT Only: No Insurance Coverage Providence	led)
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Or PO Box N City, State, 2	GEEZI, NM 87037	
PS Form 38	<u> </u>	ons.

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SENDER: COMPLETE THIS SECTION		OITE BOAJ9 BRI BRT 10	I ON DEL	IVERY
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1. Article Addressed to:  LINDA M ABEYTA	D	is deliver andress If YES after deliv	ery address delo	Yes W: No
PO BOX 738 PINE RIDGE; SD 57770		Service Type U Certified Mall Registered Insured Mail	Express Ma	ail eipt for Merchandise
]	4.	Restricted Deliver	y? (Extra Fee)	☐ Yes
Article Number	H-1-700E	2760 00	01 6378	1930
PS Form 3811, February 2004	Domestic Return F	Receipt		102595-02-M-1540

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| Article Addressed to:  | D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No  |
| LOIS M KEETSO PO BOX 254   |  |
| NAGEEZI, NM 87037  | 3. Service Type  Certifled Mall  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number + + + + + + + 7,004 :27,   | 60 0001 6378 1947/   |
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U.S. Postal Service 761 CERTIFIED MAILM RECEIPT (Domestic Mail Only; N MHF/ENCANA ū BETTONNIE TSOSIE For delivery information v 40 H Postage Ф Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 LORRAINE TSOSIE 7005 PO BOX 2592 Or PO KIRTLAND, NM 87417 City S U.S. Postal Service TAL CERTIFIED MAIL RECEIPT (Domestic Mail Only; No I MHF/ENCANA For delivery information visit BETTONNIE TSOSIE 40 m Postage \_ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 回

LORRAINE M VICTOR PO BOX 2716 BLOOMFIELD, NM 87413

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Color of Delivery  Color of Delivery  Color of Delivery  Color of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
LORRAINE M VICTOR PO BOX 2716 BLOOMFIELD, NM=87413	3. Service Type  Q Certified Mail
<b>1</b>	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.
·	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	5\2\0\00007\P3\8\14\7
PS Form 3811, February 2004 Domestic Retu	urn-Receipt 102595-02-M-1540

1,1465	U.S. Postal S CERTIFIE (Domestic Mail C For delivery inform	MAIL RECEIPT Only:  MHF/ENCANA BETTONNIE TSOSIE	
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	Restricted Delivery Fee (Endorsement Required)	ارچ 💆 ( ۵۵	
2740	Total Postage & Fees	s	
72	Sent To	OUISE M MARTINEZ	ř
7005	Street, Apt. No., DC	BOX 22	
ر <i>-</i>		AGEEZI, NM 87037	•
	PS Form 3800.		

8 1992	U.S. Postal S CERTIFIEL (Domestic Mail O For delivery information)	MAIL <sub>IM</sub> REO	CEIPT  Available Provided  /ENCANA  NNIE TSOSIE
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery     August   Martinaz   All 4   4   4   4   4   4   4   4   4   4
1. Article Addressed to:  LOUISE M MARTINEZ PO BOX 22	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
NAGEEZI, NM 87037	3.( Service Type  Certified Mail
2. Article Number,	00612760 0000 6378 0785
PS Form 3811, February 2004 Domesti	c Return Receipt 102595-02-M-1540

U.S. Postal Service M CERTIFIED MAIL. RECEIPT (Domestic Mail Only; No Ins ⇨ For delivery information visit ou BETTONNIE TSOSIE MHF/ENCANA 40 m **Postage** -.10 Certified Fee 2000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 760 Total Postage & Fees | \$ 'n 一個百個 2005 MAE C RANDOLPH Street, A or PO Bo **PO BOX 115** NAGEEZI, NM 87037 City, Sta

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  XMac C. Randolph 9/16/14
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:   No
MAE C RANDOLPH	
FO BOX 115	3, Service Type
NAGEEZI, NM 87037	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	2008 5280 0001/18358 5002
0044 = 4	c Return Receipt 102595-02-M-1540
ENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Signature  Agent  Addressee
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.	B. Received by ( Printed Name) S Date of Delivery
. Article Addressed to:	D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No
The second secon	<b>}</b>
MANYGOAT, ANNA M PO BOX 1213	
EL RENO, OK 73036	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 27	FO 0001 P378 3135

Domestic Return Receipt

102595-02-M-1540

! PS Form 3811, February 2004

U.S. Postal Service To CERTIFIED MAIL, RECEIPT (Domestic Mail Only; No Insurance MHF/ ENCANA BETTONIE TSOSIE For delivery information m 40. 37 Postage ம Certifled Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 760 Total Postage & Fees \$ 'n MANYGOAT, BARBARA J Sent To 7006 PO BOX 115 Street, Ap or PO Box KIRTLAND, NM 87417 City, State PS Form

	U.S. Postal Service TM CERTIFIED MAILTH RECEIPT (Domestic Mail Only; No MHF/ ENCANA	
	For delivery information visi  OFFIC  ### TONIE TSOSIE	*
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A signature  A sig
MANYGOAT, BARBARA J PO BOX 115 KIRTLAND, NM 87417	3. Service Type Certifled Mail Registered Registered Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number	77. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
(Transfer from service label)	06 2760 0001 6378 3156 (102595-02-M-1540)
PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-W-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  Agent  Addressee
Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:
MANYGOATS, MARY-A PO BOX 327	If YES, enter delivery address below: No  Moiny Ann Mangaat  3. Service Type
SHIPROCK, NM 87420	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number.   (Transfer from service label)	5760 0007 8379 3783
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540

U.S. Postal Service 113 CERTIFIED MAILT RECEIPT 2012 (Domestic Mail Only; No Jacusance Coverage Provided) MHF/ENCANA For delivery information vi BETTONNIE TSOSIE 378 Postage L Certified Fee 0001 Postmark Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 2760 MARENA SHIELDS Sent 7006 2011 TROY KING RD Stree or PC TRLR 182 FARMINGTON, NM 87401 City,

7.	U.S. Postal S CERTIFIEI (Domestic Mail C	DMAILTM REC	overage Provided)
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	Restricted Delivery Fee (Endorsement Required)	PD 1	2014
2760	Total	le . () ()	100 100 100
9	Sent 1: MARIE	MARTINEZ	
7006	Street, POBO	X. 1294	
<b>1</b> ~	chy, s AZTEC	, NM 87410	- Arri SMET MADS
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SENDER: COMPLE.	TOT SELVE TO T	d01 173-5	
<ul> <li>Complete items 1, 2, and 3. Also completem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the maior on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>MARIE MARTINEZ</li> </ul>	verse	A. Signature  X  B. Received by (Printed Name)  Car 12 2  D. Is delivery address different from item 1  If YES, enter delivery address below:	Date of Delivery  Peter of Delivery  Yes  No
PO BOX 1294	. <sub>1882</sub> , L	2 Convice Type	
AZTEC, NM 87410		3. Service Type  Certified Mail  Registered  Insured Mail  S.O.D.	t for Merchandise
1		4. Restricted Delivery? (Extra Fee)	☐ Yes 、
2. Article Number ( Transfer from service label)	7006	7601 0001 16378 2029	-
PS Form 3811, February 2004	Domestic Ret	urn Receipt	102595-02-M-1540 ,



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7006	35 PO BOX	1707	
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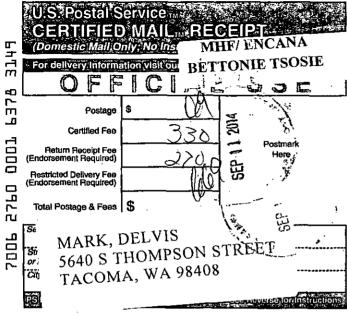
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Marline Burger Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	O. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
MARLENE L BEGAY PO BOX 1707 AZTEC, NM 87410	SEP 1 5 2014
	Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 (Transfer from service label)	760 00011697816050
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

U.S. Postal Service IM CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided) 2043 MHF/ENCANA For delivery information vis **BETTONNIE TSOSIE** 40 37 Postage Д Certified Fee Postma 2000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Post MARLENE KNOTCHAP 12838 DORADO DR SE ALBUQUERQUE, NM88 Sent To 7006 Street, Apt. or PO Box City, State, PS Form 3

	U.S. Postal S		
i	CERTIFIE	MAIL RECEIPT	
ם	(Domestic Mail C	MHF/ENCANA	
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ሎ	Chy. 5 SANO	STEE, NM 87461	
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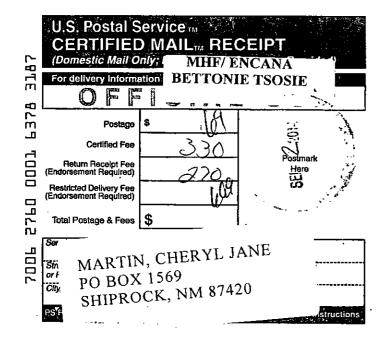
Complete items 1, 2, and 3. Also complete items 4 if, Restricted Delivery is desired.  Raint your name and address of the reverse so that we can return the card through this card to the back of the mellolete or on the front if space permits.  MARLENE KNOTCHAPONE 12838-DORADO DR SE APT 3  ALBUQUERQUES NAME 123	A. Signature  A. Signature  B. Received by (Printed Name)  D. Is delivery address delivery address below.  If YES, enter delivery address below.  3. Service Type    Certified Mail   Express Mail   Registered   Return Receipt for Merchandlse   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes
2 Article Number (1) [700] (Transfer from service label)	E1 2760 0001 6378 2043
PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.  Article Addressed to:  MARK, DAVID J BOX 334 SANOSTEE, NM 87461	COMPLETE THIS SECTION ON DELIVERY  A Signature  X
2. Article Number (Transfer from service label)	- 2760 0001 6378 3194
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540

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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Inch is card to the back of the mailpiece, or or the front if space permits.  Article Addressed to:  MARK, DELVIS  5640 STHOM SON STREET	A. Signature  X
TACOMA, WA 98408	3. Service Type Certified Mail
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY  A. Signature
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from Item 1?  If YES, enter delivery address below:
TOTAL TO DALIE I	ALWAYS USE ZIPIY
MARK ESTATE, PAUL J PO BOX 193 SANOSTEE, NM 87461	3. Service Type— 4. Service Type— 5. Ser
PO BOX 193	Certified Mail



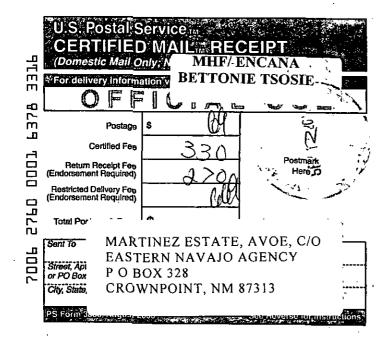
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■ Print your name and address on the reverse	*Cheune Martin	☐ Addressee
so that we can return the card to you. orp a Attach this card to the back of the mail biece,	B Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 15	Chemi Martin	m 17 🗆 Yes
1. Article Addressed to: 2014	D. Is delivery address different from ite if YES, enter delivery address belo	
SPS-872		
: MARTIN, CHERYL JANE		· · · · · · · · · · · · · · · · · · ·
PO BOX 1569		
SHIPROCK, NM 87420	3 Bervice Type  Contified Mail Diverges M.	ait
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Name of the state	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 7006 2	760 0001 6378 3187	•
PS Form 3811, February 2004 Domestic Re	turn Receipt	102595-02-M-1540
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so that we can return the card to you.	B. Received by ( Printed Name)	C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Hice Mousia	9115114
1. Article Addressed to:	D. Is delivery address different from iter	
,	If YES, enter delivery address below	w: No
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, MARTINEZ, ALICE		
PO BOX 255		
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(	☐ Insured Mail ☐ C.O.D.	Apt for merchandise
·	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number	710 0007 1777 777	
(mansier from service label)	760 0001 6378 332:	<u> </u>
PS Form 3811, February 2004 Domestic Retu	ırn Receint	102595-02-M-1540 <sup>'</sup>

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Jeeurance Coverage Provided) -90z MHF/ENCANA For delivery information visi BETTONNIE TSOSIE HZ-Postage ┚ Certifled Fee 1000 Return Receipt Fee (Engorsement Required) Restricted Delivery Fee (Engorsement Required) **27**6 Total Postage & Fees | @ MARTINEZ ANN LO 7006 PO BOX 22 Street, or PO NAGEEZI, NM 87037 Chy, S PS For

-	U.S. Postal S CERTIFIE (Domestic Mail C	DIMAIL® RECEIPT  Only: No 14 MHF/ ENCANA	
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SENDER: COMPLETE THIS SECTION	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery     Agus   Martines   117/14     D. Is delivery address different from item 17   Yes
1. Article Addressed to:  MARTINEZ ANN LOLITA PO BOX 22	if YES, enter delivery address below: ☐ No
NAGEEZI, NM 87037	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	6 2760 0001 6378 2067 ;
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X A Agent  Note: Addressee  B. Received by (Printed Name)  David V. Martinez  9-16-14
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
MARTINEZ, DAVID V PO BOX 36	
CUBA, NM 87013	3. Service Type  Certified Mail Express Mail  Registered Receipt for Merchandise
· ·	☐ Insured Mail ☐ C.O.D.
	□ Insured Mall □ Ĉ.O.D.  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label)	



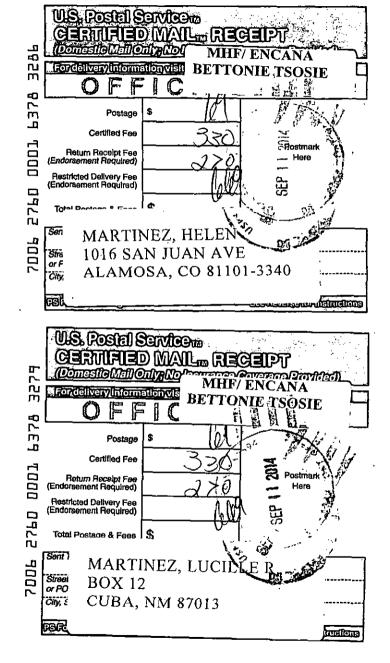
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7006		TER, CO 81125
	PS Form 3800 August 20	DUD ACTION AND ADDRESS OF THE PROPERTY OF THE

<u>:</u>	
■ 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:  MARTINEZ ESTATE, AVOE, C/O EASTERN NAVAJO AGENCY P O BOX:328 CROWNPOINT, NM 87313	A. Signature  X
	☐ Insured Mail ☐ C.O.D.
•	4. Restricted Delivery? (Extra Fee)
	Ь 27Ь0 0001 Ь378 331Ь leturn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  MARTINEZ, GIBSON	A. Sgrature  A. Sgrature  A. Sgrature  Addressee  P. Received by (Printed Name)  C. Date of Delivery  C. USON MARTINE 2 9 - 15 - 14  D. Is delivery address different from item 1?  If YES, enter delivery address below:  Skino  Yes
1097 ROAD 44 CENTER, CO 81125	3. Service Type  Certified Mail
2. Article Number (Transfer from service label); 700L	the second secon

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  MARTINEZ, HELEN 1'016 SAN JUAN AVE ALAMOSA, CO 81101-3340	A. Signature  X Lou Control Name  B. Received by (Printed Name)  C. Date of Delivery  Lou Control 17   Yes  If YES, enter delivery address below:  No  3. Service Type
	Certified Mall
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)   7004   27	'60 0001 6378 3286 eturn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY.  A. Signature  X
MARTINEZ, LUCILLE R BOX 12 CUBA, NM 87013	If YES, enter delivery address below:  No  3. Service Type     Certified Mall
2. Article Number (Transfer from service label) 17,006 27	P75E 87E4 1000 04'

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

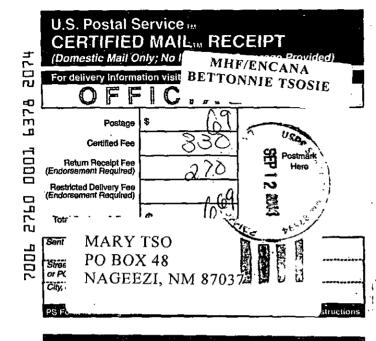
Ü.S. Postal Service ™ 🦭 🦠 MHF/ ENCANA (Domestic Mail Only; No Insu For delivery information visit our BETTONIE TSOSIE 32, **6378** Postage Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postana & Fens S. Sent 1 MARTINEZ, ROLAND 7005 Street, or PO PO BOX 1172 CUBA, NM 87013 City, É

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.	A. Signature  A. Signature  A. Signature  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:
MARTINEZ, ROLAND PO BOX 1172	2 Sandas Type
CUBA, NM 87013	3. Service Type  Certified Maii
2. Article Number (Transfer from service label)	L 2760 0001 6378 3248
PS Form 3811, February 2004 Domestic Retu	um Receipt 102595-02-M-164

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6378	Postage	5 69 50 USA	
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Η	Street, A POB(	DX 583	
~	or PO Br		
	City, Stai BLOC	MFIELD, NM 87413	.2400444
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?
1. Article Addressed to:  MATILDA M BEGAY  PO BOX 583	If YES, enter delivery address below:
BLOOMFIELD, NM 87413	3. Service Type  S Certified Mail
, !	4. Restricted Delivery? (Extra Fee)
2. Article Number	60,0001,6378,2098
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540



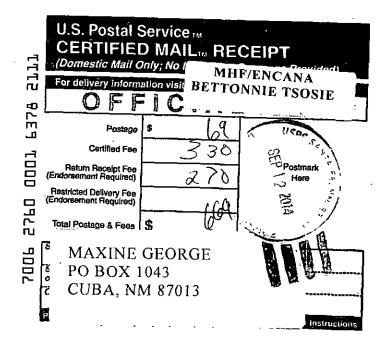
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000	Return Receipt Fee (Endorsement Required)	270	Postmark Here	[]
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1.0	chy, ster NAGE	EEZI, NM 870	37	
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ICKER AT TOP OF ENVELOPE TO THE RIGHT RETURN ADDRESS, FOLD AT DOTTED LINE	BMT 40
SENDER: COMPLETE THIS SECTION	ECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X MOV ( ) Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  NATY C, TSD G S 14
1. Article Addressed to:	D: Is delivery address different from item 1?
MARY ISO PO BOX 48 NAGEEZI, NM 87037	3. Service Type  Certified Mail
2. Article Number	Hill obdituit Vana annu
(Iransier from service label)	eturn Receipt 102595-02-M-1540 <sup>-4</sup>
UG IV 0104 'SSSNggy Nyn ab au	
BHL OL BUD BANDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  X. Soc. B. Received by (Printed Name)  C. Date of Delivery  Ca. 23 4 915 124
1. Article Addressed to:	D. Is delivery address different from item 1?
MARY W VICTOR PO BOX 112	1201112, May e e 21 7 M 87037.
NAGEEZI, NM 87037	3. (Service Type  SL Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	1/27/60 0001 6378/2081

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004



		D MAIL RECEIPT	
78 3255	(Domestic Mail C For delivery Inform	BETTONIE TSO	
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2005	or PO. TWO	ONALD, TOMMY T GREY HILLS TP ATCHI, NM 87325	uctions

	<u> </u>
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>MAXINE GEORGE</li> </ul>	A. Signature  X Manual Alw   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery    MANAY OTOW   Yes  If YES, enter delivery address below:   No
PO BOX 1043 CUBA, NM 87.013	3. Service Type  □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
Article Number     (Transfer from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAILTE RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) MHF/ENCANA ιū For delivery information visit BETTONNIE TSOSIE Ę, Ø **F37** Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 MELISSA BILIDITTO 7 3150 N FLOWING WEL Sent 7005 RD APT 2 Stree or PC TUCSON, AZ 85705 shuctions

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NENDER: COMPLETE THIS SECTION SENDER: COMPLETE THIS SECTION	SOITS BOALT TO NO. N.C. I.C. O. N. DELINE	:RY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name) / C	Agent Addressee Date of Delivery
1. Article Addressed to:	If YES, enter delivery address below:	
MELISSA BILIDITTO MING SELLS RD APT 2	Hosting Sasa	ě.
TUCSON PAZ 85705	3. Service Type Q Certified Mail	t for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number,	OP 15360 10007, P339 15	159
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PS Form 3811, February 2004  Domestic Reservice 18 PS Form 3811, February 2004  SENDER: CO  Point 19 PS Form 3811, February 2004  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  MELVIN C*SANDOVAL ESTATE, C/O EASTERN NAVAJO PROBATE PO BOX:328	B. Received by (Printed Name)  D. Is delivery address different from item 1	Agent Addressee Date of Delivery  S-4
PS Form 3811, February 2004  Domestic Reservice 18 PS Form 3811, February 2004  SENDER: CO  ANT GELLOG LY GTO A SESHORY  LIPING BELLOG LY GTO A SESHORY  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  MELVIN C'SANDOVAL ESTATE,  C/O EASTERN NAVAJO PROBATE	B. Received by (Printed Name)  D. Is delivery address different from item of the second of the secon	Agent Addressee Date of Delivery Yes No
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PS Form 3811, February 2004  Domestic Reservice 18 PS Form 3811, February 2004  SENDER: CO  Point 19 PS Form 3811, February 2004  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  MELVIN C*SANDOVAL ESTATE, C/O EASTERN NAVAJO PROBATE PO BOX:328	B. Received by (Printed Name)  D. Is delivery address different from item of the second of the secon	Agent Addressee Date of Delivery Yes No

102595-02-M-1540

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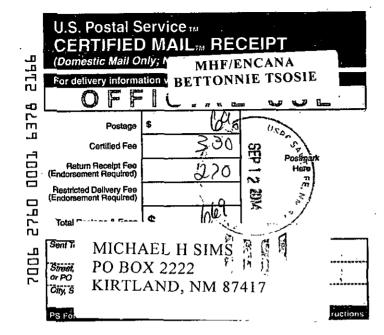
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from Item 1?
MELVIN WILLIE PO BOX 1/288	
TEEC NOS POS, AZ 86514	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes
(Transfer from service label)	12760+10000 6378.2142
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540



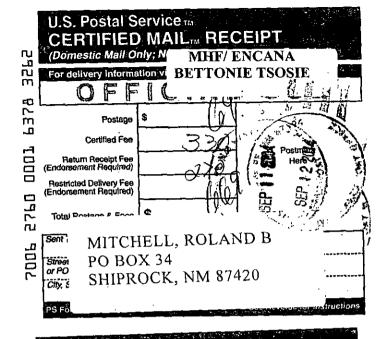
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<ul> <li>Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
MICHAEL H SIMS PO BOX 2222 KIRTLAND, NM-87417	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
i	4. Restricted Delivery? (Extra Fee)
ADDRESS, FOLD AT DOTTED LINE	เมลา
■ 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 ON DELIVERY
■ 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.	A. Signature  X. Collow Dake Addressee  B. Received by (Printed Name)  D. Is delivery address different from Item 17  If YES, enter delivery address below:  3. Service Type  D. Certifled Mail  Registered  Return Receipt for Merchandise  Insured Mail
■ 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:  MILTON BAKER  PO BOX 135	A. Signature  X. Colloca Date   Agent Addressee  B. Received by (Printed Name)   C. Date of Delivery  Addresse   Date   Yes    If YES, enter delivery address below:   No  3. Service Type   Certifled Mail   Express Mail    Registered   Return Receipt for Merchandise

Domestic Return Receipt

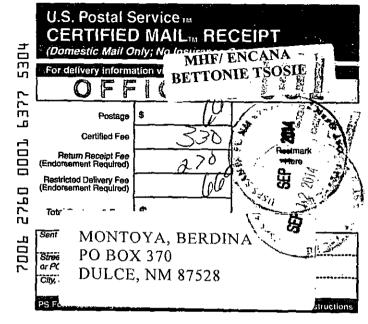
PS Form 3811, February 2004

102595-02-M-1540



1.1	U.S. Postal Service RECEIPT: CERTIFIED MAIL RECEIPT: (Domestic Mail Only: N MHF/ ENCANA H
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2760	Total F
	TEARLY MORNINGO WE, ETC. E.
7005	orpos PENDLETON, OR 97801
	PS Form 3800. August 2006

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY .
Complete items 1, 2, and 3 Also complete	A. Signature
item 4 if Restricted Delivery intestred.  Print your name and address on the reverse so that we can return the cardito your	X heldered Inches (Addressee)
so that we can return the bank to your	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece or on the front if space periods.	Millred F. Litchell 9-17-14
1. Article Addressed to:	D. Is delivery address different from Item 1? Q Yes
,H3	If YES, enter delivery address below:
MITCHELL, ROLAND B	.:
PO BOX 34	
SHIPROCK, NM 87420	3. Service Type
Sim Rook, Nin or 120	Certifled Mall
The second secon	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	2760 0001 6378 3262
(Transfer from service label) 7006	CLRR OPPR TO
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540 ;
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A Signature
item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
Article Addressed to:	If YES, enter delivery address below:
	, ÿ
MORNINGOWL, ERNESTINE	
MORNINGOWL, ERSIDE AVE	
MORNINGOWL, ERNEST 322021/2 NE RIVERSIDE AVE	
32201/2 NE RIVER 97801 PENDLETON, OR 97801	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	2760 0001 F355 2377
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Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received the Printed Name) C. Detelot gelivery
1. Article Addressed to:	D. Is delivery address different from item 1?  \(\text{I}\) Yes  If YES, enter delivery address below:  \(\text{I}\) No
	(* ,
, MONTOYA, BERDINA	<b>[</b> :
PO BOX 370	·
DULCE, NM 87528	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 700L (Transfer from service label)	2760 0001 6377 5304
PS Form 3811, February 2004 Domestic Ret	

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Adgent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:  MONTOYA, CHERISH S  C/O MELANIE LEVATO PARENT  PO BOX 781	If YES, enter delivery address below:   No
DULCE, NM 87528	3 Service Type  Certified Mall
2. Article Number (Transfer from service label) 7006 3	760 0001 6378 3231
PS Form 3811, February 2004 Domestic Retic	rn Receipt 102595-02-M-1540

U.S. Postal Service 188 CERTIFIED MAIL RECEIPT (Domestic Mail Only; MHF/ ENCANA πū 53 For delivery information BETTONIE TSOSIE 6377 Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postern & Error & MONTOYA, DONNA Sent To 7006 PO BOX 1476 Street, Apt. or PO Box N DULCE, NM 87528-1476 City, State, 2 PS Form 380

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<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  C. Date of Delivery  Donna Wontona 9/7/14  D. Is delivery address different from item 17 49  If YES, enter delivery address below:
MONTOYA, DONNA PO BOX-1476 DULCE, NM 87528-1476	3. Service Type
2. Article Number 7006 2	760 0001 6377 5328
(Transfer from service label)	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>MONTOYA ESTATE, EARL DEAN, C/O EASTERN NAVAJO PROBATE PO BOX 328         <ul> <li>CROWNPOINT, NM 87313</li> </ul> </li> </ul>	A. Signature  X
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>MONTOYA ESTATE, EARL DEAN, C/O EASTERN NAVAJO PROBATE PO BOX 328         <ul> <li>CROWNPOINT, NM 87313</li> </ul> </li> </ul>	A. Signature  X

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U.S. Postal Service 15 CERTIFIED MAIL. RECEIP MHF/ ENCANA (Domestic Mail Only; m BETTONIE TSOSIE TI For delivery information Ĺη 377 Postage Postmark Here \_\_ Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 MONTOYA, MARONDA 700E PO BOX 1543 **DULCE, NM 87528** ristructions

8 ጌዛወዛ	For dolivon information visit	ENCANA NIE TSOSIE
2760 0001 637	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage \$ 500	Postmark Here SEP 1 2 20
7006	Mulberry Partners II, LP  Stilled A 105 South Fourth Street  ORD, Sta Artesia, NM 88210	citions

so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed to:  MONTOYA, MARONDA PO BOX 1543 DULCE, NM 87528  3. Service Type Quertified Mall   Express Mall   Registered   Registered   Restricted Delivery (Textra Fee)   Yes    1. Article Number (Transfer from service label) PS Form 3811, February 2004  Domestic Return Receipt   102995-02-M-11  SENDER: COMPLETE THIS SET OF THE	أخالك المتعارض والمتعارض و	
tem 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed to:  MONTOYA, MARONDA PO BOX 1543 DULCE, NM 87528  3. Service Type Quertified Mall   Express Mall   Print your name and address on the reverse of that we can return the card to you.  A Restricted Delivery? (Extra Fee)   Yes    SENDER: COMPLETE THIS SECTION NO. Section of the malipiece, or on the front if space permits.  1. Article Addressed to:  A Signature of the specific of Merchandise item 4 if Restricted Delivery is desired.  Attach this card to the back of the malipiece, or on the front if space permits.  A Signature of the specific of Merchandise item 4 if Restricted Delivery is desired.  Attach this card to the back of the malipiece, or on the front if space permits.  A Signature of the specific of Merchandise item 4 if Restricted Delivery is desired.  Attach this card to the back of the malipiece, or on the front if space permits.  A Signature of the specific of Merchandise item 4 if Restricted Delivery is desired.  A Signature of the specific of Merchandise item 4 if Restricted Delivery is desired.  A Signature of the specific of Merchandise item 4 if Restricted Delivery is desired.  A Signature of the specific of Merchandise insured Mall   Express Mall   Registered   Return Receipt for Merchandise   Restricted Delivery (Extra Fee)   Yes   Yes   Restricted Delivery (Extra Fee)   Yes	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
If YES, enter delivery address below.   No	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,	B. Received by ( Printed Name)  D. Rate of Delivery
PO BOX 1543  DULCE, NM 87528    3, Service Type	. 1. Article Addressed to:	If YES, enter delivery address below: No
Insured Mail   C.O.D.     4. Restricted Delivery? (Extra Fee)   Yes     2. Article Number (fransfer from service label)   7006   2760   0001   5335     PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-19   PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-19   SENDER: COMPLETE THIS SECTION ON DELIVERY     Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.   Print your name and address on the reverse so that we can return the card to you.   Attach this card to the back of the mailpiece, or on the front if space permits.     Article Addressed to:   A Signature   A Signa	; PO BOX 1543	1 1
2. Article Number (Triansfer from service label)   700	1	☐ Registered ☐ Return Receipt for Merchandise
PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-19   PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-19   SENDER: COMPLETE THIS SECTION   Sayung Malagraph   Sender Malagraph   Send	·	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004  Domestic Return Receipt  Domestic Return Retu	2. Article Number	5760 0001 6377 5335
105 South Fourth Street Artesia, NM 88210  3. Service Type Certified Mail	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  Plagent
	or on the front if space permits.  1. Article Addressed to:	D. is delivery address different from item 17  Yes
	or on the front if space permits.  1. Article Addressed to:  Mulberry Partners II, LP 105 South Courth Street	D. is delivery address different from frem 1?

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

U.S. Postal Service M CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Inc 59 MHF/ ENCANA BETTONIETSOSIE For delivery information visit 53 Ē Postage J Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Portage & Esse | C MUSKRAT, BERNIĈE V Sent To 700F PO BOX 1296 Street, Ar or PO Bo. **DULCE, NM 87528** City, State PS Form

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Benucle Musik Day Agent  B. Received by (Printed Name)  Bernice Musik Caf 9/16/14
1. Article Addressed to:  MUSKRAT, BERNICE V	D. Is delivery address different from item 1.7
PO BOX 1296 DULCE, NM 87528	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	2760 0001 6377 5359
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:  NARANJO, JOHN M	A. Signature  A. Signature  A. Signature  Addressee  B. Beceived by (Printed Name)  C. Date of Delivery  Addressee  If YES, enter delivery address below:
PO BOX 1403 ALBUQUERQUE, NM 87103	3. Service Type  Certified Mall  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
PS Form 3811, February 2004 Domestic Retu	

102595-02-M-1540

U.S. Postal Service 18 CERTIFIED MAIL. RECEIPT (Domestic Mail Only; No For delivery information vis BETTONIE TSOSIE 멾 37 Postage ف 330 Certified Fee 1000 Fleturn Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Po NARANJO, LILI M Sent To 700b PO BOX 90344 Street, Ap or PO Box ALBUQUERQUE, NM 87109 City, State

	U.S. Postal Service <sub>™</sub>
	CERTIFIED MAIL RECEIPT
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0007	Return Receipt Fee (Endorsement Required)
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<b>L</b> ~	SHIPROCK, NM 87420
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SENDER: COMPLETE THIS SECTION	COMPLETÉ THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  A. Signature  A. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery and the printed by the printed from item 12 Yes
1. Article Addressed to:  NARANJO, LILI M PO BOX 90344 ALBUQUERQUE, NM 87109	D. Is delivery address below:  If YES, enter delivery address below:  No  No  Service Type 60  Certified Mall  Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- '	4. Restricted Delivery? (Extra Fee) Yes
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SENDER: COMPLETE TO THE RIGHT THORE AND TO THE ADDRESS, TO THE RIGHT THOSE AND THE SEARCH THOSE AND THE RIGHT.	Neural and 40 I ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:	D. Is delivery address different from item 1? Wes If YES, enter delivery address below: No
NATASHA SLIM PO BOX 2562	
SHIPROCK, NM 87420	73. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  Service Type  Express Mail  C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
Article Number	2760110001 637812180

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) MHF/ENCANA For delivery information vis BETTONNIE TSOSIE 378 Postage **\_** Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 NAVAJO NATION NAVAJO NATION MINERALS DEPT. 7006 Str. or i PO BOX 1910 WINDOW ROCK, AZ 86515 instructions

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NAVAJO NATION NAVAJO NATION MINERALS DEPT. PO BOX 1910 WINDOW:ROCK, AZ 86515	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number	2760 0001 6378 2197
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540
SEND  SEND  ANT GELLOG IV OTOS SSELGOV NEILSES SHIPE SHIPE SHIP OF SHIPE	A. Signature  X
NAGEEZI, NM 87037	3. Service Type  C Certified Mail
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Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service 1M CERTIFIED MAIL RECEIPT (Domestic Mail Only; No MHF/ENCANA 'n For delivery information visit BETTONNIE TSOSIE 40 37 Postage ٥ Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 **NELSON LOPEZ** 7006 **PO BOX 107** Stree or PC NAGEEZI, NM 87037 U.S. Postal Service CERTIFIED MAIL RECEIP (Domestic Mail Only; No In m Postage ... Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)

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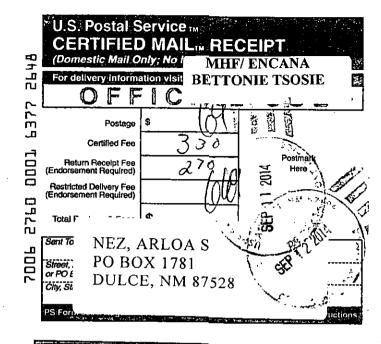
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Article Addressed to:	<ul> <li>D. Is delivery address differ</li> <li>If YES, enter delivery ad</li> </ul>		☐ Yes ☐ No
NELSON LOPEZ			
PO BOX 107	L		
NAGEEZI, NM 87037	3. Service Type	Express Mail	•
	☐ Registered ☐ ☐ Insured Mail ☐	Return Receipt fo C.O.D.	or Merchandise
,	4. Restricted Delivery? (Ex	rtra Fee)	☐ Yes
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PS Form 3811, February 2004 Domestic Rel	urn Receipt		102595-02-M-1540
(Italister from service label)	A. Signature  X B. Received by (Printed N ) VYR Ne Car  D. Is delivery address differ  If YES, enter delivery ac  Certified Mail Control Registered	lame) C. E	Agent  Addressee  Days of Delivery  Y 3  Yes  No
PS Form 3811, February 2004 Domestic Ref  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.  NELSON, THELMA J  126 EAST MAIN	A. Signature  X B. Received by (Printed N ) VYR NR D. is delivery address differ If YES, enter delivery address differ Certified Mail D Registered	lame) C. E. C. C. C. C. C. C. C. C. C. C. C. C. C.	Agent  Addressee  Days of Delivery  Y 3  Yes  No
PS Form 3811, February 2004 Domestic Ref  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.  NELSON, THELMA J  126 EAST MAIN	A. Signature  X  B. Received by (Printed N  VYR OR  D. Is delivery address differ  If YES, enter delivery ac  Certified Mail  Registered  Insured Mail	DIN ON DELIVER  Jame)  C. I  Grent from item 12  Gress below:  Express Mail  Regular Receipt for C.O.D.  Ara Fee)	Agent Addressee Date of Delivery // 3  Yes No

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	RY
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NEZ, ARLQAS PO BOX 1781 DULCE, NM 87528	Byer Speis	
	Certified Mail	ot for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
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PS Form 3811, February 2004; Domestic Re	turn Receipt	102595-02-M-1540

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X. House Baker Addressee  B. Received by (Printed Name)  C. Date of Delivery  4-15-14  D. Is delivery address different from item 1?  Yes
NORMA L BAKER PO BOX 1703	If YES, enter delivery address below:
BLOOMFIELD, NM 87413	3. Service Type  C Certified Mail  Registered Insured Mail  C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes  2.7 L □ □ □ □ □ □ □ □ □ 1 □ □ 1 □ □ 1 □ □ □ 1 □ □ □ 1 □ □ 1 □ □ □ 1 □ □ □ 1 □ □ □ □ 1 □ □ □ □ 1 □ □ □ □ 1 □
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature    Agent   Addressee				
O'JOHN, VERA PO BOX 842					
IGNACIO, CO 81137	3. Service Type  C Certified Mall Registered Registered Insured Mail C.O.D.				
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes				
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
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Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No				
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1	O Coming Timple >				
Houston, TX 77046	3. Service Type ( ) 5 D Express Mail Certifled Mail 5 D Return Receipt for Merchandise Insured Mail C.O.D.				
Houston, TX 77046	Registered Receipt for Merchandise				
<u></u>	☐ Registered ☐ Receipt for Merchandise ☐ C.O.D.				

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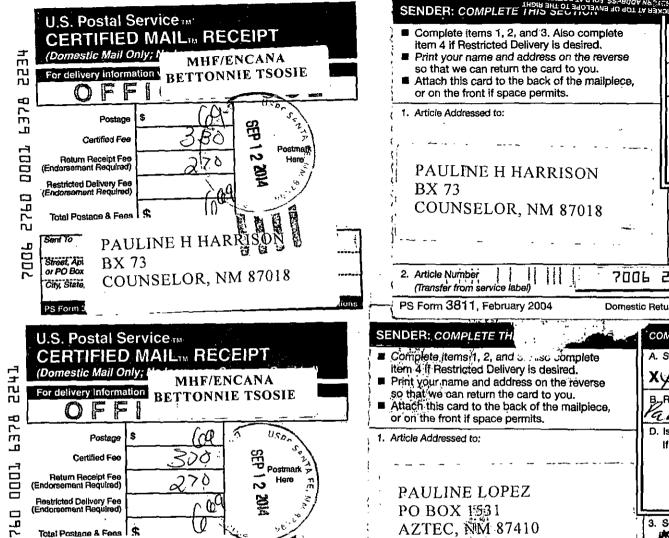
OFNIPER: CO IPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
sender: co  items 1, 2, and 3. Also complete  Restricted Delivery is desired. item 4 if our name and address on the reverse  Print yc, we can return the card to you, so that this card to the back of the mailpiece,  Attact the front if space permits.  ile Addressed to:  1. 'Artic'  OXXXX-1 Company	A. Signature  X
/ 5 Greenway Plaza, Suite 110	
Houston, TX 77046	3 Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	2760 0001,6378,1374
	eturn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  PACHECO, HAROLD PO BOX 2021	A Signature  A Signature  A Received by (Printed Name)  D. Is delivery address different from item 1?  If YES, enter delivery address below:  COMPLETE THIS SECTION ON DELIVERY  A Agent  C. Date of Delivery  9-16-14  Yes  If YES, enter delivery address below:  A Addressee  C. Date of Delivery  9-16-14
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 700	6 2760 0001 6378 3859
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540;

U.S. Postal Service CERTIFIED MAIL, RECEIPT For delivery information vis BETTONIE TSOSIE 6378 Postage 11 2014 Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees Sent To 7006 PACHACO KENNETH EVA 42 ROAD 5580 Street, A; or PO Bo City, State FARMINGTON, NM 87407

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X EVA M Packet A A Addressee  B. Received by (Printed Name) (Charge Delivery
1. Article Addressed to: PACHACO KENNETH, EVA M	D. Is delivery address different in the first of the latest
42 ROAD 5580 FARMINGTON, NM 87407	3 Service Type  Certified Mail
·	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	OF 51PO 0007 P318 3945
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-15-

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  PACHECO SR, LEO J PO BOX 281	D. Is delivery address different from Item 17 ☐ Yes If YES, enter delivery address below: ☐ No
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise  C.O.D.
2. Article Number, 700L (Transfer from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540 ,



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PAULINE LOPEZ

**AZTEC, NM 87410** 

PO BOX 1531

ADDRESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE I MIS SECTIONALE OF OUT	A WESTER BATT TO LINE OF DELINERA
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	Sherea H. W.O. The Soil
1. Article Addressed to: PAULINE H HARRISON	D. Is delivery address different from item 1?
BX 73 COUNSELOR, NM 87018	3. Service Type  Certified Mail Registered Insured Mail C,O,D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 700	06 5580 0001 8359 5534
PS Form 3811, February 2004 Domesti	tic Return Receipt 102595-02-M-1540
■ Complete items 1, 2, and a secomplete 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:  PAULINE LOPEZ PO BOX 1531 AZTEC, NM 87410	A. Signeture  X. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. 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
	Certified Mail
2. Article Number 7006 (Transfer from service label)	12760 0001 6378 2241
PS Form 3811, February 2004 Domestic Reti	turn Receipt 102595-02-M-1540

U.S. Postal Service TM
CERTIFIED MAILTM RECEIPT MHF/ENCANA BETTONNIE TSOSIE (Domestic Mall Only; No 58 For delivery information v L L L 叩 F37 Postage Certifled Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ PAULINE MURPHY 7006 PO BOX 32 NAGEEZI, NM 87037 rinstructions

E.5	U.S. Postal Service IM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
	For delivery information vi MHF/ENCANA					
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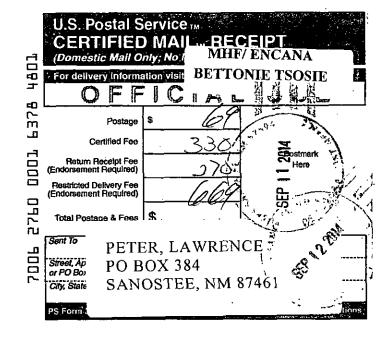
E RETURN ADDRESS, FOLD AT DOTTED LINE THE TURN ADDRESS, FOLD AT DOTTED LINE THE RIGHT  T	EL HOW DRI DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>PEARL LOPEZ</li> <li>1200 ROLLOWAY ST</li> </ul>	Agent Addressee  Received by (Printed Name)  C. Date of Delivery  D. Is delivery address of General Ton Item 17  If YES, enter delivery address Selbw:
FARMINGTON, NM 87401	3. Service Type  ☐ Certified Mail* ☐ Priority Mail Express* ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	16 2760 0001 6378 2265
PS Form 3811, July 2013 Domestic Ret	urn Receipt

U.S. Postal Service TM CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Press.) MHF/ENCANA 'n For delivery information visit of BETTONNIE TSOSIE 40 37 Postage ... Certified Fee 000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postana & Faas S PEARL MARTINEZ Sent To 7006 Street, Apt or PO Box NAGEEZI, NM 87037 City, State, PS Form 3

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SENDER: COMPANDED TO THE FIGHT STATES TO THE F	STION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Ælso complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece; or on the front if space permits.</li> </ul>	A. Signature  X   Jan   Mark   Agent   Addressee  B. Deceived by (Printed Name)   C. Date of Delivery    State   Mark   Addressee   Agent   Addressee   Addres
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
PEARL MARTINEZ PO BOX 255	
NAGEEZI, NM 87037	3. Service Type  Certified Mail  ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number   1 1   7006	2760 10001 6378/2272
PS Form 3811, July 2013 Domestic Retu	ırn Receipt
	بأبي المستخصص المتحج وجواجا والمالية

SENDER: COMPLETE THIS SECTION	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X R ta Hanna Agent  B. Received by (Printed Name)  C. Date of Delivery  Addressee  G. Date of Delivery  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:  PETE HERRERA ESTATE PO BOX 214	If YES, enter delivery address below: ☐ No
COUNSELOR, NM 87018	3. Service Type     □ Certifled Mail     □ Priority Mail Express     □ Registered    □ Return Receipt for Merchandise     □ Insured Mail    □ Collect on Delivery
2. Article Number (Transfer from service label)	6 2760 0001 6378 2289
PS Form 3811, July 2013 Domestic Ret	urn Receipt



5	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL RECEIPT	
3 479.	For delivery informe	BETTONIE TSOSIE	
35 2760 0001 6378	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postoria	ER, MURPHY R	
7006	Street, Api HC (or PO Box WIN	63 BOX 6013 ISLOW, AZ 86047	ions

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also comple item 4 if Restricted Delivery is desired. Print your name and address on the reverso that we can return the card to you. Attach this card to the back of the mailpin or on the front if space permits.  Article Addressed to:  PETER, LAWRENCE PO BOX 384 SANOSTEE, NM 87461	rse	D. Is delivery address of YES, enter de ALWAYS  3. Service Type    Certified Mai	rinted Name)  So Noted  ass different from ite livery address bek  USE Z  O (- 0 3  Return Rec  O O.O.D.	Agent PAddresee  C. Date of Delivery  A/3-/4  em 1?
1		4. Restricted Deliv	ery (Extra Fee)	Yes
Article Number     (Transfer from service (abel)	500P_5	760 0001	6378 480	] ]
PS Form 3811, February 2004	omestic Retu	m Receipt		102505 02 M 1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from Item 1?  Yes  If YES, enter delivery address below:  No
PETER, MURPHY R HC 63 BOX 6013	
WINSEOW, AZ 86047	3 Service Type   Certifled Mail
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 (Transfer from service label)	2760 0001 6378 4795
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540

U.S. Postal Service in Fig. RECEIPT (Domestic Mail Only: No Insurance ENCANA) 4818 BETTONIE TSOSIE 378 Postage i 2017 \_0 Certifled Fee Postmark 1000 Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 2760 PETER, RAYMOND PO BOX 219 SANOSTEE, NM 87461 Sent To 7006 Street, Apt. or PO Box City, State, PS Form 3

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front If space permits.</li> </ul>	A. Stifnature  X  Agent  Addressee  B. Received by (Printed Maine)  Ca UIN F. Lea 9/19/14
1. Article Addressed to:  PETER, RAYMOND PO BOX 219	D. Is delivery address different from item 11
SANOSTEE; NM 87461	3. Service Type  Certified Mall:
2. Article Number 1	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7006 PS Form 3811, February 2004 Domestic Retu	2760 0001 6378 4818 m Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signardire  A. Signardire  Agent  Agent  Addressee  B. Received by (Printed Name)  A. Signardire  C. Daterof Delivery  A. VINA B. A. C. D. D. C. D.
Article Addressed to:	D. Is delivery address different/from item 1?
PETER, REGINALD PO BOX 1055, SHEEP SPRINGS, NM 87364-1055	3. Service Type Certified Mail Registered Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number (Transfer from service label) 7006	2760 0001 6378 4825

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

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007	Return Receipt Fee (Endorsement Required)	270 Postmark	)
	Restricted Delivery Fee (Endorsement Required)	669	
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2002	Street, Aj HC 6:	3 BOX 6041 🔭 🎏	
<b>L</b> ∽	City, Stai WINS	SLOW, AZ 86047	
	PS Form	3 sash die	วเาร

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. W. Guel Juw   Addressee  B. Received by (Printed Naprie)   C. Date of Delivery  W. James   Glisty  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:	If YES, enter delivery address below: No
PETERS, LAVERNA HC 63 BOX 6041	
WINSLOW, AZ 86047	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 700L (Transfer from service label)	2760 0001 6378 4849
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(DomesticiMailOnly, No. MHF/ENCANA

For delivery information

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Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

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PETERS, LENORA

HC 63 BOX 6020

WINSLOW, AZ 86047

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ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  X
PETERS, LENORA	If YES, enter delivery address below:   No
HC 63 BOX 6020 WINSLOW, AZ 86047	3. Service Type  Certified Mail Registered Return Receipt for Merchandist Insured Mall C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)  S Form 3811, February 2004  Domestic Ret	A STATE OF THE STA
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> </ul>	A. Signature  X / Que Duy   Agent   Address  B. Received by (Printed Name)   C. Date of Delir  Lang   Amos   915/19  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:	If YES, enter delivery address below: ☐ No

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> PETERS, LORRAINE	A. Signature  X / Leguce / Leguce   Agent   Addressee	HC 63 BOX 6041	<u> </u>
WINSLOW, AZ 86047	3. Service Type Certifled Mail Registered Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer from service label) 700L 2	760 0001 6378 4665		
PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-M-154		

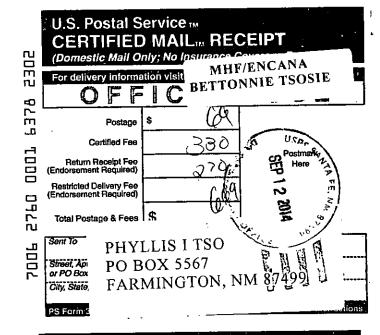
JU.S. Postal Service IM. MHF/ ENCANA BETTONIE TSOSIE (Domestic Mail Only; No Insura S 8 **\_** 中 ~ Postage m \_0 Certified Fee Postmark Here 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) PETTIGREW, DOROTHEA PO BOX 6481 디 ... 7001 NAVAJO DAM, NM 87419 or i U.S. Postal Service 👊 🕹 (Domestic Mail Only; No li ᆂ 中 Postage Ш 2014 J Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 Total Postage & Fees \$ Sent PETTIGREW, JOHN 7006 Stree or PC PO BOX 3154 SHIPROCK, NM 87420 City,

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address cities in item 1.? Yes  If YES, enter privacy address below:   No
PETTIGREW, DOROTHEA PO BOX 6481 NAVAJO DAM, NM 87419	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X  A. Agent  Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	B. Received by ( Printed Name)
PETTIGREW, JOHN	II ( 1. (D) AA)
PO BOX:3:1-54	Dadie Pettigren Sadie Pettigren
•	3. Service Type  Scertified Mail
PO BOX:3:1:54	3. Service Type  Scertified Mail

CERTIFIED MAIL RECEIPT (Domestic Mail Only: No MHF/ENCANA For delivery information vis BETTONNIE TSOSIE 40 m **Postage** م Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) PHIL JOHNSON, C/O FRANKIF 276 Total Postona & Engal & Sent To 7006 **JOHNSON** Street, / or PO B 15 ROAD 6115 KIRTLAND, NM 87417 City, Sta PS Forn

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1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
PHIL JOHNSON, C/O FRANK F JOHNSON 15 ROAD 6	3. Service Type
	☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 70	4. Restricted Delivery? (Extra Fee)
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. SEP  Print your name and address on the reverse	COMPLETE THIS SECTION ON DELIVERY Signature Agent Addressee
so that we can return the card to you. 10  Attach this card to the back of the mail back or on the front if space permits.	D, Is delivery address different from item 1?  Yes
1. Article Addressed to:	If YES, enter delivery address below:
PHILLIPS ESTATE, NELLIE, C/O SHIPROCK AGENCY P O BOX 3538 SHIPROCK, NM 87420	3. Service Type
	Certified Mail  Return Heceipt for Merchandise  Insured Mail  C.O.D.
2. Article Number (1) (Transfer from service label)	4. Restricted Delivery? (Extra Fee)
	Return Receipt 102595-02-M-1540



49ጔ?	(Domestic Mail C	MAIL REC	NCANA '
	For delivery inform	ation BETTONI	E ISOSIE
	OFF		
378	Postage	s 64	1112
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0 0	Restricted Delivery Fee (Endorsement Required)	(00)	2 = 1/
1922	Total P	13	By By
		O ESTATE, J	IMMIE.
7005		OX 1412	2 5
7	or PO Bc CUB.	A, NM 87013	\:\*\**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*
	PS Form 5000, August	2006.	See Reverse for Instructions

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CKER AT TOP OF ENVELOPE TO THE RIGHT  ETURN ADDRESS, FOLD AT DOTTED LINE	HEALT TO NON DELIVERY
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.	A. Signature  X
PHYLLIS I TSO	D. Is delivery address different from the It YES, enter delivery address below:
PO BOX 5567 FARMINGTON, NM 87499	3. Service Type  ☐ Certified Mail* ☐ Priority Mail Express* ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 77 (Transfer from service label)	006 2760 0001 6378 2302
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Delive  D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below:
PINTO ESTATE, JIMMIE PO BOX 1412 CUBANM 87013	3. Service Type
~	Service type  Certified Mall
	4. Restricted Delivery? (Extra Fee) ☐ Yes
	760 0001 6378 4917
PS Form 3811, February 2004 1 Domestic Re	eturn Receipt 102595-02-M-1

102595-02-M-1540

"(Domestic)Mail:Only: No Instrumes Coverage MHF/ ENCANA For delivery information BETTONIE TSOSIE 3 378 Postage .0 Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Proton & Ence | @ PINTO, JAKE Sent To 7005 **PO BOX 803** Street, or POB **DULCE, NM 87528** City, Sta

	*U.S. Postal. CERTILE	Servicem D.MAIL: REGEIPT	
H.	(Domestic Mail C	2012 MHF/ENCANA	1
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	Certified Fee	1 2000	A .
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	Restricted Delivery Fee (Endorsement Required)	669	
2760	Total Postage & Fees	\$ 1807592	
J	Sent To PINT	ro, jennifer 🐔 📉 🧳	- 1
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 15 🖹 yes
Article Addressed to:	If YES, enter delivery address below:
	, (-) 
PINTO, JAKE	Mr
PO BOX 803 DUECE, NM 87528	3. Service Type  Cl. Certified Mail D Express Mail
DOBEL, IIII OTEL	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ 6.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service lai 7006 2760 0	
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature.  B. Received by (Printed Name)  C! Mae of Delivery  D. Is delivery address different from term 17  Yes of If YES, enter delivery address below: 27  If YES, enter delivery address below: 27  L. Signature.  C. Mae of Delivery  C. Mae of Delivery
PINTO, JENNIFER PO BOX 803 DULCE, NM 87528	3. Service Type C Certified Mail Registered Return Receipt for Merchandise
·	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7006, 276	
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

U.S. Postal Service TM CERTIFIED MAIL RECEIPT (Domestic Mail Onl 다 BETTONIE TSOSIE For delivery information 49, 中 2034 **53**28 Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ PINTO, PATRICK Sent To 7006 PO BOX 803 DULCE, NM 87528 Street, Api or PO Box City, State

U.S. Postal S	
CERTIFIED (Domestic Mail O	) MAIL RECEIPT
For delivery informa	MHF/ ENCANA
OFF	BETTONIE TSOSIE
Postage	\$ 270
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Restricted Delivery Fee (Endorsement Required)	669
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<del>Šent</del> PINTO,	PHILBERT (
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SENDER: COMPLETE IT IN TO SESTEE IT	A. Signature  B. Received by ( Printed Name B. Date of Delivery Street Delivery Street Delivery Street Delivery Street Delivery address below: 52.52.52.50. No. 11 YES, enter delivery address below: 52.52.50. No. 11 YES, enter delivery address below: 52.50. No. 11 YES, enter delivery address below: 52.50. No. 12 YES, enter deliver
PINTO, PATRICK PO BOX 803 DULCE, NM 87528	Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  Restricted Delivery? (Extra Fee)  Yes
2. Article Number	2760, 0001 6378, 4924
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.	A. Signature  X. Melle Meltary Agent  B. Received by (Printed Name)  Vicu Marty & 9/18/14
1. Article Addressed to:  PINTO, PHILBERT PO BOX 546 DULCE, NM 87528	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No  3. Service Type  Certified Mail Registered Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
The state of the s	2760 0001 6378 4764
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

U.S. Postal Service TM CERTIFIED MAIL RECEIPT (Domestic Mail Only; MHF/ ENCANA For delivery information BETTONIE: TSOSIE 到了品 Postage 2014 آب Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ Sent 1 700b PINTO, STEVEN Street or PO PO BOX 192 **DULCE, NM 87528** City, S PS Fo

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Agent  D. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below:   No
PINTO, STEVEN PO BOX 192 DULCE, NM 87528	3. Service Type
	Certifled Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006	2760 0001 6378 4771
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  B. Received by (Printed Name)  C. State of Delivery  D. Is delivery address different from Item 18 75 26
Article Addressed to:	If YES, enter delivery address below: No
PINTO, WAYNE PO BOX 803 DULCE, NM 87528	3. Service Type □ Certified Mail □ Express Mail
1	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
·	4. Restricted Delivery? (Extra Fee)
2. Article Number	2760,0001 16378 4757
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540

U.S. Postal Service TM CERTIFIED MAIL RECEIPT (Domestic Mail Only; N MHF/ENCANA For delivery information v BETTONNIE TSOSIE m ш 40 37 2020 Postage \_D Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage PRESTON HASKIE 7005 **PO BOX 822** Street, Apt. No. or PO Box No. BLOOMFIELD, NM 87413 City, State, ZIP PS Form 3800, August 2006

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PRESTON HASKIE PO BOX 822	
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	PLES 18784 140001 0475140
SENDER: COM.  SE	Agent
■ Complete items 1, 2, and 3. Also complete	A Granture  A Gran
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.	Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:
j,	If YES, enter delivery address below:   No
PRISCILLA A DEMPSEY PO BOX 984 CHINLE, AZ 86503	3. Se Vice Type  3. Certified Mail □ Priority Mail Express □ Registered □ Return Receipt for Merchandise
	☐ insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
	P/55P0 0007 R359 535P
·	<del></del>

PLACE STICKER AT TOP O SENVELOPE TO THE PIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE U.S. Postal Service IM NDER: COMPLETE CERTIFIED MAIL RECEIPT Complete items 1, 2, and 3. Also complete A. Signature MHF/ENCANA (Domestic Mail Only; No item 4 if Restricted Delivery is desired. m BETTONNIE TSOSIE For delivery information vis Print your name and address on the reverse ш so that we can return the card to you. B. Received Dx (Printed Name) Attach this card to the back of the mailpiece; п or on the front if space permits. D. Is delivery address different from item 1? m Postage USDE 1. Article Addressed to: Ф If YES, enter delivery address below: ,3Z Certifled Fee Postmask Return Receipt Fee (Endorsement Retuired) Here w RACHEEJ TSOSIE, C/O Restricted Delivery Fee (Endorsement Required) ELVIRAP. TSOSIE Ш PO BOX 2825 3. Service Type Total Po Certified Mail

□ Priority Mail Express™ 'n GALLUP: NM 87305 RACHEL J TSOSIE, ☐ Registered Sent To ப ELVIRA P. TSOSIE ☐ Insured Mail PO BOX 2825 4. Restricted Delivery? (Extra Fee) or PO Bo City, Stai **GALLUP, NM 87305** 2. Article Number 7006 2760 0000 6378 2333 (Transfer from service label PS Form PS Form 3811, July 2013 Domestic Return Receipt U.S. Postal Service M CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pro Complete items 1, 2, and 5. Also complete MHF/ENCANA For delivery information vis ΠÚ BETTONNIE TSOSIE item 4 if Restricted Delivery is desired. UCO 8 Print your name and address on the reverse so that we can return the card to you. m Postage Attach this card to the back of the mailpiece, П or on the front if space permits. Certified Fee Return Receipt Fee (Endorsement Required) 1. Article Addressed to: If YES, enter delivery address below: ō Restricted Delivery Fee (Endorsement Required) RAE WERITO Total Postage & Fee ÌΉ PO BOX 71 → Sent To RAE WERITO BLOOMFIELD, NM 87413 7006 3. Service Type Certified Mail® ☐ Priority Mail Express™ Street, Apt. No PO BOX 71 Registered □ Return Receipt for Merchandise or PO Box No. BLOOMFIELD, NM 87413 City, State, Zil-☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) PS Form 3800 7006 | 2760 | 0001 | 6378 | 2340 2. Article Number ! !

(Transfer from service label) PS Form 3811, July 2013

Domestic Return Receipt

DELIVERY

☐ Agent

 $\Box \cdot :$ 

☐ Yes

□ No

☐ Yes

☐ Addressee

C. Date of Delivery

☐ Yes

☐ Return Receipt for Merchandise

☐ Collect on Delivery

ON ON DELIVERY

U.S. Postal Service TM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No. MHF/ ENCANA BETTONIE TSOSIE 40 37E Postage Certified Fee 2000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postana & Face | C RAFAEL, ALICE 7006 Str or i Citi PO BOX 1097 CUBA, NM 87013

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J •	Sent To RAFA	AEL, BENNIE
	Street, At POB	OV 2000 \ \ \ A \ \ \ \ \ \ \ \ \ \ \ \ \ \
	or PO Bo City, State GALI	LUP, NM 87305
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete Items 1, 2, and 3. Also complete item 4.if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X. Sulling Jeys Agent  Addressee  B. Received by (Printed Name) Co-Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Eddic 20,102 4-16-14
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
RAFAEL, ALICE	
PO BOX 1097	 
CUBA, NM287013	3. Service Type  □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
•	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7005 127 PS Form 3811, February 2004 Domestic Retu	In Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  RAFAEL, BENNIE  PO BOX 3998  GALLUP, NM 87305	A. Signature  X
2. Article Number (Transfer from service label)	2760 0001 6378 4061 :

Doméstic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Council MHF/ ENCAÑA	
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PO BOX 814 City. Sia CUBA, NM 87013	- A.
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CERTIFIED MAIL RECEIPT	
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Return

U.S. Postal Service TM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance CoversiANA
For delivery information visit BETTONIE TSOSIE For delivery information visit 137 Postage Certified Fee *במסס* Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 1975 Total Postage & Fees \$ RAFAEL, MARTIN L 1605 FINCH AV FARMINGTON, NM 87401 7005 Sti or. ĈĨŧ

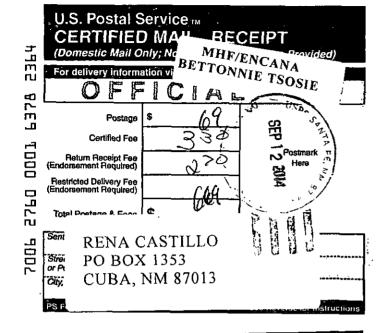
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7006 2760 0001		L, PAUL BOX 46	` `	Postmark! Here	
7[	City, CUBA,	NM 870	13	) st	ructions

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:  RAFAEL, PAUL HCR 79 BOX 46	A. Signature  X. B. Buckman  B. Received by (Printed Name)  D. Is delivery address different from item 1?  If YES, enter delivery address below:  HIGH A E. R. P. P. B. 115  Cuba NM 8 7013
CUBA, NM 87013	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 7005 275	14. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540 (

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT 4985 (Domestic Mail Only MHF/ ENCANA For delivery informatio BETTONIE TSOSIE **6378** Postage | Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 RAFAEL, PHILLIP
12000 COPPER NE ART B Total Postage & Fees \$ Sent 1 7005 Street or PO ALBUQUERQUE, NM 87123 City, S. age neverse for Instructions

78 2357	(Domestic Mail Only; No li	SIE
2760 0001 637	Return Receipt Fee (Endorsement Required)  Restrictory Fee (Endorsement Planty Fee	MA FE
7006	RANDELL VICTOR  Street PO BOX 291  PO BLOOMFIELD, NM 87413	

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 malliness or on the front if space permits.  ALBUQUERALE, PHILLIP  ALBUQUERAUE, NMSATISE  ALBUQUERAUERAUERAUERAUERAUERAUERAUERAUERAUERA	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  Addressee  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from Item 12
2. Article Number USPS 7004 7004 PS Form 3811, February 2004 Domestic Re	2760 0801 6378 4986 sturn Receipt 102595-02-M-1540
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SENDER: COMP  ANTIGELOGIVOTOS SSENT  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.	Received by (Printed Name)  C. Date of Delivery
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CUBA, NM 87013	3. Service Type  Certified Mail □ Priority Mall Express □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
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1. Article Addressed to:  RETHA F MURDOCK PO:BOX-44	D. Is delivery address different from term? Yes  If YES, enter delivery address throw:		
SHAWNEE, OK 74802	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery		
,	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer, from service label)			
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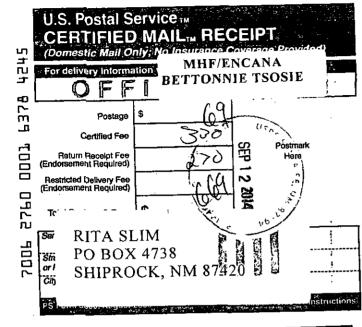
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NCANA IE TSOSIE	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Postmerk Here Co.	1. Article Addressed to: RICHARDSON CASTILLO	If YES, enter delivery address below: ☐ No
LO vonte	PO BOX 3822 SHIPROCK, NM-87420	3. Service Type □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
Wellons	2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee)
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U.S. Postal Service M CERTIFIED MAIL RECEIPT 4227 MHF/ENCANA BETTONNIE TSOSIE (Domestic Mail Only; No Inc. For delivery information **6378** Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Postmerk Restricted Delivery Fee (Endorsement Required) 2760 RITA BARBOA PO BOX 3303 Sent To 700F Street, Apt or PO Box City, State, CANONCITO, NM 87026 PS Form 3

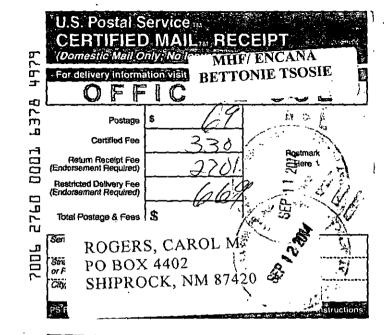
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1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
PO BOX 3303 CANONCITO, NM 87026	3. Service Type  □ Certified Mail* □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes		
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RITA LOPEZ PO BOX 263 NAGEEZI, NM 87037	3. Service Type  □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes		
2. Article Number	276010001 6378 4238		
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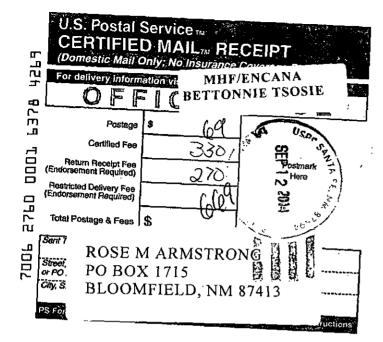
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RITA SLIM PO BOX 4738 SHIPROCK, NM-87420	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
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Article Addressed to:  L'-  I	D. is delivery address different from tem 1? Dives  If YES, enter delivery address below:
ROGERS, CAROL M PO-BØX 4402 SHIPROCK, NM 87420	3. Service Type Certified Mail Registered Service Type Contified Mail Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
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Article Addressed to:  RONALD M CHAVEZ	D. Is delivery address different from item 1?
PO BOX 3303 CANONCITO, NM 87026	3. Service Type  □ Certified Mail* □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mall □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
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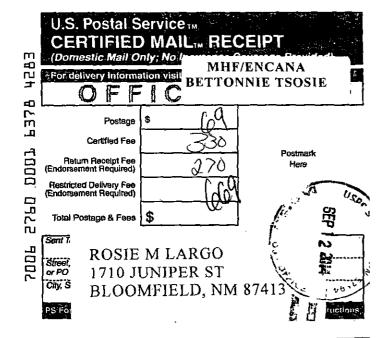


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1. Article Addressed to:	if YES, enter delivery address below:	
ROSE M ARMSTRONG PO BOX 1715 BLOOMFIELD, NM 87413	3. Service Type  1 Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery	
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1. Article Addressed to:  ROSELYN L SAM	D. Is delivery address different from item 1? ☐ Yes / If YES, enter delivery address below: ☐ No	
HC 17 BOX 408 CUBA, NM 87013	3. Service Type Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery	
n word days.	4. Restricted Delivery? (Extra Fee)	
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PS Form 3811, July 2013



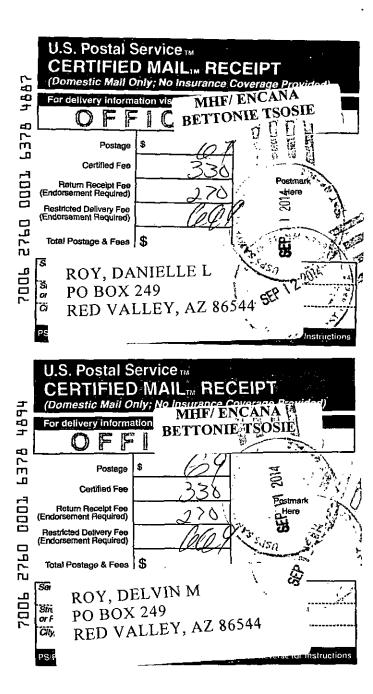
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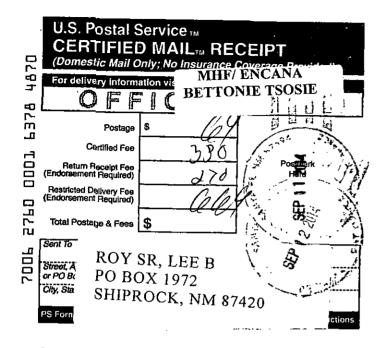
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1. Article Addressed to:  ROSIE M LARGO 1710 JUNIPER ST BLOOMFIELD, NM 87413	If YES, enter delivery address below:   3. Service Type  Certified Mail Priority Mail Express™  Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
	5 2760 0001 6378 4283 turn Receipt ;
SENDER: C  SENDER: C	A. Signature  X. A. Signature  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
ROSITA W TRUJILLO PO BOX 352 NAGEEZI, NM 87037	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number 11	4. Restricted Delivery? (Extra Fee)

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PS Form 3811, July 2013

Domestic Return Receipt





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S57 TRAMWAY BLVD NE APT 10 ALBUQUERQUE, NM 87123-2153	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.
- Char	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7006 27	60 0001 6378 3477
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U.S. Postal Service 134 CERTIFIED MAIL RECEIPT (Domestic Mail Only; No MHF/ENCANA For delivery information vi: BETTONNIE TSOSIE m Postage m \_0 Certifled Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 7 R&R Royalty Ltd. Sent 1c 7005 500 N. Shoreline Blvd. Spi Street, Corpus Christi, TX 78401 or PO L City, St. PS For U.S. Postal Service TIM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insu MHF/ENCANA For delivery information visit our BETTONNIE TSOSIE m 40 Postage m 330 Certified Fee 1000 270 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 Total Postage & Fees \$ RUSSELL SANDOVAL ESTÂTE EASTERN NAVAJO PROBATE Sent To 7006 Street, or PO E **PO BOX 328** City, St. CROWNPOINT, NM 87313 uctions PS For

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:	If YES, enter delivery address below:
R&R Royalty Ltd.	9/16/14
500 N. Shoreline Blvd., Suite 322 Corpus Christi, TX 78401	3. Service Type Certified Mall Express Mail Registered Return Receipt for Merchandise
	Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
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DOMPLE COMPLETED TO SERVICE SETATE, EASTERN NAVAJO PROBATE	A. Signature  X. MACHINERY  Addressee  B. Regeived by (Printed Alame)  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
PO BOX 328 CROWNPOINT, NM 87313	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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Domestic Return Receipt

PS Form 3811, July 2013

U.S. Postal Service 16 CERTIFIED MAIL TO RECEIPT (Domestic Mail Only; No Incurence Coverage MHF/ENCANA For delivery information visit of BETTONNIE TSOSIE ⅎ 40 **63**7 Postage Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postana & Fees \$ RUSTY C SANDOVAL 7005 2011 TROY KING RD Street, or PO **TRLR 225** City, S FARMINGTON, NM 87401 PS For

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For del	ivery intorm	atior	B B				SIE	
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	Certified Fee			}30		SEP #	······································	
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Restricted (Endorsem	d Delivery Fee ent Required)			106	27	2012		
Total Po	stana & Fees	\$			一 `` !			
Sent To	RUTH	Н	AT)	ENCI	С			-
Street, or PO	PO BC						<u> </u>	
City, Si	NAGE	ΕZ	I, N	IM 87	037		,	
PS For								üctions

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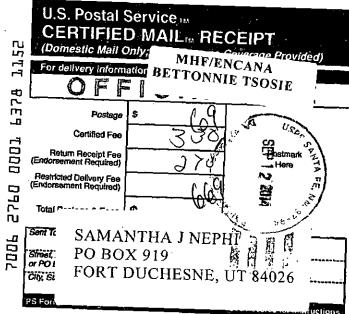
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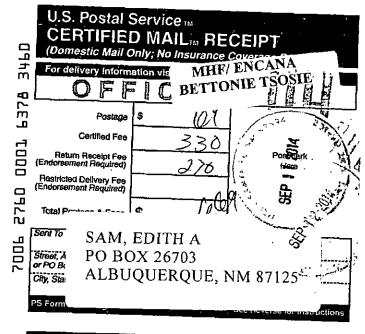
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TUHN ADDRESS, FOLD AT BOTTED LINE	
ENDER: COMPLETE THE BIGHT	DILS BOYNE TION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Stohature  Agent  Addressee  AD Received by (Printed Marge)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? " Yes / If YES, enter delivery address below:
RUSTY C SANDOVAL 2011 TROY KING RD TRLR 225 FARMINGTON, NM 87401	3. Service type 2014  Priority Mail Express*  Registered 5 p C Beturn Receipt for Merchandise  Insured Mail Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 1 7006	2760 0001 6378 4313
SENDER: COMPLETE THIS SECTION  SENDER: COMPLETE THIS SECTION	IGOV NEUTBRIBLING  OC. A RANGE STORY  OC. A RANGE S
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature Agent  X Warso Clenco Addressee  B. Received by (Printed Name) C. Date of Delivery  Alsono Akncia 9/16/14
1. Article Addressed to:	D. Is delivery address different from Item 1?   If YES, enter delivery address below:   No
RUTH H ATENCIO PO BOX 101	3. Seprice Type
NAGEEZI, NM 87037	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
O Adda Marka	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	06/12780 0000/6378/14320
PS Form 3811, July 2013 Domestic Retu	ırn Receint



19E 1 82	For delivery Inform	D MAIL <sub>IM</sub> RECEIPT
<u>1</u>	Postena	\$ 69
ᅼ	Certified Fee	330 \$ 3
1000	Return Receipt Fee (Endorsement Regulred)	Poelmark - Of A
	Restricted Delivery Fee (Endorsement Required)	(19 3/ 8
2760	The state of the s	100
<u>.</u>	Sent To SAM	I, HUXLEY LEO 🌾 💞 🔄
700	Street, Apt. PO F	BOX 1087 A, NM 87013
	PS Form 380	Sen Review

SENDER: CO.  ANIT CRITICAL IV CLOS SSERCOV NEID BELLO 1 ROTANDE DO DOLL IV CLOSE SENDER: CO.  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 mailplece, or on the front if space permits.  1. Article Addressed to:  SAMANTHA J NEPHI PO BOX 919	IN ON DELIVERY
FORT DUCHESNE, UT 84026	3. Seprice Type Certified Mall ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	_ 1 11441
(Transfer from service label)	06/3460 0001/6389/1125 ,
PS Form 3811, July 2013 Domestic Retu	ırn Receipt



_	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
ካቲፎካ ዌ.	(Domestic Mail Only; N MHF/ ENCANA  For delivery Information vi  OFF
7006 2750 0001 637	Postage & Certified Fee Cendorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$  SAM, FREDDIE SI PO BOX 1822 GI BLOOMFIELD, NM 87413
	PS Instructions

SENDEH: COMPLETE THIS SECTION  E STICKER AT TOP OF ENVELOPE TO THE RIGHT  THE RETURN ADDRESS, FOLD AT DOTTED LINE	
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:  SAM, FREDDIE PO BOX 1822	A. Signature  X
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail  Registered  Registered  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number	00011637814344
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

U.S. Postal Service 164 CERTIFIED MAIL RECEIPT MHF/ ENCANA BETTONIE TSOSIE. For delivery information 'n 40 F Postage Postmark ور OSF Certified Fee 4000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 1975 SAM, IRVIN Sent To 7005 434 N 3RD Street, A BLOOMSFIELD, NM'87413 or PO B Čity, Sta U.S. Postal Service in BETTONIE TSOSIE For delivery information m \_ 40 E Z 3.1 2014 Postage л. Certifled Fee Postmark 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees | \$ Sent To SAM, JESSIE M 7006 PO BOX 212 Street, . or PO E COUNSELOR, NM 87018 City, Sta PS For

PLACE STICKER AT 10P OF EWALOPE TO THE RIGHT OF THE HETURN ADDRESS, FOLD AT DOTTED LINE				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
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.	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 11  Yes  If YES, enter delivery address below:			
	if YES, enter delivery address below:			
SAM, IRVIN 434 N 3RD				
BLOOMSFIELD, NM 87413	3. Service Type  Certified Mall Express Mail Registered Receipt for Merchandise			
; 1	4. Restricted Delivery? (Extra Fee)			
2. Article Number, 7006 2760 0001 6378 4375  (Transfer from service label) 7006 2760 0001 6378 4375  PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540				
■ 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.	A. Signature  X			
SAM, JESSIE M PO BOX 212 COUNSELOR, NM 87018				
COUNSELOIS, MILE OF OTO	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.			
<del></del>	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number,	2740 <sup>11</sup> 0001 6378 4348			
PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-M-1540			

U.S. Postal Service 163 CERTIFIED MAIL RECEIPT

(Pomestic Mail Only: MHF/ ENCANA (Domestic Mail Only; 4382 BETTONIE TSOSIE For delivery Information еO 137 201 Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ SAM, JONES L HCR 79 BOX 1602 CUBA, NM 87013 700F Stre or P City,

361	CERT	ostal S TIFIEC ic Mail O	) MA	MH	F/ ENC.	ANA	
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E E		Postage	\$		2	3	
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	Restricted D (Endorsemen	elivery Fee 1 Required)			<u> </u>		21
2760	Total Postn	na E Fass	\$	W <sup>*</sup>			
	Sent To	SAM	, JUI	LIAN	15		* <u>                                    </u>
7006	Street, Ap	PO B	OX 2	221	V	9	
7.	City, State COU	NSE	LOR, N	M 870	187		
	PS Form						tions

TITIN UFIFIE OF	
CE STICKER AT TOP OF ENVELOPE TO THE RIGHT THE RETURN ADDRESS, FOLD AT DOTTED LINE	SECTION ON DELIVERY
SENDEN-COMPLETE TIME	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature   Agent  Addressee
- Driet vour name and address un me reverse	B. Received by ( Printed Name) C. Date of Delivery
	B. Mecelyed by (Thinke Thems)
Attach this card to the back of the manpices,	Janes Lee Sam 11117
or on the front if space permits.	D le delivery address different non term
, 1. Article Addressed to:	If YES, enter delivery address below:
\	4.
SAM, JONES L	
HCR 79 BOX 1602	
CUBA, NM 87013	3. Service Type Certified Mail
COBILITION	Registered Receipt for Merchandise
1	☐ Insured Mail ☐ C.O.D.
The state of the s	4. Restricted Delivery? (Extra Fee)
<u> </u>	5854 255
2 Article Number	0 0001 P358 7895
4 Av.	102595-02-M-1540
PS Form 3811, February 2004 Domestic R	eturn Receipt
THE BETURN ADDRESS FOLD A DOTTER BHUT THE RETURN A TOP OF ENDER THE SECURE AND THE PROPERTY OF	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>	A. Signature
■ Print your name and address on the reverse	Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	
or on the hort it space permits.	D. Is delivery address different from Item 1?  Yes
Article Addressed to:	If YES, enter delivery address below: ☐ No
	Ť
SAM, JULIAN	
	•
PO BOX 221	3. Service Type
COUNSELOR, NM 87018	Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise
· · · · · · · · · · · · · · · · · · ·	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	กากกับ 6378 336น 1
(Transfer from service label) 7006 276	
(Mariotot Mont Softwood Abbot)	10 000 6210 3323

137	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Incurance Coverage Provided) MHF/ENCANA	
<u> </u>	For delivery information visit BETTONNIE TSOSIE	
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	Postage \$	2
	Certified Fee 330	
0007	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
2760	Total Postage & Fees \$	
Ę		_
	SAM MARTINEZ	
7006	Street, Apt. N or PO BOX Nc PO BOX 5	
. –	City, State, ZI NAGEEZI, NM 87037	
	PS Form 380	s

SENDER: SENDER: SOLD A DOTTED LINE HIGHT  SENDERS: FOLD A DOTTED LINE  SEN	HALLO STION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  A. Signature  A. Agent  Addressee  B. Reserved by (Printed Name)  A. Signature  C. Date of Delivery  A hericle Whatrez  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:  SAM MARTINEZ	If YES, enter delivery address below:
PO BOX 5 NAGEEZI, NM 87037	3. Service Type  A Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number + + +	106 2760 0001 6378 4337
PS Form 3811, July 2013 Domestic Reto	urn Receipt

U.S. Postal Service in CERTIFIED MAIL RECEIPT (Domestic Mail Only; No For delivery information vis 12E9 Postage Certifled Fee 0003 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fone | C Sent To SAM, MELVIN 7006 #14 COUNTY ROAD 4903 Street, Ar. or PO Bo: **BLOOMFIELD, NM 87413** City, State PS Form

8.5	U.S. Postal Service TM CERTIFIED MAILTO RECEIPT (Domestic Mail Only; MILLY ENCANGED)
33	For delivery information BETTONIE TSOSIE, 31
40	OFFI
<b>b</b> 37	Postage \$
-	Certified Fee
1000	Return Receipt Fee (Endorsement Required)
	Restricted Delivery Fee (Endorsement Required)
2760	Total Postage & Fees \$
	SAM, NASBAN
7006	Street Grapo BOX 212
<u></u>	COUNSELOR, NM 87018
	PS For

THE RETURN ADDRESS, FOLD AT DOTTED LINE	40
SENDER: COMPLETE THIS SECTION	COWPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from Item 1?
1. Article Addressed to:	If YES, enter delivery address below:
SAM, MELVIN #14 COUNTY ROAD 4903 BLOOMFIELD, NM 87413	3 Service Type  S Certified Mail
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	76010001 6378 43991
SENDE  SENDE  SENDE  SENDE  SENDE  Althore all of adot and a sealed of New Mentage all the search of a dol of the search o	A. Signature  X A. Signature  X A. Signature  X A. Signature  X A. Signature  X A. Signature  X A. Signature  X A. Signature  X Addressee  B. Received by ( <i>Printed Name</i> ) C. Date of Delivery  C. Date of Delivery
COUNSELOR, NM 87018	3 Service Type  Certifled Mail
2. Article Number,	0001 6378 133851
PS Form 3811 February 2004 Domestic Ret	

U.S. Postal Service ... CERTIFIED MAIL RECEIPT 3408 (Domestic Mail Only; N MHF/ ENCANA For delivery information vi BETTONIE TSOSIE 378 Postage ם, 330 Postmark Hem Certifled Fee 1000 Return Receipt Fee (Endorsement Required) 220 Restricted Delivery Fee (Endorsement Required) 2760 SAM, OSMUND Sent To 7006 PO BOX 234 Street, or PO L City, St NAGEEZI, NM 87037

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	CERTIFIED	MAII	L <sub>IM</sub> RE(	CEIPT		
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ت.	Certified Fee		330	\	One of	
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1-	City, Sta NAGI	EZI,	NM 870	)37		,
	PS:Form			•		ructions

TIOKER AT TOP OF ENVELOPE TO THE RICHT RETURN ADDRESS, FOLD AT COTTED LINE	SHL 40 S 3CV120
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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:  SAM, OSMUND PO BOX 234	A. Signature  X
NAGEEZI, NM 87037	3. Service Type □ Certified Mail □ Express Mall □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 2760	0001 6378 3392
PS Form 3811 February 2004 Domestic Ret	urn Receint 102505.02.M.1540

U.S. Postal Service IM CERTIFIED MAIL RECEIPT (Domestic Mail Only; " MHF/ ENCANA BETTONIE TSOSIE Ę For delivery information Ф Ę Postage \_ Certified Fee DOOL Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ Sent To SAM, TOM 7004 Street, A or PO B PO BOX 7589 NEWCOMB, NM 87455 City, Sta PS Form

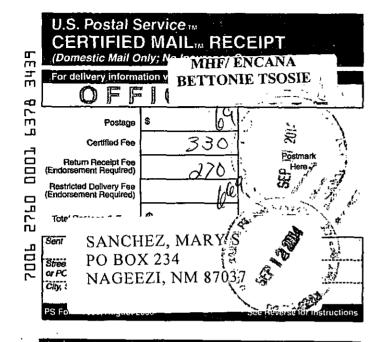
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8	Street	AVA.	IO AC	ENCY	<b>[</b> ]	14	
7006	or POL P	O BO	X 328	3	ur u	i est (J	
•	City, Si	ROW	NPOI	NT, NM	87313		1007 to game.
	PS For						uctions

IS RETURN ADDRESS, FOLD AT DOTTED LINE	1140
SENDER: COMPLETE THIS SECTION OF ENDERLY	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Jom Jam JAgent  Addressee  B. Received by (Printed Name)  Tom Sam JSJJ  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:	If YES, enter delivery address below:
SAM, TOM PO BOX 7589 NEWCOMB, NM 87455	33 Service Type
2. Article Number	1276° 0003/16378 /3422 /
(Transfer from service label)  PS Form 3811, February 2004  Domestic Re	12760, 0003, 8359 (3455 (
SENDER: COWNER 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.	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
SAM WESLEY, C/O EASTERN NAVAJO AGENCY P O BOX 328 CROWNPOINT, NM 87313	3. Service Type  Certified Mail ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	760 0001 6378 11145
PS Form 3811, July 2013	

CERTIFIED MAIL RECEIPT (Domestic Mail Only rage Provided) MHF/ENCANA For delivery informatic BETTONNIE TSOSIE 43 m Postage \_0 Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total P SAMPSON DENNISONSCIO 700F NAVAJO TRADING Street, / or PO E 126 E MAIN ST FARMINGTON, NM 87401 uctions U.S. Postal Service ™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; N MHF/ENCANA BETTONNIE TSOSIE 40 E Postage Certified Fee 2760 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) SAMUEL VICTOR 7005 PO BOX 291 BLOOMFIELD, NM 87413 or PC tructions

U.S. Postal Service 135

ICKER AT TOP OF ENVELOPE TO THE RIGHT	_ <del> </del>
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Dyce Gaful Address  B. Received by (Printed Name)  C. Date of Deliv  Dyce Gaful Address
Article Addressed to:	D. Is delivery address different from item 1? <sup>L</sup> Yes If YES, enter delivery address below:   No
SAMPSON DENNISON, C/O NAVAJO TRADING 126 E MAIN ST FARMINGTON, NM 87401	3. Service Type  3. Service Type  3. Service Type  4. Registered Registered Registered Collect on Delivery  4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	<del></del>
	роы 2760 ооот 4378,1169 Return Receipt
PS Form 3811, July 2013  Domestic I  SENDER: (I SHIP TO SERVER SE	Return Receipt  38 SHL 30 ONLS 30VId  A. Signature
PS Form 3811, July 2013 Domestic I	Return Receipt  38 3HJ 10 38 3HJ 10 38 3HJ 10 38 3HJ 10 38 3HJ 10 A. Signature  A. Signature  Addresse B. Received by (Printed Name)  C. Date of Deliver  9-15-N
PS Form 3811, July 2013  Domestic I  SENDER:  ANT GRADO IV GROW SREAGY NEW LINDING BLOOD IV BED  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	Return Receipt  28 3H Jo 28 3H JO A. Signature  A. Signature  A. Addresse
PS Form 3811, July 2013  Domestic II  SENDER: (II SANT 23 LOO LY 0703 S93802 V N N L  LHOIH 3H L OL 340 T3 N N 3 S93802 V N N N  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:  SAMUEL VICTOR PO BOX 291	A. Signature  A. Signature  Addresse  B. Received by (Printed Name)  D. Is delivery address different from Item 1?  If YES, enter delivery address below:
PS Form 3811, July 2013  Domestic II  SENDER:   ANIT 31100 IV 0703 S93800 NNNI  LHDIH 3H LOI 34073NN3 40 601 IV 85  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  SAMUEL VICTOR	Return Receipt    All   Signature   All



	'CERTIFI	ll Service™ ED M <u>AIL</u> ™ RI	ECEIPT
	(Domestic Ma	il Only; MHF/	ENCANA (roylded)
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_		DOVAL, AUR	ELIA J
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₹.	or PO COU	NSELOR, NM	87018 Æ
	City, E		Do nist
	PS Form-seed need	St 2000	See Heverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, POLD AT DOTTED LINE				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	RY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Luncle Scm  B. Received by (Printed Name)  France I. a Sum	□ Agent □ Addressee } Date of Delivery		
Article Addressed to;	D. Is delivery address different from item 1 If YES, enter delivery address below:	? ☐ Yes ☐ No		
SANCHEZ, MARY S PO BOX 234 NAGEEZI, NM 87037	3. Service Type  Certified Mail  Express Mail Registered  Return Receip Insured Mall  C.O.D.	t for Merchandise		
	4. Restricted Delivery? (Extra Fee)	☐ Yes		
2. Article Number	2760 0001 6378 343 turn Receipt	102595-02-M-1540		
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  SANDOVAL, AURELIA J PO BOX 205 COUNSELOR, NM 87018	A. Signature  X. L. L. L. L. L. L. L. L. L. L. L. L. L.	Agent Addressee  C. Date of Delivery:  O/// 11?  Yes  W:  No		
2. Article Number! 7004 2	1760 0001 6378 '0261	· ,		
<u></u>	Return Receipt	102595-02-M-1540		

Ü.S. Postal Service ™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No BETTONIE TSOSIE For delivery information vim 40 FE Postage \_0 Certified Fee 000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 SANDOVAL, DIXON K PO BOX 770 DULCE, NM 87528 Sent To 7006 Street, Ap or PO Bo. City, State

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	Restricted Delivery Fee (Endorsement Required)	(b)
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	Sent Ti SAND	OVAL, DUANE
7006	Street, POBO	OX 612 EE, NM 87528
	City, St. DULC PS. For	Colors

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X JULY Agent  Addressee  B. Received by (Printed Name) & Cd Date of Belivery  D. Is delivery address different from Italy  If YES, enter delivery address below.
SANDOVAL, DUANE PO BOX 612	Why was delivery address person.
DULCE, NM 87528	3. Service Type  Certified Mall  Express Mail  Registered  Return Receipt for Merchandlse  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	61276010001, 6328, 3472
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540

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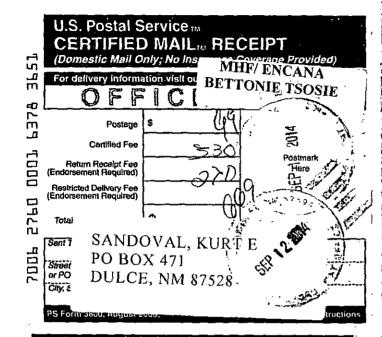
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1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
SANDOVAL ESTATE, RUSSELL, C/O EASTERN NAVAJO AGENCY PO BOX-328	·
CROWNPOINT, NM 87313	3. Service Type  Certifled Mail
<u> 1                                   </u>	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 1 1 1 700L (Transfer from service label)	2760 0001 6378 3446
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

U.S. Postal Service tim CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insulator ENCANA 351 BETTONIE TSOSIE For delivery information vis 40 IL-Postage ┚ Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 SANDOVAL, HOBSON 7006 **BOX 394 DULCE, NM 87528** or P City, PS Form 3800; August 2006 -U.S. Postal Service TM CERTIFIED MAIL RECEIPT MHF/ ENCANA (Domestic Mail Only; No In 3606 BETTONIE TSOSIE: For delivery information visit o 40 님 Postage \_\_ Certifled Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 Total Postage & Fees | ¢ SANDOVAL, JACQUE H PO BOX 493 Sent To 7006 Street, A DULCE, NM 87528 or PO Bo City, Stat ace neverse for instructions PS Form

ICKER AT TOP OF EUVELOPE TO THE RIGHT BETURN ADDRESS, FOLD AT DOTTED LINE	HHL 40
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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, 1. Article Addressed to:	If YES, enter delivery address below:   No
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d .	4. Restricted Delivery? (Extra Fee)
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BELIGH VEDBESS, FOLD AT GOTTED LINE THE RAT TOP OF ENVELOPE TO THE RIGHT  SENDER: COMPLETE THE SENDER	2HT 40
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1. Article Addressed to:  SANDOVAL, JACQUE H PO BOX 493	D. Is delivery address different from 12 12 283  If YES, enter delivery address below 7 12 No
DULCE, NM 87528	3. Service Type  Certified Mail
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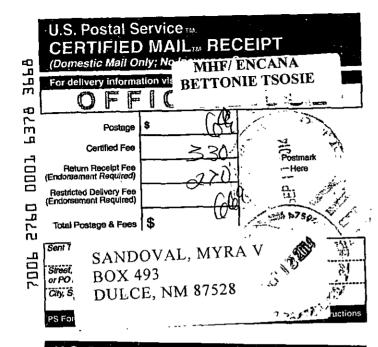
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X     Agent     Addressee	1. Article Addressed to: SANDOVAL, KURT E PO BOX 471	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
DULCE, NM 87528	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise Insured Mail  C.O.D.		
\	4. Restricted Delivery? (Extra Fee) ☐ Yes		
(Transfer from service label) 7006 2760	, 0007/8358/3827//		
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	SECTION ON DELIVERY  Signature  CEP Agent  Addressee  Received by (Printed Name)  CIPate of Derivery		
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to: ,</li> </ul>	Is delivery address different from herm 42 des		
SANDOVAL, LESTER PO BOX 412 DULCE, NM 87528			
· · · · · · · · · · · · · · · · · · ·	Service Type  Certified Mall  Express Mail  Registered  I. Return Receipt for Merchandise  Co.D.D.		
	. Restricted Delivery? (Extra Fee) Yes		
2. Article Number, 7006 2760 (Transfer from service label)	0001 6378 3644		
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7006 2760 0001 6378 3637	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  So SANDOVAL, LULA So PO BOX 3445 or, SHIPROCK, NM 87420	Complete items item 4 if Restrict Print your name so that we can Attach this card or on the front in Article Addressed  SANDOV POBOX SHIPROCO  2. Article Number, (Transfer from ser
7006 2760 0001 6378 3675	U.S. Postal Service TAN CERTIFIED MAIL TAN RECEIPT (Domestic Mail Only; MHF/ ENCANA  For delivery information BETTONIE TSOSIE  Postage \$ Certified Fee Solution Here (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ Sent To SANDOVAL, MERTON  Street, or POI PO BOX 1118 Chy, Si DULCE, NM 87528	

de sticker at top of envelope to the Right The return adoress, fold at ootted line	40
SENDER: COMPLETE THIS SECTION	COMPLETE This SECTION ON DELIVERY
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.	A. Signature  X Agent  Addressee  B. Reserved by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 17.   Yes
1. Article Addressed to:	If YES, enter delivery address below: No
SANDOVAL, LULA PO BOX 3445	
SHIPROCK, NM 87420	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
·	4. Restricted Delivery? (Extra Fee)
2. Article Number, (Transfer from service label)	760,0001, 6359,3635,1
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540



	U.S. Postal Service <sub>™</sub>
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	A. Signature  X May And SET Agent Addressee  B. Received by (Printed Name)  C. date of Delivery 2014
Article Addressed to:	D. Is delivery address different from tem 19 17 (es )
SANDOVAL, MYRA V BOX 493	
DULCE, NM 87528	S Service Type  Certified Mail
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2. Article Number 700L 27L	0 0001 6378 3668
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540

U.S. Postal Service TM **CERTIFIED MAIL** MRECEIPT (Domestic Mail Only; No languard) ENCANA For delivery information vis BETTONIE TSOSIE **=**0 37 Postage ┚ Certified Fee 0003 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total SANDOVAL, STUARTB 7006 PO BOX 937 Street DULCE, NM 87528 or PO City, 6

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ENDER: COMPLETE THE SECTION AND SECUNDARY STORES	SECTION ON DELIVERY
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.	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  STUBET  SANDIVAL  GITTIF
. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
SANDOVAL, STUART B PO BOX 937 DULCE, NM 87528	. 3. Service Type  D Certified Mail D Express Mail Registered D Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	760(0001 6378 0162 turn Receipt 102595-02-M-1540)
Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  SANDOVAL, WALT J  PO BOX 821  DULCE, NM 87528	A. Signature  X  B. Beceived by (Printed Name) 1.8 C. Date of Delivery  D. Is delivery address different from them 1?  If YES, enter delivery address beids.  W. N. 3
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2. Article Number, 1 1 1111 1700	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
(Transfer from service label)	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; N MHF/ENCANA For delivery information v **BETTONNIE TSOSIE** 40 드 Postage Ш Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 SARAH YAZZIE 7006 PO BOX 1031 Street, or PO. **AZTEC, NM 87410** City, S U.S. Postal Service TM CERTIFIED MAII MINITENCANA 85 (Domestic Mail Only; N BETTONIE TSOSIE For delivery information USE 8 Postage ш L) ુસુક હ Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 SERAFIN, ROBERTA VS 612 ORTEGA ROAD NW 700E Sire ALBUQUERQUE, NM-871114

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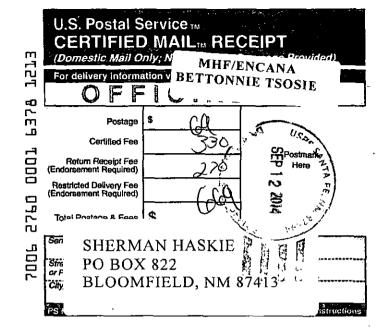
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEFIVERA
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A Signature  A Agent  C. Pafe of Delivery  13 Page 17 19 12 25
1. Article Addressed to:  SARAH YAZZIE PO BOX 1031	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AZTEC, NM 87410	3 Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
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PS Form 3811, July 2013 Domestic Re	turn Receipt
AND GELLOO BY OTOJ SSENDOW NOLLEN BILL  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.	A. Signalure  X Kills Agent  B. Received by (Frinted Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
1. Article Addressed to:  SERAFIN, ROBERTA V  612 ORTEGA ROAD NW  ALBUQUERQUE, NM 87114	D. Is delivery address different from item 1?
1	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	בוסי פּלבוֹ בּלבוֹ בּססס וספּי
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

U.S. Postal Service m **CERTIFIED MAIL** RECEIPT (Domestic Mail Only; No MHF/ENCANA For delivery information vis BETTONNIE TSOSIE 40 Ęij. Postage Certified Fee 0003 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 SHERALENE L HASKIE PO BOX 822 BLOOMFIELD, NM 87413 7006 Street or PO City, &

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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	B. Rigceived by (Printed Name) C. Date of Del  D. Is delivery address different from item 1? Yes
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2. Article Number	4. Restricted Delivery? (Extra Fee) ロ Yes
E WELLINA KODHESS, FOLD AT BOTTED LINE  E WETURA FORESS, FOLD AT BOTTED LINE  (O.S. D.) EVVE FOLD AT BOTTED LINE  (O.S. D.) EVVE FOLD AT BOTTED LINE  (O.S. D.) EVVE FOLD AT BOTTED LINE  (O.S. D.) EVVE FOLD AT BOTTED LINE  (O.S. D.) EVE FOLD LINE  (O.S. D.) EVE FOLD AT BOTTED LINE  (O.S. D.) EVE FOLD AT BOTTED LINE  (O.S. D.) EVE FOLD LINE  (O.S. D.) EVE FOLD AT BO	Return Receipt
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terms 1, 2, and 3. Also complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	A. Signature  A. Signature  A. Addressee  A.
SHERMAN HASKIE PO BOX 822 BLOOMFIELD NM 87413	3. Service Type  EX Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
	7,006 (27,60) 0001 6378 (1213
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.	A. Signature  X Curline Sharing: Agent  B. Received by (Printed Name)  C. Date of Deliver  A Uline Sharing  D. Is delivery address different from item 1?  Les
SHORTY, PAULINE PO BOX 298	If YES, enter delivery address below: ☐ No  3. Service Type
KIRTLAND, NM 87417	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

For delivery inform	D MAILTM RECE	CANA CANA
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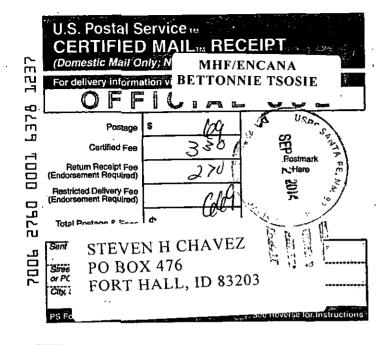
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0007	(emorsement Required)	270 Here	irk ,
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7006	Sirie 6501 W	MONTE VISTA RD	<b>,</b> ,
~	or PO PHOEN	MONTE VISTA RD	
	FRUEN	IX, AZ 85035	
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			tructions

SENDER: COMPLETE THIS SECTION	do Syla COMPLETES SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  Aircos Slown
1. Article Addressed to:  SLOAN, AMOS HC 61 BOX 38-612	D. Is delivery address different from item 1?
TEEC NOS POS, AZ 86514	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  Restricted Delivery? (Extra Fee)  Yes
2. Article Number	.52F0 0001 P359 0504
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

U.S. Postal Service IM CERTIFIED MAIL M RECEIPT
(Domestic Mail Only; No Insurance Coverage Br.
MHF/ ENCANA 1247 BETTONIE TSOSIE For delivery information 378 Postage .... Certified Fee 7000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 STALLINGS, DEBORAH MA 7006 971 E MONTEREY ST Street, . or PO E CHANDLER, AZ 85225 City, Su

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	Restricted	Delivery Fee		100	,		<i>[</i> **]
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2006	Street, A	60 E 2	00 N	APT 4		1 × 4	1
7	or PO B			LE, UT	84339		·
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SENDER: CONTRETE I HIS SECTION	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  STALLINGS, DEBORAH M 9.71-E MONTEREY ST	If YES, enter delivery address below:   No
CHANDEER, AZ 85225	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mall  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006	2760 0001,18358,0545
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540
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.	Signature  Signature  Agent  Addressee  Received by (Printed Name)  C. Date of Delivery  Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
Article Addressed to:  STANEEY CASTILLO	If YES, enter delivery address because
60 E 200 N APT 4 WELLSVILLE, UT 84339	Certified Mail® Priority Mail Express™  Certified Mail® Priority Mail Express™  Registered Return Receipt for Merchandise  Insured Mail Collect on Delivery
	4. Restricted Delivery? (Extra Fee)   Yes
2. Article Number	06 2760 0001 6978 1220
2. Article Number (Transfer from service label)  PS Form 3811, July 2013  Domestic Retur	OR STRU DROW DO



78 <u>1</u> 442	U.S. Postal CERTIFIE (Domestic Mail (	D MAIL REC	CEIPT ENCANA NIE TSOSIE
<b>6</b> 3	Postage Certified Fee	<del>- 4/</del>	SEP
000	Return Receipt Fee (Endorsement Required)	270	Postmark Here
2760	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	- 669-1	e a
.2 900L	Sent To TANY	'A LISTER OX 1106	
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature
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.	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  STEVEN H CHAVEZ PO BOX 476	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
FORT HALL, ID 83203	3. Service Type  Certified Mail Priority Mail Express Registered Return Receipt for Merchandise Insured Mail Collect on Delivery  Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	300P!53P0 0007!P338 7533
SENDER: COMPL  AND GALLOG IV GTO, S  LHDIN BHI OF BAD OF B	A. Signature  A. Signature  A. Received by (Printed Name)  Received by (Printed Name)
i. Article Addressed to:  TANYA LISTER PO BOX 1:1:06	D. Is delivery address different from item 1? I so If YES, enter delivery address below: 91718
FRUITLAND, NM 87416	3. Service Type ☐ Certified Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	7006 2760 0001 6378 1442

Domestic Return Receipt

PS Form 3811, July 2013

U.S. Postal Service In CERTIFIED MAIL RECEIPT (Domestic Mail Only; N 5 MHF/ENCANA For delivery information BETTONNIE TSOSIE 7 378 Postage ف Certified Fee 0001 Postmark !" Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total P THELMA G HARRISON Sent To 7005 PO BOX 1592 Street, / or PO B BLOOMFIELD, NM 87413 City, Ste uctions

1466	(Domestic Mail	D MAIL, RE	
	For delivery inform	BETTONNI	E TSOSIE
E378	Postage	\$ 600	& USA
_	Certified Fee	330.	SEP Postmart
T	Return Receipt Fee (Endorsement Required)	270	Here 17
	Restricted Delivery Fee (Endorsement Required)	1.69	2 2014
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse	☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name) . C. Date of Delivery
or on the front if space permits.	Thelme Harrison 4-13-14
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
man a same a succession of	If YES, enter delivery address below:
THELMA G HARRISON	()
l i	· ·
PO BOX 1592 BLOOMEULD, NM 87413	
BLOOMERISED, NIVI 67413	3. Service Type  Certified Mail® Priority Mail Express**
	Certified Mail Priority Mail Express** Registered Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	06 2760 0001 6378 1459
PS Form 3811, July 2013 Domestic Ret	urn Receipt
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■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Both Land D Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Soty Lopes 9/18/14
Article Addressed to:	D. Is delivery address different from Item 17 🔲 Yes
, , , , , , , , , , , , , , , , , , ,	If YES, enter delivery address below:   No
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THERESA LOPEZ	
HC 47=BOX-403	
CUBA, NM 87013	3. Service Type
CODIT, IMI of our	Certified Mail
and the second s	☐ Insured Mail ☐ C.O.D.
•	4. Restricted Delivery? (Extra Fee)
2. Article Number	760 0001 6378 1466
(Hanster Horit service label) (	
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540

U.S. Postal Service In Control CERTIFIED MAIL... RECEIPT (Domestic Mail Onl MHF/ENCANA For delivery informati BETTONNIE TSOSIE 40 **637**( Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 一個別 276 Total Promoco & Fees S THERESA VICTOR 7006 PO BOX 2716 Street, A or PO B BLOOMFIELD, NM 87413 City, Sta ctions

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7006	Sin	РО ВОХ	X 171	
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SENDER: COMPLE IF THE PROPERTY TO BE SENDER	HL 40 ECTION ON DELIVERY
<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
THERESA VICTOR PO BOX 2716 BLOOMFIELD, NM 87413	3. Service Type  Certified Mail  Registered  Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)	1 2760 0001 6378 1473
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.  THOMAS VICTOR JR  PO BOX 17	A. Signature  X Devothy (Clor Addressee)  B. Received by (Printed Name)  C. Date of, Delivery  Porothy (Ctor 915)  If YES, enter delivery address below:
■ 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. Signature  X Devothy Voctor Addressee  B. Received by (Printed Name) C. Date of Delivery  Dotothy Victor 9/5/14  D. Is delivery address different from item 1? Tyes
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  THOMAS VICTOR JR PO BOX 171  BLOOMFIEED, NM 87413	A. Signature  X Devothy Cor Addressee  B. Received by (Printed Name)  C. Date of Delivery  Dotothy Victor 915 pt  D. Is delivery address different from Item 17  If YES, enter delivery address below:  3. Service Type  Certifled Mail Express Mail  Registered Return Receipt for Merchandise  Insured Mail C.O.D.

**Domestic Return Receipt** 

PS Form 3811, February 2004



ш	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL™ RECEIPT
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2760 0	Restricted Delivery Fee (Endorsement Required)	B S
	Total Postage & Fees TOLED	O, LUCY C
7006	rsiii ROX 18	37 SZI, NM 87037
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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired.  Print your name and address on the major on the front if space permits.  Article Addressed to:  TOLEDO, LUCY C BOX 187	plete everse	A Signature  X Yerry C Zold	☐ Agent ☐ Addressee Date of Delivery
NAGEEZI, NM 87037	; L'	3. Service Type  Certified Mail  Registered  Return Receip  Insured Mail  C.O.D.	t for Merchandise
	غ	4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number	7006 2	ובלכם הליפש בממסוים בי	
PS Form 3811, February 2004	Domestic Retu	ım Receipt	102595-02-M-1540

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CKER AT TOP OF ENVELOPE TO THE RIGHT ETURN ADDRESS, FOLD AT DOTTED LINE	3 HL 30
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  X. Poor K. D-slo D. Agent  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
TOLEDO, ROSIE K PO BOX 75	
· · ·	Lo Control Toron
COUNSELOR, NM 87018	3. Service Type  Certified Mall Express Mall Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	276010001 6378 0254
PS Form 3811, February 2004 Domestic Ret	UED
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Late of Delivery
or on the none is space pointing.	
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
TOMMY HARRISON	
TOMMY HARRISON	3. Service Type Certified Mail Registered Return Receipt for Merchandise
TOMMY HARRISON 235 S DUSTIN RD FARMINGTON, NM 87401	3. Service Type  Certified Mail

102595-02-M-1540j

U.S. Postal Service TM CERTIFIED MAILIM RECEIPT 503 (Domestic Mail Only; No Insurance Co. MHF/ENCANA For delivery information v BETTONNIE TSOSIE 378 Postage 卫 Certified Fee 1000 Postmark Here Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 TRACY LOPEZ Sort Te 700F HC 17 BOX 410 Street, or PO t CUBA, NM 87013 City, St

C Poetal Service

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39	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance ENCANA MHF) ENCANA
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<b>L3</b> 7	Postage \$
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	Restricted Delivery Fee (Endorsement Required)
2760	Tor-10-10-10-10-10-10-10-10-10-10-10-10-10-
	Sem TRUJILLO, ARLENE A
7005	Sire PO BOX 403
7	NAGEEZI, NM 87037
	PS F

"IFIED MAIL"	<i>8</i>
SENDER: C SOLD AT DOTTED LINE TO SERVE TO PROPERTY TO POST OF ENVIRENCE TO THE RIGHT.	NIBU BHI 10
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>	A Signature Agent
Print your name and address on the reverse so that we can return the card to you.	Addressee
<ul> <li>Attach this card to the back of the mailpiece,</li> <li>or on the front if space permits.</li> </ul>	B. Received by (Printed Name) C. Date of Delivery
<del></del>	D. Is delivery address different from Item 1?
Article Addressed to:	If YES, enter delivery address below:   No
	1
TRACY LOPEZ	<b>[</b> ] ·
LAC:17 BOX 410	(1
CUBA, NM 87013	
ODDA, TAME OF THE STATE OF THE	3. Service Type  Certified Mail  Express Mail
	☐ Registered ☐ Return Receipt for Merchandise
rač.	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 4. 444 - 34 1	260,0001 6378 1503
(Transfer from service label)	Pulpinia da la la la la la la la la la la la la la
	eturn Receipt 102595-02-M-1540
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SENDER: COLD AT DOTTED LINE  NER AT TOP OF ENVELOPE TO THE RIGHT.	H 3H L 3O
Complete Items 1, 2, and 3. Also complete	The same of the sa
I TOTAL THE THEST COME THE PROPERTY OF THE PRO	A. Signature
, = Fint your name and address on the	X Ella n. Matania Agent
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Ella 7 Antonio C. Date of Delivery
	D is deliver and the pro-
	If YES, enter delivery address below:
TRIBLE A DIENE A	,
TRUJILLO, ARLENE A	<u>!</u>
PO BOX 403	
NAGEEZI, NM 87037	
. <del>184</del> 7   18	3. Service Type
Commence of the control of the contr	Certified Mail
	☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4	Restricted Delivery? /Evtm Foot
6. AVIICIB NUMber	
(Transfer from service label)	760 0001 6378 0339
PS Form 3811, February 2004 Domestic Return	

U.S. Postal Service™ CERTIFIED MAILIM RECEIPT 0018 (Domestic Mail Only; No MHF/ ÊNCANA For delivery information v BETTONIE TSOSIE 40 **637** Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Tota TRUJILLO, KATHYD 7006 PO BOX 82 Stree or P( MOSCA, CO 81146 City,

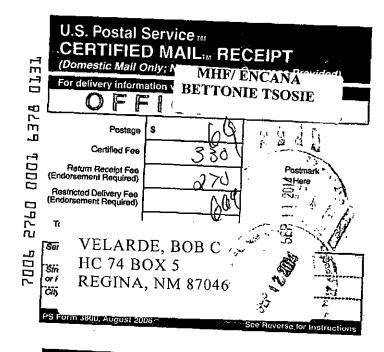
	U.S. Postal S	Service <sub>m</sub>
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_	Restricted Delivery Fee (Endorsement Required)	
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	Sent TO	SIE, BETTY D
700E		OX 3826 \ S
~	Or PO Bo. City, State WIN	DOW ROCK, AZ 86515.
	PS Form	Alions

HEIGHA BONNESS, FOLD BI DOUTED LINE	141 -0
SENDER. SUINFLE E IT IN SECTION OF ENAFORE SENDER	SECTION ON DELIVERY
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.	A. Signature    Agent   Addressee
1. Article Addressed to:  TRUJILLO, KATHY D PO BOX 82	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MOSCACO 81146	3 Service Type  Certified Mail
2. Article Number	06/2760  0001/6376  0018
(Transfer from service label) PS Form 3811, February 2004 Domestic Re	Sette ( dollong T) R3 58 ( DD T9
SENDER: CONVINCE IN THE SECOND AND A SERVICE	JECTION ON DELIVERY
ETHEN ADDRESS, FOLD AT DOTTED LINE	A. Signature  X  A. Signature  X  AZ  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
SENDER: COWPLE IT IN 32 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:  TSOSKAR BETTY D	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Date of Delivery
■ 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. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Date of Delivery  A. Date of Delivery  A. Signature  D. Is delivery address difference on item in the ses
SENDER: COWPLETE THIS SECURITY  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:  TSOSING BETTY D  PO BOX 3826  WINDOW ROCK, AZ 86515	A. Signature  A. Signature  B. Received by (Printed Name)  D. Is delivery address different from item 700 es  If YES, enter delivery address below:  3. Service Type  Q. Certified Mail
SENDER: COWPLETE HISTORY OF SERVICE SENDER: COWPLETE HISTORY 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.  TSOSIMA BETTY D  PO BOX 3826  WINDOW ROCK, AZ 86515  2. Article Number  (Transfer from service label)	A. Signature  A. Signature  A. Signature  B. Received by (Printed Name)  D. Is delivery address different from item 100 / es  If YES, enter delivery address below:  3. Service Type  1. Certified Mail:  1. Registered  1. Received Mail:  1. Received Mail:  1. Received Mail:  1. Received Mail:  1. Received Mail:  1. Received Mail:  1. Received Mail:  1. Received Mail:  1. Received Mail:  2. Received Mail:  3. Service Type  1. Co.D.  4. Restricted Delivery? (Extra Fee)  1. Yes

U.S. Postal Service™ CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insur MHF/ENCANA For delivery information visit our v BETTONNIE TSOSIE Ή UDE 40 **637** Postage USER Certified Fee SP 12 1000 Postmark Return Receipt Fee (Endorsement Required) Here 🥱 Restricted Delivery Fee (Endorsement Required) 2014 구 1069 Total Postage & Fees \$ 'n Sent 1 7005 VALERIE MANUELE PO BOX 171 Street or PC PO BOX 171 BLOOMFIELD, NM 87413 City, tructions

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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X Ducting Valor Daddressee  B. Received by (Printed Name) C. Date of Delivery On the Company of t
VALERIE MANUEL	· .
PO BOX 171 🖅	
BLOOMFIÈLD, NM 87413	Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.
)	4. Restricted Delivery? (Extra Fee)
2. Article Number	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
SENDEF.  SENDEF.  And 3. Also 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:  VELARDE, ALBERTA	A. Signature  X
PO BOX 994	3. Service Type
DULCE, NM 87528	☐ Certifled Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 1 7 1 7001	2780(1000g 18378) 0300 ;
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	X 206/ Nord	□ Agent □ Addressee
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from lter If YES, enter delivery address below	w:□No
	SEP 18 2014	
VELARDE, BOB C	2014	
HC 74 BOX 5		<u> </u>
REGINA, NM 87046	3 Service Type 6 - 5008 Express Ma	
	☐ Registered ☐ Return Rec ☐ Insured Mail ☐ C.O.D.	eipt for Merchandise
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U.S. Postal Service Tax CERTIFIED MAIL RECEIPT (Domestic Mail Only; N 1600 \* For delivery information v 6378 Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 Total Postage & Face | C VELARDE, DARREEL O 2005 PO BOX 745 Street, or PO LOS LUNAS, NM 87031 City, S PS For

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SENDER: COMPLETE I MIS SECTION OF THE HEALTH	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	By Received by (Printed Name)  C. Date of Delivery  Printed Name)  C. Date of Delivery  Printed Name
VELARDE, DARRELL O PO BOX 745 LOS LUNAS, NM 87031	D. Is delivery address different from Item 1?
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	16/2760;0001 6378/0094
SENDER: LINING SENDER:	A. Signature
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.	B. Received by (Printed Name) Contract of Detivery
Article Addressed to:	D. Is delivery address different from 12 12 169 If YES, enter delivery address below: 8 13 No
VELARDE, DAVID PO BOX 295	
DULCE, NM 87528-0295	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540 /

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U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Institute / ENCANA uj BETTONIE TSOSIE For delivery information vi-8 Postage m ھ Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 VELARDE, DOROTHÝ M Sent 7006 PO BOX 58 Stre or F **DULCE, NM 87528** 

0148	U.S. Postal S CERTIFIE (Domestic Mail C	D MAIL M RECEIPT  Only; No Insurance Government  ation vis MHF/ ENCANA  BETTONIE TSOSIE
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SENDER. STATE THE HIGHT THE BUSH OF ENVELOPE TO FOLD THE BUSH OF ENVELOPE TO THE PROPERTY.	TEB BHL 30 BXDLS BDY13 ECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Clement Leners   B. Received by (Printed Name)  C. Date of Delivery  Clement Veners 9/18/14  D. Is delivery address different from item 1?   Yes
VELARDE, DOROTHY M PO:BOX 58	D. Is delivery address different from item 1?
DULCE, NM 87528	3. Service Type ☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
\$ ##	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 1 11 11 111 17 17 17 17 17 17 17 17 17	512760 0001 6378 0155
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, Article Addressed to:	If YES, enter delivery address below:
VELARDE, EDDIE T PO BOX 737	
DULCE, NM 87528	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 700	16 5760 0001 6378 0148

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

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7006	Street, BOX 953		******
7	City, Sia BLOOM	FIELD, NM 87413	
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F THE RETURN ADDRESS, FOLD AT DOTTED LINE	CONTREE LE LINS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE
Complete items 1, 2, and 3. Also complete	A Signature Agent Addressee
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so that we can return the card to you.  Attach this card to the back of the mailpiece.	Maria La Recent
or on the front if space permits.	D. Is delivery address different from item 1? Li Yes
1. Article Addressed to:	If YES, enter delivery address below:
VELARDE, GILBERT	
BOX 953% NIM 87413	3. Service Type
BOX 9533 BLOOMFIELD, NM 87413	☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
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PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540
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so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	9-15-14
1. Article Addressed to:	D. Is delivery address different from item 1? Ses If YES, enter delivery address below:
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VALARDE, HARRY	Ham Volande
365.CR 5500	Harry Velance
BLOOMFIELD, NM 87413	
	3: Service Type
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U.S. Postal Service ™ **CERTIFIED MAIL™ RECEIPT** 7.40 (Domestic Mail Only; No I MHF/ ENCANA For delivery information visit BETTONIE TSOSIE **6378** Postage Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 VELARDE, JACKSON PO BOX 400 Sent To 7006 Street, or PO **DULCE, NM 87528** Chy, S PS Form 3800, August 2006

	U.S. Postal Service™
	CERTIFIED MAIL, RECEIPT
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	S VELARDE, JIMI D
7006	s6 PO BOX 1442
7	On DULCE, NM 87528
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SENDER: COMPLETE THIS SECTION	YTO ON DELIVERY
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<u>'</u>	D. Is delivery address different from item 17  Yes
1. Article Addressed to:	If YES, enter delivery address below: PNo .
VELARDE, JACKSON PO BOX 400 DULCE, NM 87528	3. Service Type
	Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	5260,0007 6358 0474
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
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VELARDE, JIMI D PO BOX 1442	·
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PO BOX 1442 DULCE, NM 87528	Certified Mail
PO BOX 1442 DULCE, NM 87528	Certified Mail Registered Results Facility Receipt for Merchandise Insured Mail C.O.D.

U.S. Postal Service TM. CERTIFIED MAILIM RECEIPT (Domestic Mail Only; No Insurance Coverant ANA <u>-</u> BETTONIE TSOSIE For delivery information visit вØ ∃7 Postage م. **Certified Fee** 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees | \$ VELARDE, JUDY 7006 Street, A or PO Bc PO BOX 418 **DULCE, NM 87528** City, Stail PS Form

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OLIGOTIA CARACTER STREET	SULT BOOK SOLUTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  SEP D Addressee  B. Received by Printed Name)  15. Date of Delivery  2014
Article Addressed to:	D. Is delivery address different from them 17 Dives If YES, enter delivery address below: 20 Di No
VELARDE, JUDY PO BOX 418	
DULCE, NM 87528	3. Service Type  Certified Mall  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
**************************************	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	iśśćeo! odoznie 354 rokzs ;
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	A. Signature:  X La vivo Volta a
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,	A. Signature:  X Mayrico Volta a D Addressee  B. Received by (Printed Name) C. Date of Delivery  MAXINE VELOCIO 11114
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.	A. Signature:    A. Signature:
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  VELARDE, LINDBERG  PO BOX 15  LINDRITH, NM 87029	A. Signature:  X / A GENT Addressee  B. Received by (Printed Name)   C. Date of Delivery    AXINE   C. A. G.     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

Domestic Return Receipt

102595-02-M-1540

' PS Form 3811, February 2004

U.S. Postal Service TM CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No less WHIS ENCANA
For delivery information visit BETTONIE TSOSIE 1 6378 Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 VELARDE, MARY M 7006 9208 MIRA MAR LANE NW ALBUQUERQUE, NM 87114 Instructions PS Form 3800, August 2006

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2750 4000 0475	Return (Endorseme	Postage Cartified Fee Receipt Fee ant Required) Delivery Fee ant Required)	\$	330	NW BERG	nark j
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E THE BELLING ADDRESS, FOLD AT DOTTED LIVE CE STICKER AT TOP OF ENVELOPE TO THE MIGHT	o is section on delivery
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature/  X
1. Article Addressed to:  VELARDE, MARY M 9203 MIRA MAR LANE NW	D. Is delivery/address different from item 17
ALBUQUERQUE, NM 87114	3. Service Type  Certified Mall Express Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	60 0001 6378 0445 1;
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
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1. Article Addressed to:  VELARDE, RUBENA DENISE	If YES, enter delivery address below: ☐ No
POBOX-949 *** DULCE, NM 87528	3. Service Type Q Certified Mail
(学)	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	006 2760 0001 6378 0469
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540

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מכנים נחחח חוכל שחחכ	Certified Fee  Return Receipt Fee (Endorsement Required)  Rastricted Delivery Fee (Endorsement Required)  Total F  Sent To VELARDE, SHARON B  Breef, PO BOX 5003	1. A
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78 DD	For delivery information vis  OFFIC BETTONIE TSOSIE	
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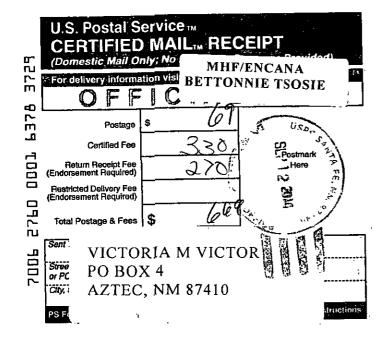
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  VELARDE, SHARON B  PO BOX 5003	A Signature  X
WINDOW ROCK, AZ 86515	3. Service Type  Certified Mail
2. Article Number	760:0001 6378 0025
PS Form 3811, February 2004 Domestic Retu	ım Receipt 102595-02-M-1540 1

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1. Article Addressed to:  VERLIN L DISWOOD  PO BOX 3287	D. Is delivery address different from item 42  Yes  If YES, enter delivery address below: AD No
KIRTLAND, NM 87417	3. Service Type  Certifled Mail  Registered  Return Receipt for Merchandise  C.O.D.
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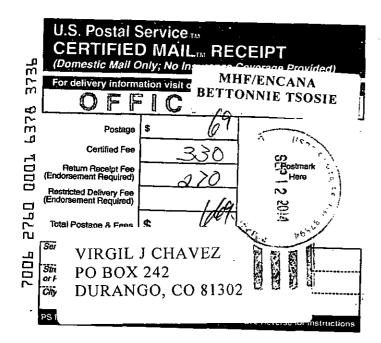
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m	U.S. Postal CERTIFIE	D MAIL, RECEIPT
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1. Article Addressed to:  VICTORIA M VICTOR  PO BOX	D. Is delivery address different purpling 3 Yes If YES, enter delivery address below:  SEP 1 6 2014
AZTEC, MM 87410	3. Service Type  Certified Mail  Registered  Insured Mail  Restricted Delivery? (Extra Fee)  Yes
2. Article Number	RO 0007 R329 3254
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name).  Date of Delivery  Do. Is delivery address different from item 1?	
VICTORIA A_YAZZIE PO BOX 4012-	If YES, enter delivery address below: ☐ No	
SHIPROCK, NM 87420	3. Service Type  Certified Mail  Express Mail  Return Receipt for Merchandise  Insured Mail  C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540	



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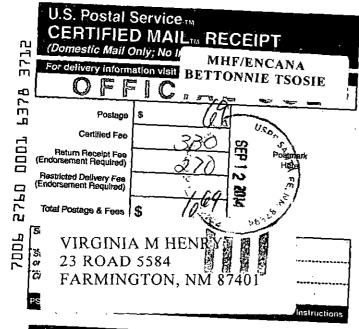
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■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  VIRGIL J CHAVEZ PO BOX 242	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No
DURANGO, CO 81302	Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  CO.D.  Restricted Delivery? (Extra Fee)  Yes
2. Article Number (Transfer from service label)	16 2760 0001 6378 3736
PS Form 3811, February 2004 Domestic Ret	urn Receipt . 102595-02-M-1540



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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE							
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X						
VIGIL, JERRY PO BOX 1836	D. Is delivery address different from feet 0.7 Tes.  If YES, enter delivery address below:						
FARMINGTON, NM 87499	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail O.O.D.  4. Restricted Delivery? (Extra Fee)						
2. Article Number,							
PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  Domestic Re  PS Form 3811, February 2004  PS Form 3811, Februar	O CECTION ON DELIVERY						
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VIGIL JR, KEE PO BOX 1563	If YES, enter delivery address below: ☐ No						
CROWNPOINT, NM 87313	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.						
1 42 4	4. Restricted Delivery? (Extra Fee)						
2. Article Number	760100011637810506						
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	TION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Bignature    Agent   Addressee     B. Berswed in Aprinted Name   C. Date of Delivery
1. Article Addressed to:  VIRGINIA M HENRY	D (a d)livery bidies b different from item 1?  Yes
23 ROAD 5584 FARMINGTON, NM 87401	3s Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number	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.	A Signature  A Signature  A Addressee    B. Received by (Printed Native)   C Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
WAYNE LOPEZ	<u> </u>
PO BOX 107 NAGEEZI, NM 87037	3. Service Type  D. Certified Mail  D. Express Mail  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number   1	0001 6378 3705

U.S. Postal Service TM FIED MAILTM RECEIPT E L (Domestic Mail Only MHF/ ENCANA ... For delivery information BETTONIE TSOSIE 378 £3 Postage \_ Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 Total Postage \* Care I de WERITO, ARTHUR Sent To 7006 PO BOX 2046 Street, Apt. No. BLOOMFIELD, NM or PO Box No. City, State, ZIP PS Form 3800

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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece; or on the front if space permits.	A. Signature  X. Agent  Addressee  B. Received by ( Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery and been interest from item 1?  Yes If YEB, enter delivery and reas below:  No
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FARMINGTON, NM 87499	3. Service Type
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:	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	[2760 0000] 6378 0544
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	PS Form 5000, August		Structions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X / Curlow
WERLIO, CECELIA PO BOX 1274 FRUITLAND, NM 87416	D. Is delivery address different from item 77 A Yes If YES, enter delivery address sales.  3. Service Type
FROMEAND, NW 67410	Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 1 1 111 17 17 17 27 17 17 17 17 17 17 17 17 17 17 17 17 17	1 0001 6378 0346111
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,	A. Signature  X. Renu Went Addressee  B. Received by (Printed Name)  Kenu Went 9-(5-14)
or on the front if space permits.  1. Article Addressed to:  WERITO, ERMA J, c/o RENA WERITO PO BOX 215	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
NAGEEZI, NM 87037	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail CO.D.  4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	<del></del>
(Transfer from service label)	12760 0001 6378 0353

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No MHF/ ENCANA MITA.

BETTONIE TS For delivery information visit 中 **F37** Postage Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postone P Con. | & WERITO, GILBERT 700F PO BOX 5615 Street, Apt. or PO Box FARMINGTON, NM 87499 City, State, PS Form 3

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signatura  A. Signatura  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  WERITO, GILBERT PO BOX 5615	D. Is delivery address/different from Item 12 Yes If YES, enter delivery address below: No
FARMINGTON, NM 87499	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number	ZPOLOGON PSZR OSPONILI
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	A. Eiglature X
Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1?  If YES, enter delivery address below:
WERITO, LOUISE PO BOX 541 BLOOMFIELD, NM 87413	3 "Service Type
	Certified Mail
2. Article Number 1 1 7006 2760 (Transfer from service label)	II STED BTEILLOOD
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

U.S. Postal Service 1M CERTIFIED MAIL, RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

RETTEON 0384 For delivery information visit BETTONIE TSOSIE 6378 Postage Certified Fee 2000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Post---- Care | & WERITO, REÑA 7006 **PO BOX 215** Street, Apt. or PO Box NAGEEZI, NM 87037 City, State, .PS Form.3

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SENDEH: COMPLETE I HIS SECTION	COMPLETE THIS SECTION ON DELIVERY.
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1. Article Addressed to:	D. Is delivery address different from item 1?
WERITO, RENA PO BOX 215 NAGEEZI, NM 87037	1.3, Service Type
	Certified Mail  Registered  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	2760-0001 6378 0384 9
PS Form 3811, February 2004 Domestic F	A. Signature
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.	B. Received by (Printed Name) Addressee  B. Received by (Printed Name) Data of Delivery  Delivery Address different Toyn item VIII Yes
1. Article Addressed to:	If YES, enter delivery add See below: 16 \( \text{NG} \) No \( \text{NG} \)
WERITO, ROGER PO BOX 1032	USPS
FRUITLAND, NM 87416	3. Service Type  C Certified Mail  Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number     - '	760 000 678
, PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540 '

U.S. Postal Service 114 CERTIFIED MAILIM RECEIPT (Domestic Mail Only; N MHF/ ENCANA For delivery information vi BETTONIE TSOSIE 378 Postage J) Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Post--- o man | de Sent To WERITO, SONYA F 7006 PO BOX 417 Street, Apt. or PO Box NAGEEZI, NM 87037 City, State, PS Form 3

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NETURN ADDRESS, FOLD AT DOTTED LINE    RETURN ADDRESS FOLD AT DOTTED LINE	SECTION ON DELIVERY
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1. Article Addressed to:  WERITO, SONYA F PO BOX 417	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
NAGEEZI, NM 87037	3. Service Type  Certified Mail
2. Article Number 11 7.006	++++++++++++++++++++++++++++++++++++++
PS Form 3811, February 2004  Domestic Recomplete items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete items 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:  WILTAE, IRA M  7.58 STAGECOACH TRL	A. Signature  A. Signature  A. Signature  D. Is above address different from item 1? Yes  If YES, enter delivery address below:
DURANGO, CO 81301-8468	3. Service Type  Certified Mail
2. Article Number 11 11 11 11 11 11 11 11 11 11 11 11 11	2760: 0001 6378 '0063'
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Inst \_ MHF/ENCANA For delivery information visit ou 36 BETTONNIE TSOSIE Ē Postage Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Pr WILLIE J MARTINEZ Sent To 7006 PO BOX 81 Street, A or PO Be NAGEEZI, NM 87037 City, Sta ctions

=	U.S. Postal S CERTIFIED (Domestic Mail C	MAIL RECEIPT	
	For delivery inform	MILITY ESTA	
100 E E CEU COUR ESTO	Street, A POB	ON, ETTA W	
	PS Forii	EEZI, NM 87037	ctions

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<ul> <li>Complete items 1, 2, and 3. Also conitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card to you.</li> <li>Attach this card to the back of the mor on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	d reverse :	B. Received by (Printed Name) C. Date  On the Company of the Compa	Agent Addressee to of Delivery Yes No
WILLIE J MARTINEZ PO BOX 81 NAGEEZI, NM 87037		3 Service Type Certified Mail	derchandise
<u> </u>	·~	4. Restricted Delivery? (Extra Fee)	Yes
2. Article Number			
SENDER  SENDER  SINT GRADIO IV OTO INFINITE SHAPE OF SHAP	mplete ed. reverse	A. Signature  X  B. Received by (Printed Name)  C. Da  C. Da  D. Is delivery address different from item 1?	☐ Agent☐ Addressee te of Delivery  S ☐ Yes☐ No
NAGEEZI, NM 87037	then	3: Service Type	Merchandise
2. Article Number	וחחכ	760 0001 6378 0070	
(Transfer from service label)	7006 6	Len nont polo nola	<u> </u>
PS Form 3811, February 2004	Domestic Re	eturn Receipt 102	2595-02-M-1540

U.S. Postal Service TM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No MHF/ENCANA For delivery information vi BETTONNIE TSOSIE 9 m Postage | \$ ٦ Certified Fee 11:57 Return Receipt Fee (Endorsement Required) 270 Restricted Delivery Fee (Endorsement Required) 276 Total Postana & Fees \$ WPX Energy Production LLC 7006 3500 One Williams Center or PO Bo **Suite 4400** City, Stat Tulsa, OK 74172 PS Form

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No II

For delivery information visit

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Postage

Certified Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

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Sent WPX Energy Production PLC Total Street A400

Tulsa, OK 74172

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:	If YES, enter delivery address below:
WPX Energy Production LLC 3500 One Williams Center Suite 4400	3. Service Type
Tulsa, OK.74172	Certified Mail Registered Return Receipt for Merchandise
Note that the second of the se	4. Restricted Delivery? (Extra Fee)
2. Article Number	760 0001 6378 1534 tutur Receipt 102595-02-M-1540
*	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from Item 17  Yes  If YES, enter delivery address below:  No
WPX Energy Production LLC	
Suite 4400 Tulsa, OK 74172	3. Service Type Certified Mail Express Mail Registered Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
(Iransier from service label)	0,0001,6378,1398,
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

8 O278	U.S. Postal Service IM CERTIFIED MAIL IM RECEIPT (Domestic Mail Only; No. MHF/ ENCANA For delivery information OFF BETTONIE TSOSIE
F37	Postage \$ Certified Fee 330
0007	Return Receipt Fee (Endorsement Required)
2760	Restricted Delivery Fee (Endorsement Required) Total Portage
	Sami To YAZZIE, DELTA ————————————————————————————————————
7006	or PO BOX 14/4 SHIPROCK, NM 87420
ļ	PS Form 3. See Heverse for Instructions

U U	U.S. Postal Service M. RECEIPT (Domestic Mail Only; No MHF/ ENCANA	
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-	Sent TO YAZZIE, DONALD A	Š
7006	Street, Apt. P. O. BOX 516 or PO Box 1 City, State,.  P. O. BOX 516 SANOSTEE, NM 87461,	1
	PS Form 3800, August 4000	

THE THE PROPERTY OF THE PROPER	;
HE RETURN ADDRESS, FOLD AT DOTTED LINE  SENDE	SECTION ON DELIVERY
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.	A. Signature  X
1. Article Addressed to:	D. Is delivery address different from item 1? U Yes If YES, enter delivery address below: No
16	/)
YAZZIE, DELTA PO BOX 1474 SHIPROCK, NM 87420	3. Service Type  Certified Mail Registered Return Receipt for Merchandise, Insured Mail O.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	urn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  YAZZIE, DONALD H P. O. BOX 516  SANOSTEE, NM 87461	A Signature  X
2. Article Number 7006 2	152E0 87E3/1C000109
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

78 O315	U.S. Postal S CERTIFIEI (Domestic Mail C	D MAIL BECOMES	ENCANA NIE TSOSIE U S E	1.00
760 0001 637	Postage  Certifled Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postag	\$ 330 270	Postmark Here	
2 9002	Sent To YA Street, Apr. N. 723	ZZIE, FRANK 0 CR 24.3	218	

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0001	Return Receipt Fee (Endorsement Required)	270.	_Postmark — Here
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LT.	Total Postage & Fees	1.s	750000000000000000000000000000000000000
700F		ZIE, GILBERT I	H. T
0	or PO Bo PO B	OX 111 /	87429 12 200
		ERFLOW, NM	87421
	PS Form		

TION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Ce 🗆 Addressee Print your name and address on the reverse so that we can return the card to you. Date of Delivery ■ Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Yes If YES, enter deliver address below: 1. Article Addressed to: □ No YAZZIE ERANK 7230 CR-24:3 CORTEZ CO 81321 3. Service Type By R Mail Certified Mail Return Receipt for Merchandise Registered □ c.o.d. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 7006 2760 0000 6378 0315 2. Article Number (Transfer from service label)

Domestic Return Receipt

PS Form 3811, February 2004

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102595-02-M-1540 )

8 0292	U.S. Postal Service THE CERTIFIED MAIL THE RECEIPT (Domestic Mail Only; No For delivery information vi  OFFICE THE CONTROL OF	
7006 2760 0001 637	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$  Sen YAZZIE, VERA Sire 306A N OLIVER or P 306A N OLIVER City, AZTEC, NM 87410	. ,

3880	U.S. Postal Service TM CERTIFIED MAIL THE RECEIPT (Domestic Mail Only; No In MHF/ENCANA For delivery information visit BETTONNIE TSOSIE	
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Б Б	Postage \$ 330  Certified Fee 330  Return Receipt Fee 330  Fostmark Here	
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0007	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	ا ( اهراد
2760	Total Postage & Fees \$	
9	YOLANDA WATCHMAN	,
7006	Street, Apr. PO BOX 2733	,
	City, State: FORT DEFIANCE, AZ 86504	
	PS Form 3	ons

## Atturn

ER AT 10P OF ENVELORE TO THE RIGHT	M ON DELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  A Signature  A Signature  A Agent  Addressee  B. Received by (Brinted Name)  C. Date of Delivery  C. Date of Delivery  D. is belivery addressed hittered From item 17   Yes
1. Article Addressed to: YOLANDA WATCHMAN ROBOX 2733	If YES, emer derivery address to low: No
FORT DEFIANCE, AZ 86504	3 Service Type  Certified Mall  Registered  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 111 11 11 11 11 11 11 11 11 11 11 11 1	JP /5380/10007/P339//3980
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  Agent  Addressee  B. Received by (Printed Name)  D. is delivery address different from item 1?   Yes
Article Addressed to:     Article Addre	D. is delivery address different from item 1?' Lif Yes  If YES, enter delivery address below:  No
KING, KATHERINE R	
SHIPROCK, NM 87420	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 70	06,2760 0001,6377,7353

Domestic Return Receipt

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PS Form 3811, February 2004

U.S. Postal Service m
CERTIFIED MAIL RECEIPT MHF ENCANA/BETTONIE WASH For delivery information 7215 Postage Certified Fee 0000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 3230 ABEYTA, LINDA M Sent 7008 PO BOX 171 Street or Pt City, BLOOMFIELD, NM 87413

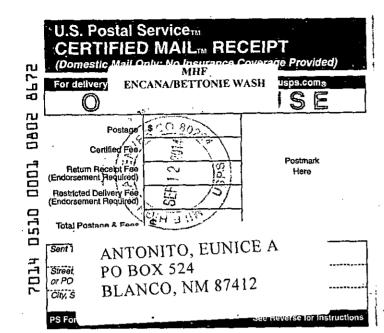
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707	or POB BLO	OMFIELD, N	M 87413
7	City, Sta	- CA1-2-1-1	
	PS Form 3800, August	2006	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  ABEYTA, LINDA M PO BOX 171 BLOOMFIELD, NM 87413	A. Signature  X Docothy Date Dagent  B. Received by (Printed Name)  C. Date of Delivery  Or of Ly Greent from item 1?  If YES, enter delivery address below:  3. Service Type
	☐ Certifled Mail® ☐ Priority Mail Express™ ; ☐ Registered ☐ Return Receipt for Merchandise ; ☐ Insured Mail ☐ Collect on Delivery ;  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)  PS Form 3811, July 2013  Domestic Ret	230 0000 7264 1096
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.  ANTHONY, CLARA M POROX 561	A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Dete of Delivery  Clara Anthony  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  No
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail
2. Article Number (Transfer from service label) 7014 0510 PS Form 3811, February 2004 Domestic Ret	0001 0802 8702

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U.S. Postal Service<sub>tm</sub> CERTIFIED MAILT RECEIPT (Domestic co Coverage Provided) H MHF ENCANA/BETTONIE WASH For delivery 86 SE ru 0.00 Postage S F N Return Receipt Fee 1 2 2014 cc Postmark Restricted Delivery Fee (Endorsement Required) 510 EPZÚ Total ANTHONY, SIEPHRENO R Sent To **GUARDIAN** 707 Street PO BOX 54 or PO E NAGEEZI, NM 87037 City, St. noou, August 2006 U.S. Postal Service™ CERTIFIED MAIL RECEIPT 8689 (Domesti MHF ge Provided) **ENCANA/BETTONIE WASH** For delive v.usps.com@ SE 180 Certified Fee 10 Postmark Return Receipt Fee (Endorsement Required) 00 Here Restricted Delivery Fee (Endorsement Required) ANTONE, SHIRENE Sent : 4707 **RAMONA** Street 521 MESCILLA ST NE or PO City, 5 ALBUQUERQUE, NM 87108 PS Fo

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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,	A Signature  X + (200 Ge OCC - Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  CLL IN + A+CNCD 9-16-14
or on the front if space permits.	D. Is delivery address different from Item 1? ☐ Yes
1. Article Addressed to:	If YES, enter delivery address below:   No
ANTHONY, SIEPHRENO R GUARDIAN	
PO BOX 54 NAGEEZI, NM 87037	3. Service Type  Control of the cont
t - prince	4. Restricted Delivery? (Extra Fee)
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X
or on the front if space permits.	D is delivery address different time to 15 / Was
Article Addressed to:	D. Is delivery address different from item 17
ANTONE, SHIRENE RAMONA	SEP 18 2014)
521 MESCILLA ST. NE ALBUQUERQUE, NM 87108	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.
<u></u>	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7014 0510 000	7 0805 8684
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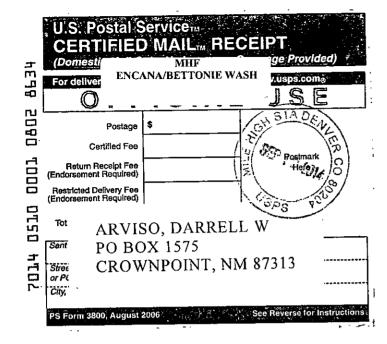
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<u> </u>	City	,		
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?  Yes
1. Article Addressed to:	If YES, enter delivery address below:
ANTONITO, EUNICE A 📉	
PO BOX 524	3. Service Type
BLANCO, NM 87412	☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 1 1 1-1-11-11-1-1-1-1-1-1-1-1-1-1-1-1-	Hilli 1-11-111 Hill 1411 0001 0802 8672
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
المائية المنافقة المنطقة مستقادات المنسدان	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3, Also complete	A. Signature

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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:  ARMSTRONG, ROSE M PO BOX 1.715	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  POSE ARMSTONG  D. Is delivery address different from item 1?  If YES, enter delivery address below:
BLOOMFIELD, NM 87413	3. Service Type  C Certified Malt
(manister from service table	40
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic MHF ge Provided) 96. ENCANA/BETTONIE WASH For deliver .usps.come S 0802 SO RA Postage Certified Fee 0003 Return Receipt Fee (Endorsement Required). Postmark Here Restricted Delivery Fee (Endorsement Required) 0530 Tota ARVISO, ALONZO A Sent . # PO BOX 1028 701 Stree CROWNPOINT, NM 87313 or PC City & PS Form 3800, August 2006-See Reverse for Instructions U.S. Postal Service CERTIFIED MAIL RECEIPT MHF ge Provided) (Domesti **ፀ**ኮዛን ENCANA/BETTONIE WASH w.usps.com<sub>®</sub> For delive 0802 Postage Certified Fee 0007 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 510 Tota ARVISO, ARTHUR L Sent 7014 PO BOX 1625 Stree CROWNPOINT, NM 87313 or Pi City, estructions PS Form 3800, August 2006

	•		}
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION	ON ON DELIVERY	N. Committee
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature X ON TOTAL	• -	☐ Agent ☐ Addressee
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.	<del></del>	90e 19-	ate of Delivery
Article Addressed to:	D. Is delivery address differ If YES, enter delivery a	0,11,,00,11,110,11,1,1	□ No
1 24			
ARVISOS ÁLONZO A			
PO BOX'1028	<u> </u>		
CROWNPOINT, NM 87313	Registered	Express Mall Return Receipt for	r Merchandisə
	Insured Mail  4. Restricted Delivery? (E	C.O.D. ktra Fee)	☐ Yes
2. Article Number	1-14-1-1-1		
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PS Form 3811, February 2004 Domestic Ref	urn Receipt	10	02595-02-M-1540
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTIO	N ON DELIVERY	
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature	(ame) C. Da	☐ Agent ☐ Addressee ate of Delivery
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X  B. Received by (Printed A	lame) C. Da	Agent D:Addressee ate of Delivery
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X  B. Received by (Printed N  D. Is delivery address differ	lame) C. Da	☐ Agent ☐ Addressee ate of Delivery
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  B. Received by (Printed A	lame) C. Da	Agent Addressee ate of Delivery Yes
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X  B. Received by (Printed N  D. Is delivery address differ	lame) C. Da	Agent Addressee ate of Delivery Yes
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:  ARVISO, ARTHUR L	A. Signature  X  B. Received by (Printed N  D. Is delivery address differ	lame) C. Da	Agent Addressee ate of Delivery Yes
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>ARVISO, ARTHUR L PO BOX 1625</li> </ul>	A. Signature  X  B. Received by (Printed N  D. Is delivery address differ	lame) C. Da	Agent Addressee ate of Delivery Yes
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	3. Service Type  Certified Mail
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ATENCIO, EMERSON PO BOX 457	
NAGEEZI, NM 87037-0457	3. Service Type  Certified Mail
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ATENCIO, IRENE L —PO BOX 61	
NAGEEZI, NM 87037	3. Service Type  Certified Mail
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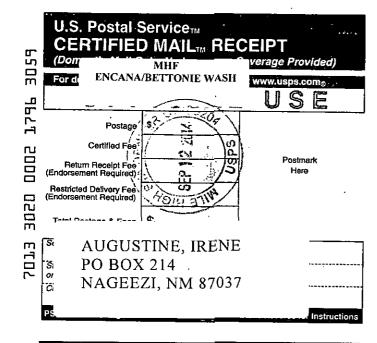


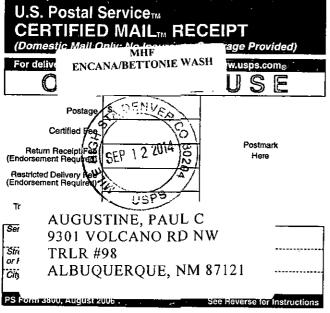
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	B. Received by (Painted Name) C. Date of Delivery  D. Is delivery address different from item 1?   Yes
or on the front if space permits.	B Received by (Printed Name) C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:  AUGUSTINE, EDDIE PO BOX 2110	B. Received by (Painted Name) C. Date of Delivery  D. Is delivery address different from item 1?   Yes
or on the front if space permits.  1. Article Addressed to:  AUGUSTINE, EDDIE	B. Received by (Painted 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 Mall C.O.D.
or on the front if space permits.  1. Article Addressed to:  AUGUSTINE, EDDIE PO BOX 2110 KAIBETO, AZ 86053	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No  3. Service Type Certified Mail
or on the front if space permits.  1. Article Addressed to:  AUGUSTINE, EDDIE PO BOX 2110	B. Received by (Painted 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 Mall C.O.D.  4. Restricted Delivery? (Extra Fee) Yes



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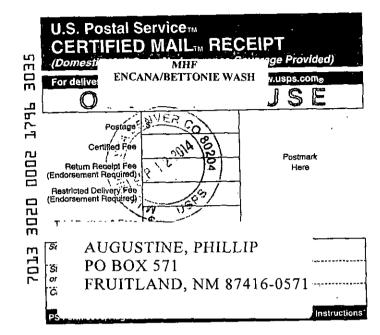
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  A. Signature  A. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  A. A. A. C. A. C. C. C. C. C. C. C. C. C. C. C. C. C.
1. Article Addressed to:  AUGUSTINE, FREDDIE BOX:405 BLOOMFIELD, NM 87413	D. Is delivery address different from Item 1?   If YES, enter delivery, address below:   No   Freddie   Jugustine
	3. Service Type  Certified Mall  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  Restricted Delivery? (Extra Fee)
2. Article Number 7013 305	20 0002 1796 3073
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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.	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Algent  Addressee  C. Date of Delivery  Algent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Algent  Addressee  B. Received by (Printed Name)  Addressee  B. Received by (Printed Name)  Addressee  B. Received by (Printed Name)  Addressee  B. Received by (Printed Name)  Addressee
AUGUSTINE, HERMAN PO BOX 132 NAGEEZI, NM 87037	3. Septice Type
2. Article Number 7013 3020	Certified Mail

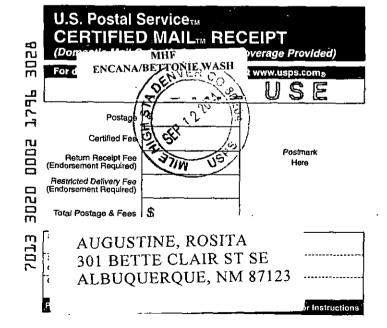




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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Physical Late   Agent   Addressee  B. Received by Printed Name)   C. Date of Delivery   C. Dat
Article Addressed to:	If YES, enter delivery address below:
AUGUSTINE, IRENE PO BOX 214 NAGEEZI, NM 87037	
NAGEEZI, NM 8/03/	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
1	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7013 3020	0002 1796 3059
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
₩	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X   Qual   Quant   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery    Auc   Argustive   9-15-19
Article Addressed to:	D. Is delivery address different from item 1?
AUGUSTINE, PAUL C 930 VOLCANO RD NW TRER #98	
ALBÜQUERQUE, NM 87121	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	☐ Registered ☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label) 7013 30	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.



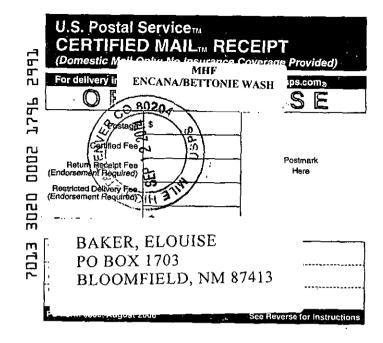


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mail piece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  AUGUSTINE, PHILLIP PO BOX 571	D. Is delivery address different from item 12  If YES, enter delivery address below 19  2014  SPS
FRUITLAND, NM 87416-0571	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013 3020 (Transfer from service label)	Q002 1796 3035
PS Form 3811, February 2004 Domestic Retu	ırn Recelpt 102595-02-M-1540
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SENDER: COMPLETE THIS SECTION	
	A Signature  A Received by (Printed Name)  Agent  Addressee  Andressee
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.	A Agent Addressee  Received by (Printed Name)  D. Is delivery address different from item 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  AUGUSTINE, ROSITA 301 BETTE CLAIR ST SE	A Agent Addressee  Received by (Printed Name)  D. Is delivery address different from item 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  AUGUSTINE, ROSITA 301 BETTE CLAIR ST SE ALBUQUEROUE, NMI 87123	A significant Addressee  A significant Addressee  B. Received by (Printed Name)  C. Date of Delivery  Al Buo
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.  AUGUSTINE, ROSITA 301 BETTE CLAIR ST SE ALBUQUEROUE, NMI 87123	A. Signature  A. Signature  A. Received by (Printed Name)  D. Is delivery address elitterent from item 100 Press  If YES, enterotem 100 Registered  Registered  Registered  Registered  Received Mail  C.O.D.



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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 malipiece, or on the front if space permits.  Augustine, Tomacita PO BOX 226 COUNSELOR, NM 87018	A. Signature  X. Where Grant Addresses  B. Received by (Printed Name) C. Date of Delivery  LOW LCTA ADVA CONTROL OF THE STATE OF THE ST
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number, 1 7013 3020 (Transfer from service label) — PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Adjust  B. Addressee  B. Beceived by (Printed Name)  C. Date of Delivery  C. 15.14
1. Article Addressed to:  BAKER, ANDREW A PO BOX 17,03	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
BLOOMFIELD, NM 87413	3. Sen Ce Type  Certified Mail
2. Article Number	0000 1001 300b
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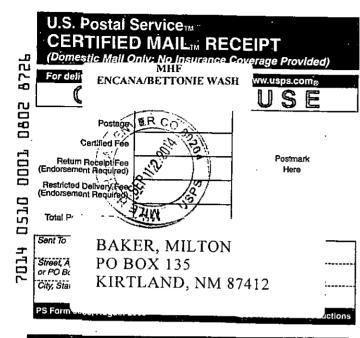
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ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BAKER, ELOUISE PO BOX 1703	A. Signature  A. Signature  Agent  Address  B. Received by (Printed Name)  C. Date of Delive  9-15-14  D. Is delivery address different from Item 1?  If YES, enter delivery address below:
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
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S Form 3811, February 2004 Domestic Ref	um Receipt 102595-02-M-1

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>BAKER, LEROY</li> <li>PO BOX 1703</li> <li>PO BOX 1703</li> </ul>	A. Signature  X Chrise Bull
BLOOMFIELD, NM 87413	3. Service Type ☐ Certifled Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0510	0001 0802 8719
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NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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,	A. Signature  A Gent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
BAKER, MILTON POBOX 135 KIRTLAND, NM 87412	3. Septice Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  A. Signature  B. Received by (Printed Name)  D. Is delivery address different from item 1?    COMPLETE THIS SECTION ON DELIVERY  A. Signature  D. Address  C. Date of Delivery  O - 15 - 14
BAKER, NORMA L BOX 1703 BLOOMFIELD, NM 87413	If YES, enter delivery address below: DNo
	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandis  Insured Mail  C.O.D.
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandia
2. Article Number (Transfer from service label)   7014 05	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandie ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

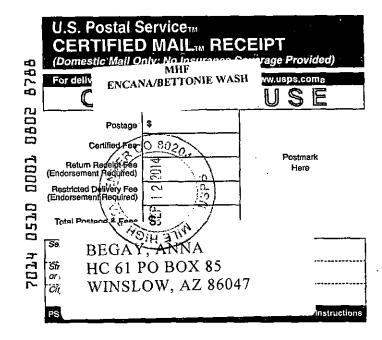


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature
1. Article Addressed to: BARBER, JOANNE T 126 E MAIN	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No  No  2014
FARMINGTON, NM 87401	3. Service Type S P S  Certified Mail
`1	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7.014;0510	0001 0802 8740
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  X
	If YES, enter delivery address below: ☐ No
BARBOA, RITA PO BOX-3303	
CANONÇITO, NM 87026	3. Seprice Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
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1	4. Restricted Delivery? (Extra Fee)



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	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery     The Beach   C. Date of Delivery
1. Article Addressed to:  BEDAH, INETH M 605 CIRCLE DR	D. Is delivery address different from item 1?
FARMINGTON, NM 87401	3. Server Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number	4. Hestricted Delivery? (Extra Fee) Yes
(Transfer from service label) 7014 0510	0001 0802 8528
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SENDER: COMPLETE THIS SECTION	
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>BEGAYEESTATE, LAFFIE</li> <li>PO BOX 571</li> </ul>	A. Signatur  A. Signatur  A. Signatur  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:
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:  BEGAYEESTATE, LAFFIE	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
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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:  BEGAYEESTATE, LAFFIE PO BOX 571 FORT WINGATE, NM 87316	A. Signature  A. Agent  Addresses  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address delivery address below:  If YES, enter delivery address below:  No  Septice Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.



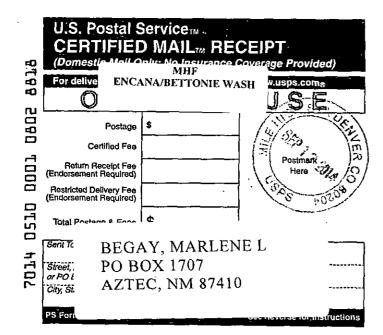
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. L. M. Boy Agent  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
BEGAY, ANNA HC 61 PO BOX 85	If YES, enter delivery address below: □ No
WINSLOW, AZ 86047	3. Service Type  Certifled Mail  Registered Return Receipt for Merchandise  C.O.D.
2 Article Alternation 1311 111	4. Restricted Delivery? (Extra Fee)
2. Article Number	0001 0802 8788
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  BEGAY, EFFIE  1640 SOUTH XAVIER ST	D. Is delivery actress Birdent from item 1?
BEGAY, EFFIE	If YES exter delivery address below:   No

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540 :

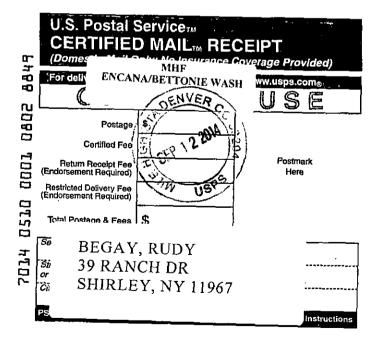


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X N
1. Article Addressed to:  BEGAY, MARLENE L PO BOX 1.707	If Est enter delivery addises below: No  SEP 1 5 2014
AZTEC, NM 87410	3. Sevice Type  Certhied Mail  Registered  Return Receipt for Merchandise  Insured Mail  (Extra Fee)  Yes
2. Article Number 701,4 0	510 0001 0802 8818
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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,	COMPLETE THIS SECTION ON DELIVERY.  A. Signature  X VPNA MAR Y HAR Addressee  B. Beceived by (Printed Name)  C. Date of Delivery  C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from Item 17 If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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:  ■ BEGAY, MATILDA V  ■ PO BOX 583	A. Signature  X Vend Male Yild Gardan Addressee  B. Beceived by (Printed Name)  C. Oatelof Befugny  D. Is delivery address different from item 17  If YES, enter delivery address below:
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number 7014 05. (Transfer from service label)	10 0001 0802 8825
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540



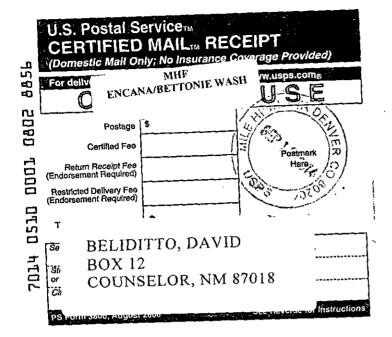


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: BEGAY, MONICA S	D. Is delivery address of terror from item (*) Yes If YES, enter delivery address below: No
PO BOX.5652	OPIS
FARMINGTON, NM 87499	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandis  C.O.D.
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Italister from service label)	turn Receipt 102595-02-M-15
(Italister from service label)	<u></u>
PS Form 3811, February 2004 Domestic Ret	<u>`````````````````````````````````````</u>
PS Form 3811, February 2004 Domestic Ret  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	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Agent  Address
PS Form 3811, February 2004 Domestic Ret  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Address  B. Received by (Printed Name)  C. Date, of Delivery  Children
PS Form 3811, February 2004 Domestic Ret  SENDER: COMPLETE THIS SECTION.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Agent Address  B. Received by (Printed Name)  C. Date of Delivery
PS Form 381.1, February 2004 Domestic Ret  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BEGAY, RUDY 39 RANCH DR	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Agent Address  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?
PS Form 3811, February 2004 Domestic Ret  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BEGAY, RUDY	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Address  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?
PS Form 3811, February 2004 Domestic Ret  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BEGAY, RUDY 39 RANCH DR CHIRLEY, NY 11967	COMPLETE THIS SECTION ON DELIVERY  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No  3. Service Type

Domestic Return Receipt

PS Form 3811, February 2004

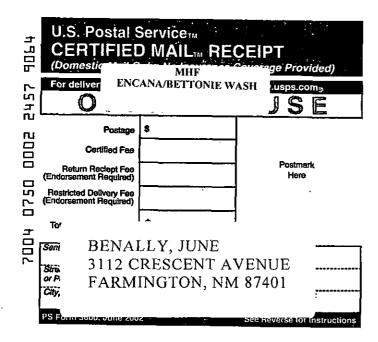
102595-02-M-1540 ·



	151,6 <sup>1</sup>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  XROUND BLACTO Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from Item 1?
Article Addressed to:	If YES, enter delivery address below:
BEEIDITTO, DAVID BOX:12	
COUNSELOR, NM 87018	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 701,4 0510 (Transfer from service label	0001 0802 8856
PS Form 3811, July 2013 Domestic Ret	urn Receipt

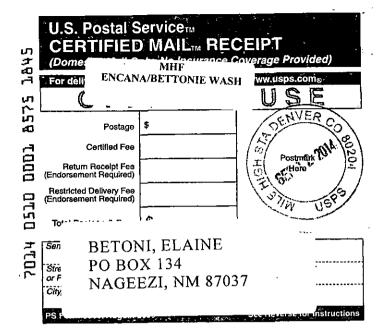
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SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY  Complete items 1, 2, and 3. Also complete  A. Signature	
B complete items 1, 2, and 6. Also complete	
Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  BELIDITTO, KEE C BOX 172	Agent Addressee of Delivery //4 Yes No
DULCE, NM 87528    '3. Service Type	
2. Article Number. 7014, 0510, 0001, 0802 8863, , , 1+	
PS Form 3811, July 2013 Domestic Return Receipt	, , ,



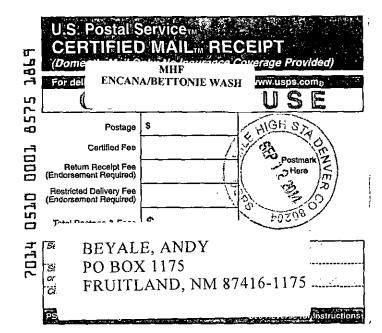
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<u></u>	BENALLY, LUCY A	<del></del>
7014	BOX 753	
10	KIRTLAND, NM 87417	
	PS Form 3800, August 2006 (1) 2027	or Instructions

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BENALLY, LUCY A  BOX 753	A. Signature  X. A. Signature  B. Received by (Printed Name). C. Date of Delivery  D. Is delivery address different from item 10 1 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
KIRTLAND, NM 87417	3. Service Type  □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandlse □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label) 7014:051	0 0001 8575 1838
PS Form 3811, July 2013 Domestic Retu	



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	PS Form South August	2000	nstructions

<u>:</u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. C. Beta Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Cla. B. Bloss  D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
BETONI, ELAINE PO BOX 134	
NAGEEZI, NM 87037	3. Service Type  ☐ Certified Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
**	4: Restricted Delivery? (Extra Fee) Yes
2. Article Number 7014 [	1510 0001 8575 1845
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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2. Article Number

(Transfer from service label) PS Form 3811, July 2013

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Fund Sund Gard  B. Received by (Prifted Name)  AND We you Go Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Li Yes  If YES, enter delivery address below:
BEYALE, ANDY PO BOX 1175 FRUITLAND, NM 87416-1175	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014	0510 0001 8575 1869
PS Form 3811, July 2013 Domestic R	teturn Receipt
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BEYALE, CLARENCE	A. Signature  X
PO BOX 3308 FARMINGTON, NM 87499	3. Service Type 15 PS  Certified Mail D Priority Mail Express*

☐ Collect on Delivery

☐ Return Receipt for Merchandise

☐ Yes

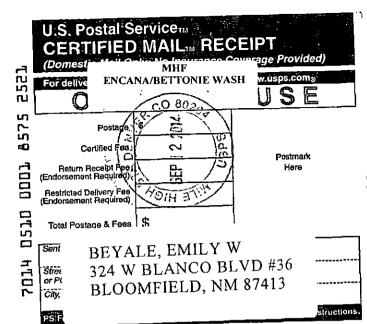
☐ Registered

☐ Insured Mail

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Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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:  BEYALE, EMILY W	A. Signature  X
324 W BLANCO BLVD #36 BLOOMFIELD, NM 87413	
	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 0510 (Transfer from service label)	0001 8575 2521
PS Form 3811, July 2013 Domestic Reti	urn Receipt



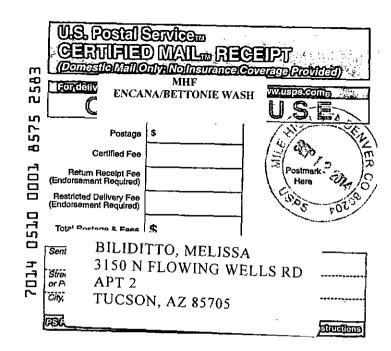
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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY:				
<ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  Time B. Harding				
1. Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No				
BEYALE, IRENE PO BOX 1643					
FRUITLAND, NM 87416	3. Service Type  ☐ Certified Mail ☐ Priority Mail Express** ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery				
•	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from service label) PS Form 3811, July 2013 Domestic Return Receipt					
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  BEYALE, KEE HCR 79 BOX 3049 CUBA, NM 87013					
	3. Septice Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery				
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from service label, ) 17014 0510 10001 1857,51 2552 1116					
PS Form 3811, July 2013 Domestic Return Receipt					









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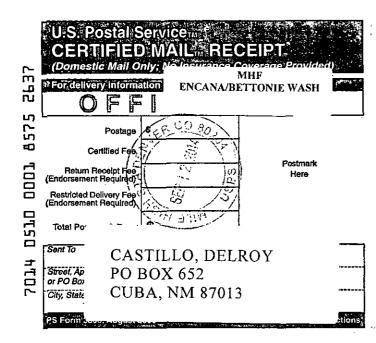
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BILIDITTO; MELISSA 3150 N FLOWING WELLS RD APT 2	A. Signature  X Sea 3 Led 1+6 Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  M. B. 10 HO Poly 14  D. is delivery address different from item 1? Yes  If YES, enter delivery address below:			
TUCSON; AZ 85705	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Transfer from service label) 7014.0510 PS Form 3811, July 2013 Domestic Ret	0001 8575 2583			





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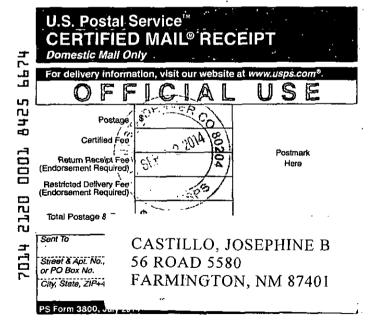
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  CASTILLO, ALICE S  HCR 79 BOX 3064  CUBA, NM 87013	A. Signature  X Affects Cut
	3. Senice Type  Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number 7014 0510 00	01 8575 2613
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X. Addressee  B. Received by (Printed Name)  C. Date of Delivery  ALXAGOS ( Sandoa)  D. Is delivery address different from Item 1?  If YES, enter delivery address below:			
CASTILLO, DELROY PO BOX 652 CUBA, NM 87013	3. Service Type  Support Suppo			
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
t	4. Restricted Delivery? (Extra Fee) ☐ Yes			
Article Number     (Transfer from service label)     7014	1 0510 0001 8575 2637			
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.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X			
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Rrinted Name) C. Date of Delivery			
1. Article Addressed to:  CASTILLO, GLORIA PO BOX 1188	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No			
CUBA; NM 87013	3Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes			
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PS Form 3811, July 2013 Domestic Return Receipt				





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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Active Cartillo Agent  B. Received by (Printed Name)  C. Date of Delivery  Trank Castillo 9-18-14  D. Is delivery address different from item 17 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
CASTILLO, IRENE 4515 ARROWHEAD RIDGE DR SE APT 712	
RIO RANCHO, NM 87124	3. Service Type  ☐ Certified Mail ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Retu	ırn Receipt



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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Plinted Name)  C. Date of Delivery  D. Is delivery address different from item 17  Yes	
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes / If YES, enter delivery address below: ☐ No	
CASTILLO, LORENZO PO BOX 3535 CANONCITO, NM 87026	3. Service Type	
	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) Yes	
2. Article Number (Transfer from service label)		
PS Form 3811, July 2013 Domestic Retu	ırn Receipt	

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7074	or PO Box No. Colly, Sigle Zip COUNSELOR, NM 87018
	City, State, ZIP COUNSELOK, INIVI 87010
	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:  CASTILLO, PATRICK PO BOX 38	A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  9-26-14  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
COUNSELOR, NM 87018  2. Article Number (Transfer from service label) [7014 2120	3. Service Type  ☐ Certified Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 2013 Domestic Retu	· · · · · · · · · · · · · · · · · · ·

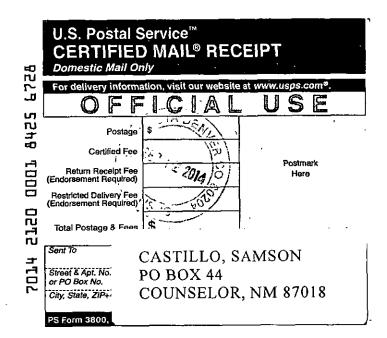


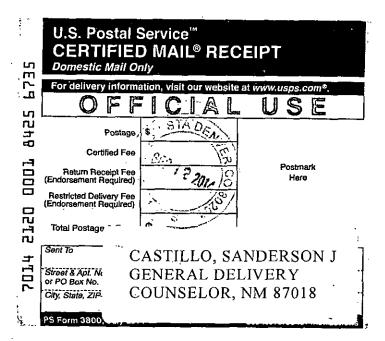
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X. Macus Showalth  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Marcus Showalte  9/16/17
1. Article Addressed to:  CASTILLOGRENA PO BOX 1353	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No .
CUBA, NM 87013	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandlse ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 2.	L20 0001 8425 6704
PS Form 3811, July 2013 Domestic Ret	urn Receipt

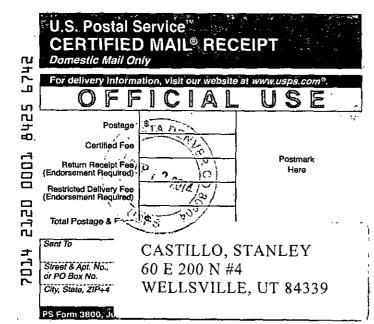
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7014	(	CASTILLO, R PO BOX 3822	ICHARDSON
۲-	City, State, ZIP+	SHIPROCK, N	M 87420
	PS Form 3800,		<del></del>

U.S. Postal Service™

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:  CASTILLO, RICHARDSON	Signature  Agent Addressee  B. Figneiwer by Printed Name)  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
PO BOX 3822 SHIPROCK, NM 87420	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number, (Transfer from service label)	







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■ Print your name and address on the reverse	X Jumille Dinum
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
CASTILLO, STANLEY (*) 60 E 200 N #4	· (
WELLSVILLE, UT 84339	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
a service Washing	4. Restricted Delivery? (Extra Fee)
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X   Null with b   Agent   Addressee    B. Received by (Printed Name)   C. Date of Delivery    O'VINA (US 1716)   9-17-19
1. Article Addressed to:	D. Is delivery address different from item 1?
CASTILLO, WALLACE PO BOX 44	
COLDICELOD NRC 05010	
COUNSELOR, NM 87018	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise (☐ Insured Mail ☐ Collect on Delivery
COUNSELOR, NM 87018	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise (
	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery

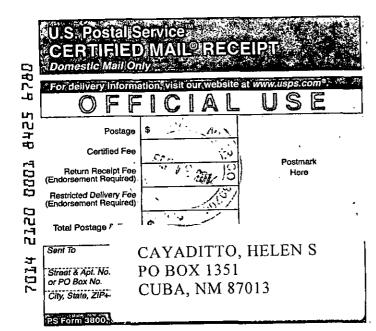


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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different frontiern 1?   Yes	
1. Article Addressed to:  ICAVAZONE, RACHELLE L 7201 CHANTELLE	If YES, enter delivery address body:	
FARMINGTON, NM 87410	3. Service Type  ☐ Certified Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. George (Toler Agent Addressee)  B. Received by (Printed Name)  C. Date of Delivery  Parel New Horse	
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No	
CAYADITO, CALVIN PO BOX 54		
NAGEEZI, NM 87037	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ Collect on Defivery	
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Domestic Return Receipt

PS Form 3811, July 2013

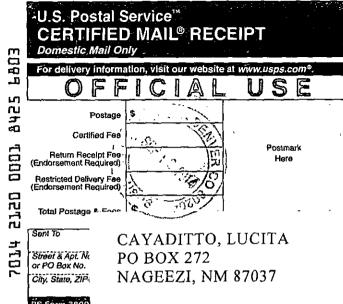
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	PS Form 3800		i



<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X Mayella Cayyadith  B. Received by (Printed Name)  D. Is delivery address different from item 17  If YES, enter delivery address below:  Agent  Addressee  C. Date of Delivery  09-10-14  No
CAYADITTO, HELEN S PO BOX 1351 CUBA, NM 87013	
CODA, NW 67015	3. Service Type  ☐ Certified Mail ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number   (Transfer from service label)	0001 8425 6780

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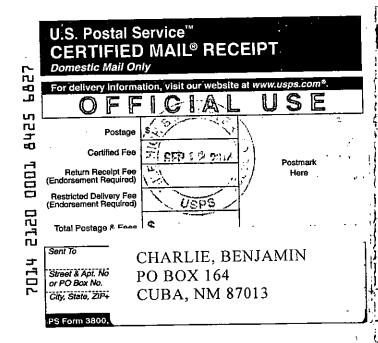
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  CAYADITTO, ISIAIH M GUARDIAN	A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 17  Yes  If YES, enter delivery address below:	
PO BOX 54 NAGEEZI, NM 87037	3. Service Type  ☐ Certified Mali® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)	20 0001 8425 6797	
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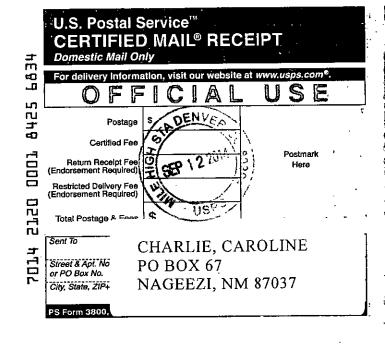
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee
1. Article Addressed to:	If YES, enter delivery address below:
CAYADITTO, LUCITA PO BOX 272	
NAGEEZI, NM 87037	3. Service Type  Certified Mall® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) .   Yes
2. Article Number (Transfer from service label) 7014 2120	0001 8425 6803
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY  A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	B. Received by (Printed Name), C. Date of Delivery  Shirley A Charley 9-1
CHARLEY, SHIRLEY A 38 ROAD 5255	D. Is delivery address different from Jem 17
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail® ☐ Priority Mail Express™  Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number	2120 0001 8425 6810

(Transfer from service label)
PS Form 3811, July 2013

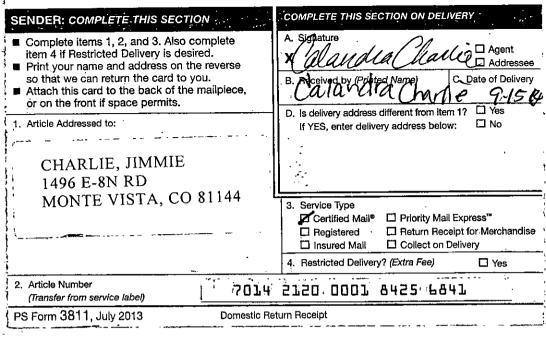


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X Agent  Addressee:  B. Received by (Printed Name)  Lovene 10 ed.  C. Date of Delivery  9/19/14
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CHARLIE, BENJAMIN PO BOX 164	
CUBA, NM 87013	3. Service Type □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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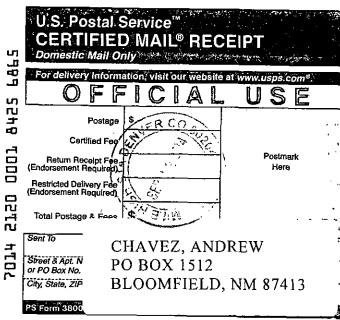
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  A. Signature  A. Signature  All Agent  Addressee  B. Ricelved by (Printed Name)  C. Date of Delivery  Pluff  D. Is delivery address different from item 1?    Yes  If YES, enter delivery address below:    No
CHARLIE, CAROLINE PO BOX 67 NAGEEZI, NM 87037	3. Service Type  ☑ Certlfied Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
<u> </u>	4. Restricted Delivery? (Extra Fee)
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Mgu Jamon   Agent   Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
-CHAVEZ, AMOS -PO BOX 240	
COUNSELOR, NM 87018	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
\{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4. Restricted Delivery? (Extra Fee) ☐ Yes
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  B. Received by (Printed Name)  C. Date of Delivery  Cosic & Challe Z 9-16-14  D. Is delivery address different from item 17 Yes
1. Article Addressed to:	If YES, enter delivery address below:
CHAVEZ; ANDREW PO BOX 1512	
BLOOMFIELD, NM 87413	3. Service Type
DECOMITEED, NW 67413 4.	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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SENDER: COMPLETE THIS SECTION 44 4.7	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  ** Lace Chave D Agent Addressee
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.	B. Received by (Printed Name) C. Date of Delivery  ANNIE Charez 9/16/19
Article Addressed to:	D. Is delivery address different from item 1?
	;
CHAVEZ, ANNIE	
PO BOX 15	
NAGEEZI, NM 87037	3. Service Type ☐ Certified Mail ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery

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Domestic Return Receipt

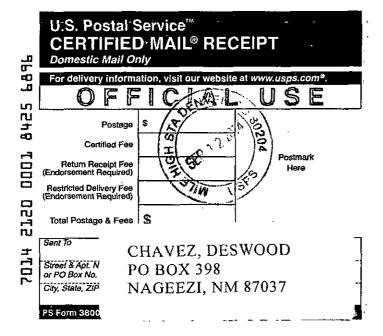
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PS Form 3811, July 2013

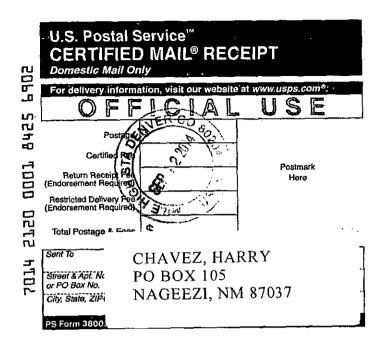
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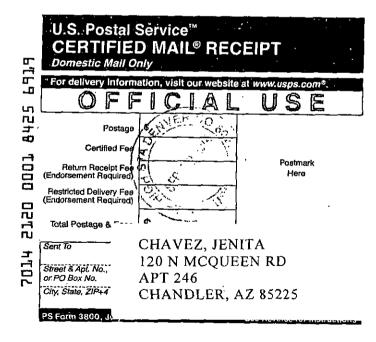
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NAGEEZI; NIVI 87037  3. Service Type  ∠ Certified Mail®  □ Registered □ Insured Mail	☐ Priority Mail Express™ ☐ Return Receipt for Merchandise ☐ Collect on Delivery		
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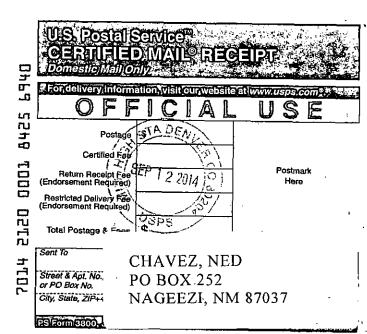






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PO BOX 1404 FRUITLAND, NM 87416	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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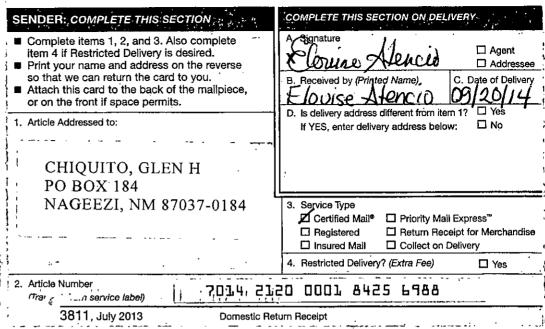
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X New Power D Agent D Addressee  B. Received by (Printed Name) C. Date of Delivery  Q-19-2014  Q -19-114
1. Article Addressed to:	D. Is delivery address different from item 1?
CHAVEZ, NED PO BOX 252	, , , , , , , , , , , , , , , , , , ,
NAGEEZI, NM 87037	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 17014 212	0 0001 8425 6940
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:  CHAVEZ, RONALD M  PO BOX 3303	A. Signature  X
CANONCITO, NM 87026	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express® ☐ Registered ☐ Return Receipt for Merchandise
· ·	☐ Insured Mail ☐ Collect on Delivery
	☐ insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service (label))   17014121	4. Restricted Delivery? (Extra Fee)

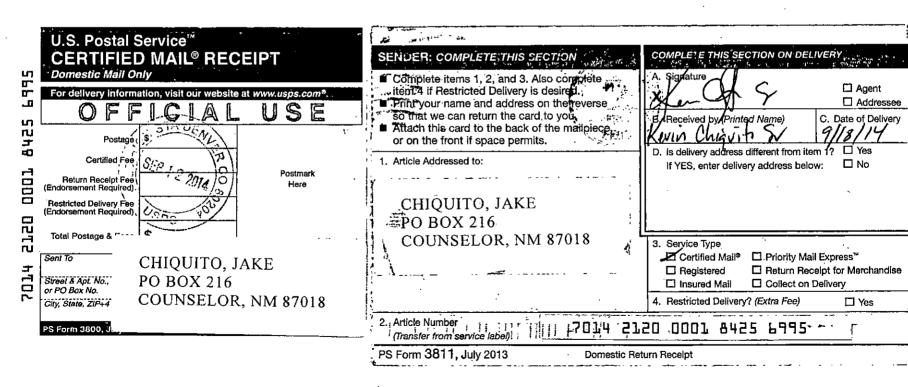


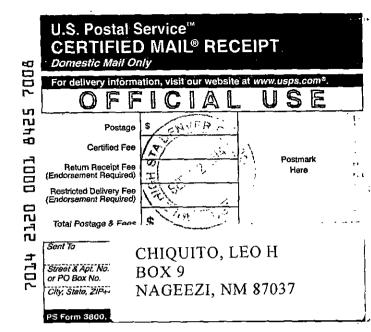
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21,20	(Endorsement Required)  Total Postage 8
	CHAVEZ, VIRGIL J
7074	Street E Apr. No., or PO Box No. 508 N LINCOLN AVE 1 FARMINGTON, NM 87401
	PS Form 3800, 3

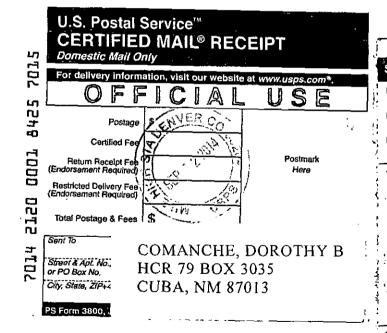
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Content of Very  Content of Very  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:
CHAVEZ, STEVEN H PO'BOX 476 FORT HALL, ID 83203	3. Service Type  ☑ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
(mansier nom service label)	120 0001 8425 6964 8
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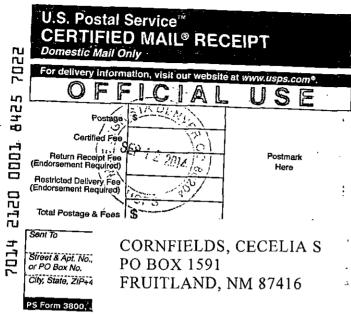






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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
Article Addressed to:	If YES, enter delivery address below:
CHIQUITO, LEO H BOX 9	
NAGEEZI, NM 87037	3. Service Type Certified Mail® ☐ Priority Mail Express® ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 2	120 0001 8425 7008
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  COMANCHE, DOROTHY B HCR 79 BOX 3035	A. Signature  A. Addressee  A. C. Date of Delivery  A. J. J. J. J. J. J. J. J. J. J. J. J. J.
	B. Service Type  ☐ Certified Mail ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013



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.	A. Signature  X. Coulor Confuel Agent  B. Received by (Printed Name)  C. Date of Delivery  Confuel Delivery address different from item 17  If Yes  If YES, enter delivery address below:
CORNFIELDS, CECELIA S PO BOX 1591 FRUITL'AND, NM 87416	3. Service Type  ☐ Certified Mail ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number (Transfer from service label) 7014, 2 PS Form 3811, July 2013 Domestic Ret	1.20 0001 8425 7022

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2	or PO Box No. 1113 JAIMES	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signardire  X
CLIPTIC EDVIN I	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CURTIS, ERVIN L 1115 JAMES CIRCLE DR	
BLOOMFIELD, NM 87413	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Reti	urn Receipt



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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	A. Signature  A. Signature  A. Signature  Addressed  B. Regeived by (Printed Name)  D. Is delivery address different from item  I Yes  If YES, enter delivery address below:
CURTIS, LEVI J PO BOX 1533	
KIRTLAND, NM 87417	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7014; 2 PS Form 3811, July 2013 Domestic Ret	L20 0001 8425 7046
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  Agent  Addressee
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.	B. Received by (Printed Name) C. Date of Delivery 9 - 15
1. Article Addressed to:	D. Is delivery and essent from item 1? Yes If YES, enter delivery address below: No
CURTIS, LORRAINE W	( 25' ) 27

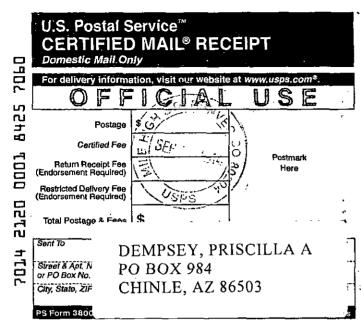
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(Transfer from service label) PS Form 3811, July 2013

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FARMINGTON, NM 87401

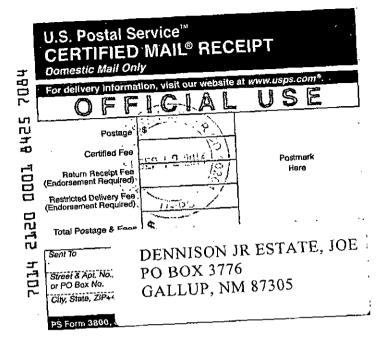
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lpiece,	B. Received by (Printed Name) C. Date of Delivery , 9 - 15
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401	3. Service Tipes  ☐ Certified Mall* ☐ Priority Mail Express* ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) Yes
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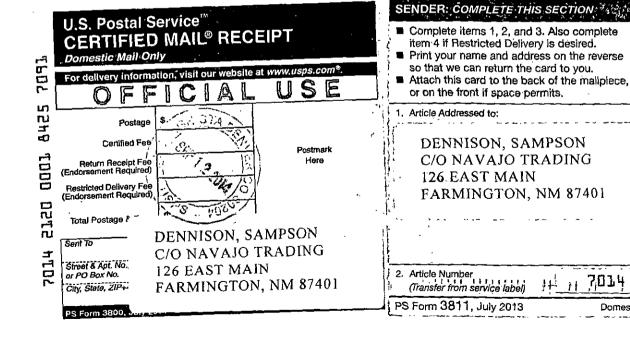
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7014	Street & Apt. No., #6 ROAD 3945	
<b>L</b> ~	City, State, 21744 FARMINGTON, NM 87401	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  **Cathering for State of Delivery  A Signature  Addressee  B. Received by (Printed, Name)  Addressee  Children (Printed, Name)
1. Article Addressed to:  DEMPSEY, PRISCILLA A PO BOX 984	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
CHINLE, AZ 86503	3. Service Type  □ Certified Mail □ Priority Mail Express □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label) 7014 21	20 0001 8425 7060
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verse	X ☐ Agent ☐ Addressee
piece,	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address trifferent from item 17 🗆 Yes
	D. Is delivery address below:   Yes  If Yes prior delivery address below:   No
; ;	If Yes being general below: No
1	3. Service TypeUSP3
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	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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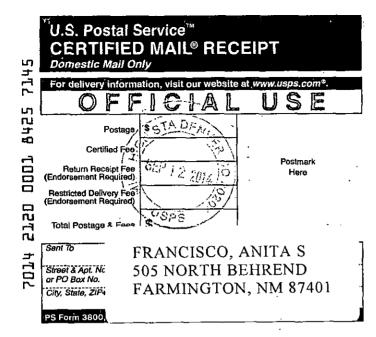
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נסמם	Return Receipt Fee (Endorsement Required) Here	1);
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	DISWOOD, BEVERLY G	
7074	Street & Apt. PO BOX 1892	•
Į <b>–</b>	City, State, 21 FARMINGTON, NM 87499	} 
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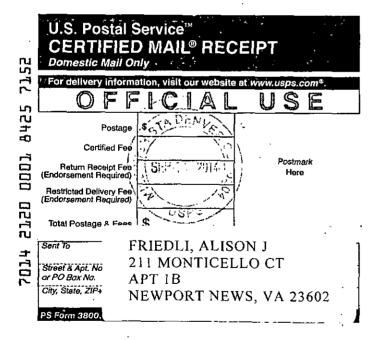
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A Signature  Agent  Addressee  Received by (Printed Name)  C. Date of Delivery  DEVERLY (1500)
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address before. ☐ No
DISWOOD, BEVERLY G PO BOX 1892 FARMINGTON, NM 87499	PO PIOZ FR PR PR PR PR PR PR PR PR PR PR PR PR PR
	3. Seprice Type  ☐ Certified Mail ☐ Refugity Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
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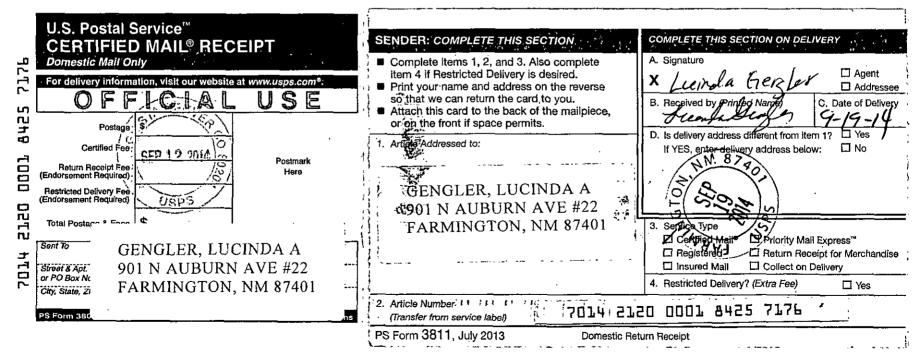
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  DIS:WOOD, VERLIN L	A. Signature  X Locuro August  B. Received by (Printed Name)  D. Is delivery address different from light 17 Alges  If YES, enter delivery address below:	
PO BOX 3287 KIRTLAND, NM 87417	3. Service Type	
	☐ Certified Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
2. Article Number, 1111 11 11 11 11 11 11 11 11 11 11 11	4. Restricted Delivery? (Extra Fee) ☐ Yes	
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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  FORD, AGNES S  1186 N ESTHER PARKWAY  CAMP VERDE, AZ 86322	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item  FYES, enter delivery address below:  If YES, enter delivery address below:  B. Registered  Registered  Return Receipt for Merchandise  Insured Mail  Collect on Delivery  4. Restricted Delivery? (Extra Fee)  Yes	
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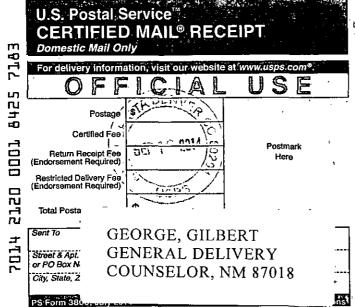








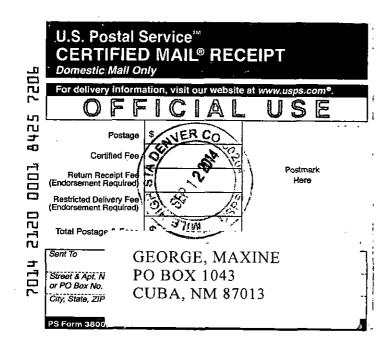




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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
GEORGE, GILBERT GENERAL DELIVERY	
COUNSELOR, NM 87018	3. Service Type  ✓ Certified Mail  ☐ Priority Mail Express  ☐ Registered  ☐ Return Receipt for Merchandise  ☐ Insured Mail  ☐ Collect on Delivery
) 	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7014 2	120 0001 8425 7183
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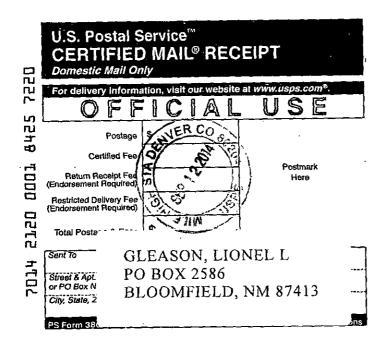
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:	If YES, enter delivery address below:   No
GEORGE, MATILDA R 2100 E-BLANCO BLVD #80	•
BLOOMFIELD, NM 87413	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)   701412120	0001 8425 7190"
PS Form 38.11, July 2013 Domestic Retu	ırn Receipt

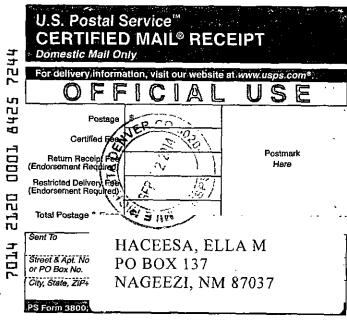


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7014 Z	GLEASON, LENDORA S  Street & Apt. 1 or PO BOX 2586 City, State, Zi.  PS Form 380  GLEASON, LENDORA S  BLOOMFIELD, NM 87413

ECTION ON DELIVERY
Agent Addressee  ated Name) C. Date of Delivery  CTC/20  s different from item 1?  Yes
very address below:   No
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ery? (Extra Fee)
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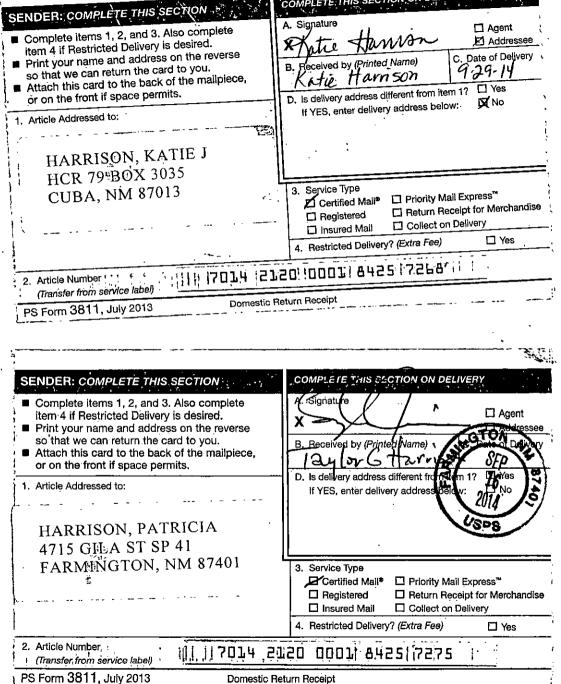




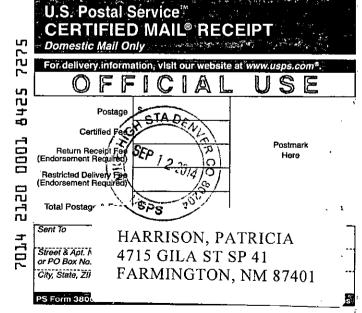
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	X Ellam Hollor - Addresser
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deliver
Attach this card to the back of the mailpiece,	17.1.4 M, Harasa 917114
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
Article Addressed to:	If YES, enter delivery address below:
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HACEESA, ELLA M	<b>}</b> }
PO BOX 137	. <u>                                    </u>
NAGEEZI, NM 87037	3. Service Type
	☐ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandls
	☐ Insured Mail ☐ Collect on Delivery
*	4. Restricted Delivery? (Extra Fee)
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NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Agent Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece,	
or on the front if space permits,	Colleen Haces 19115/14
Article Addressed to;	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	11 705, etitel delively address below.
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PO BOX 188	3. Service Type
	3. Service Type  Certified Mail® Priority Mail Express'*
PO BOX 188	Certified Mail <sup>®</sup> Priority Mail Express <sup>™</sup> Registered Receipt for Merchandise
PO BOX 188	Certified Mail® Priority Mail Express'*
PO BOX 188	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise
PO BOX 188 NAGEZZI, NM 87037	☐ Certified Mail® ☐ Priority Mail Express** ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
PO BOX 188 NAGEZZI, NM 87037  Article Number	Certified Mail* Priority Mail Express**  Registered Return Receipt for Merchandise Collect on Delivery  4. Restricted Delivery? (Extra Fee) Yes  Collect On Delivery

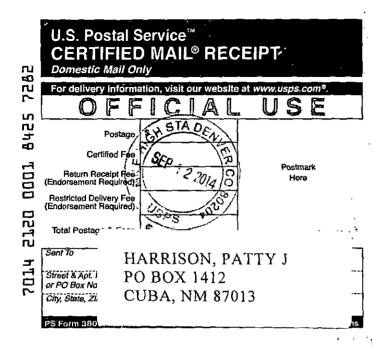
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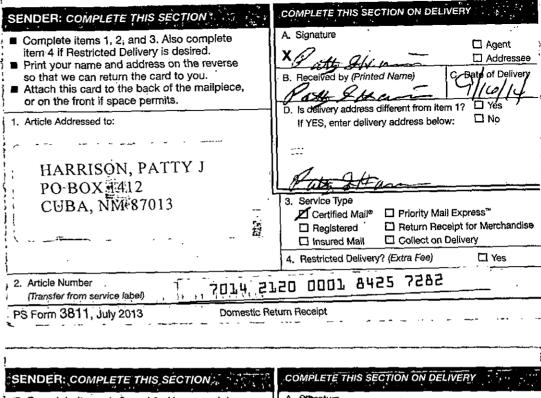




COMPLETE THIS SECTION ON DELIVERY

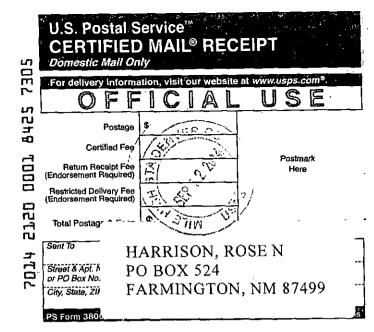




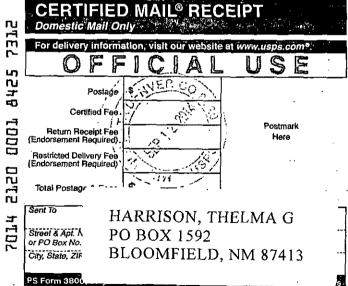


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210 F100 010	Postage  Certified Fee  Return Receipt Fee  (Endorsement Required)  Restricted Delivery Fee  (Endorsement Required)  Total Postage	WEN CO	Postmark Here	
- 7 0 -	Street & Apt. No. P(	ARRISON, PA D BOX 73 DUNSELOR,		

SENDER: COMPLETE THIS SECTION:	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>HARRISON, PAULINE</li> <li>PO BOX 73</li> </ul>	A. Signature    Agent   Addressee
COUNSELOR, NM 87018	3. Service Type  Certified Mail ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 11 7014 212	0001 8425 7299
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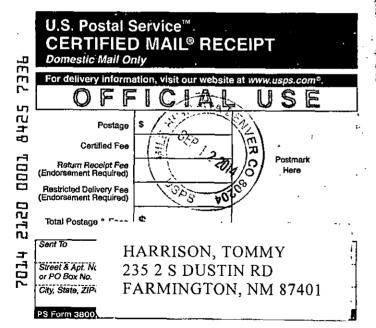
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Muly Dun Agent  Addresse  B. Received by (Prigted Name)  C. Date of Deliver  Devely Bown 4 18 19
1. Article Addressed to:  HARRISON, ROSE N PO BOX-524 FARMINGTON, NM 87499	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No  3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis
	☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 PS Form 3811, July 2013 Domesti	2120 0001 8425 7305 c Return Receipt
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.	A. Signature  A. Signature  A. Signature  Agent  Addressee  B. Begeived by (Printed Name)  C. Date of Delivery  Thelma Harrian 9-22-14
Article Addressed to:  .HARRISON, THELMA G PO BOX 1592 BLOOMFIELD, NM 87413	D. Is delivery address different from item 1?  If YES, enter delivery address below:  3. Service Type  Certifled Mail® ☐ Priority Mail Express**
Article Number [11] [12] [14]	☐ Registered ☐ Return Receipt for Merc☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013

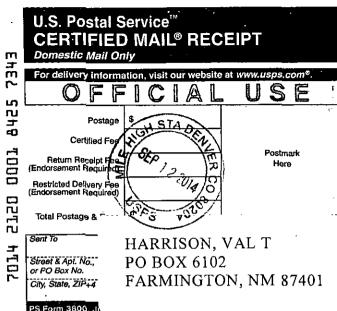
U.S. Postal Service™





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>HARRISON, TOMMY 235.2 S DUSTIN RD</li> </ul>	A. Signature  X
FARMINGTON, NM 87401	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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4 99.	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  D. Received by (Printed Name)  D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter center address below:
HARRISON, VAL T PO BOX 6102 FARMINGTON, NM 87401	3. Service Type  Certified Maile  Registered  Insured Mail  Collect on Delivery
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	20 0001 8425 7343
PS Form 3811, July 2013 Domestic Re	turn Receipt
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Date of Delivery  G-12, IU-

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. Signature  A.
HASKIE, PRESTON PO B@X:822 BLOOMFIELD, NM 87413	3. Service Type  ☐ Certified Mail ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	บาวัยนณา 8425 7350

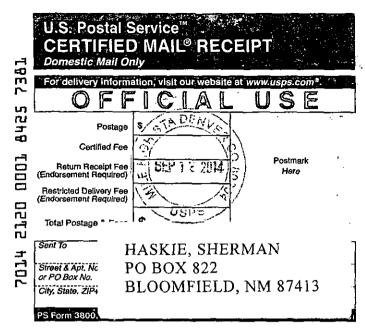


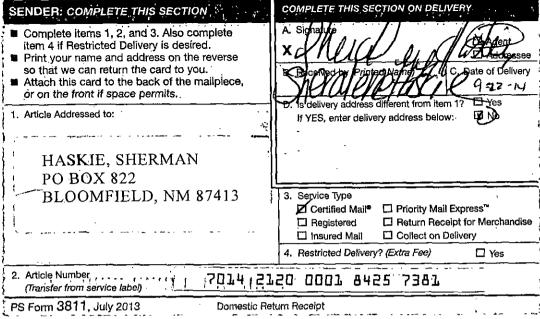
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at www.usps.com®. 라나라 Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 2120 Total Postage & Fees | \$ Sent To HASKIE, SHERALENE L ንዐጌԿ Street & Apt. No. or PO Box No. PO BOX 822 BLOOMFIELD, NM 87413 City, State, ZIP+ PS Form 3800,

<u>, 12</u>	
SENDER: COMPLETE THIS SECTION	COMPLE' E THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  A. Signature  X  A. Signature  A. Signatu
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
HASKIE, SHERALENE L PO BOX 822	
BLOOMFIELD, NM 87413	3. Service Type  ☐ Certifled Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) \( \square\) Yes
2. Article Number (Transfer from service label)	0001 8425 7367
PS Form 3811, July 2013 Domestic Retu	rn Receipt

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	PS Form 3800,,

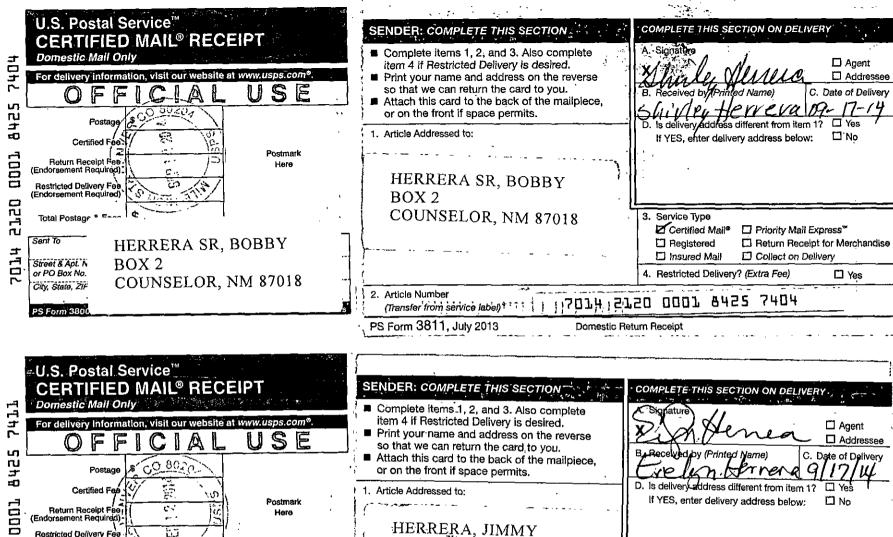
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X Agent  Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Path of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No.
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HASKIE, SHERIDAN P	Jan 1
PO BOX 514	3. Sepvice Type
	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise
<u> </u>	☐ Insured Mail ☐ Collect on Delivery
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<b>→</b>	HENRY, VIRGINIA M
ተያፀረ	Street & Apt. 23 CR 5584
L~	City, State, Z FARMINGTON, NM 87401
	PS Form 380

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B) Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	selvery address different from item 1?
HENRY, VIRGINIA M 23 CR 5584	ON STORY OF
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74r-da	
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Retu	ırn Receipt



ij Restricted Delivery Fee (Endorsement Required) Total Postage 8 HERRERA, JIMMY BOX 4 Street & Apt. No or PO Box No. COUNSELOR, NM 87018 City, State, ZIP+ PS Form 3800

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Service Type Certified Mail® ☐ Priority Mail Express\*\* ☐ Registered ☐ Return Receipt for Merchandise Insured Mail Collect on Delivery Restricted Delivery? (Extra Fee) □ Yes

2. Article Number

(Transfer from service label)

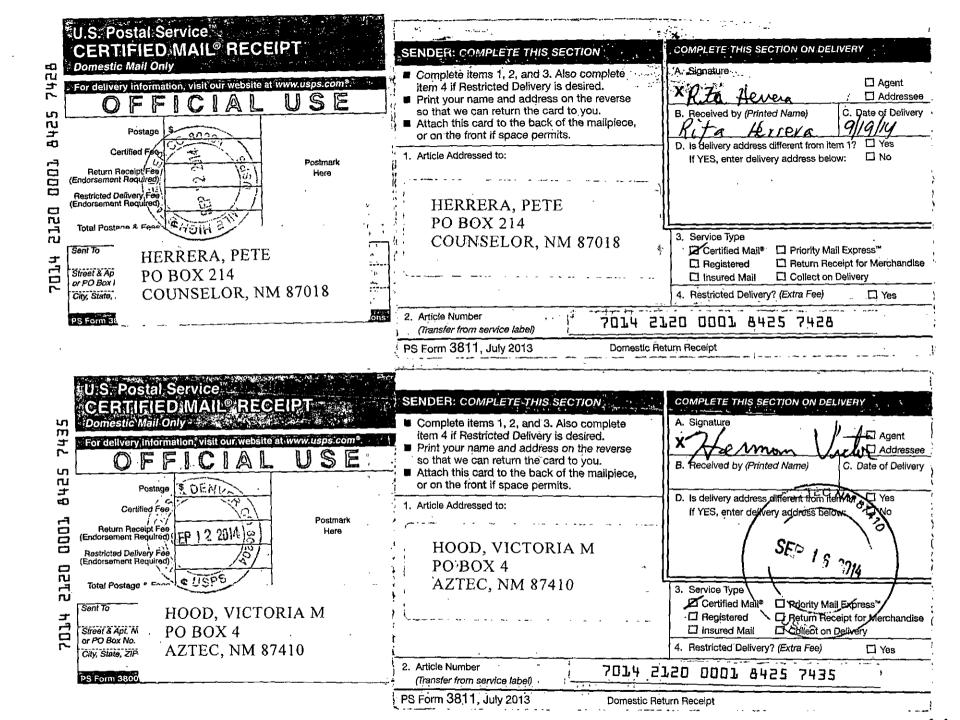
COUNSELOR, NM 87018

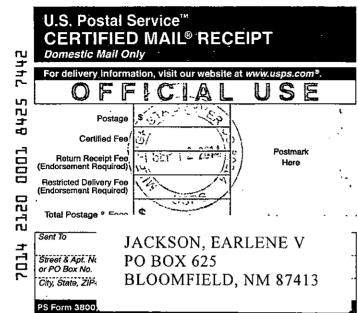
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PS Form 3811, July 2013

BOX 4

Domestic Return Receipt



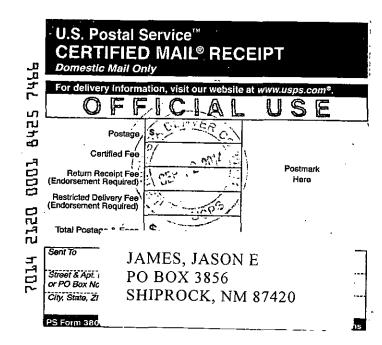


■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	A. Signature  X. Sallow Septim Standaressee  B. Received by (Printed Name)  C. Date of Delivery  Q-15-10  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
JACKSON, EARLENE V PO BOX 625	
BLOOMFIELD, NM 87413==	3. Service Type  ☐ Certified Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
, )	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 2120	0001 8452 3445.
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Seffeture  A. Agent  Addressee  B. Deceived by (Printetename)  C. Date of Delivery  D. Le delivery address different from item 12   Yes
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JAMES, BRENDA A PO BOX 139	
RED VALLEY, AZ 86544	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 2	120 0001 8425 7459

SENDER: COMPLETE THIS SECTION

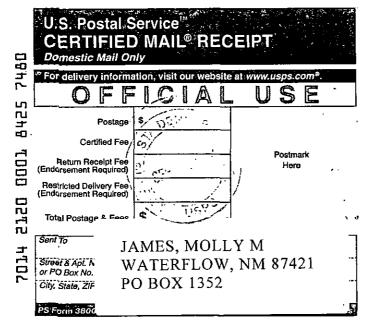
PS Form 3811, July 2013

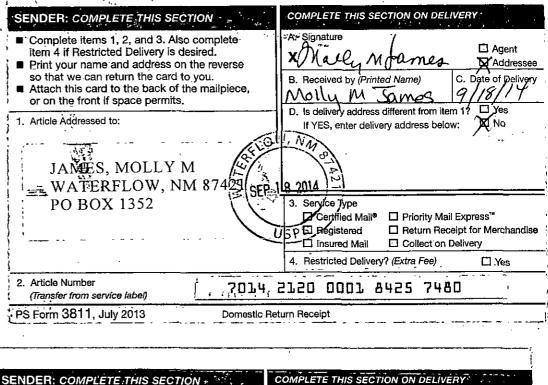
COMPLETE THIS SECTION ON DELIVERY

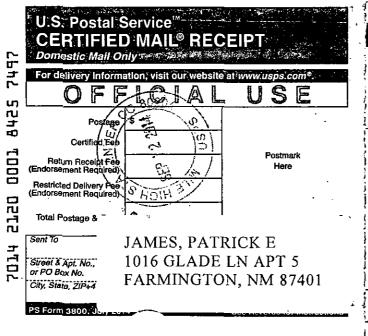


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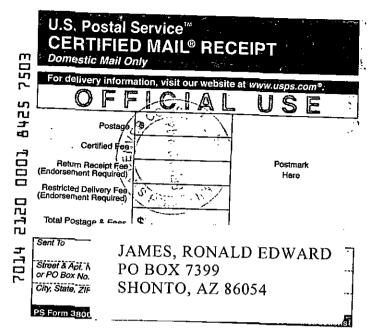
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the major on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	i. everse	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:
JAMES, JASON E PO BOX 3856		
SHIPROCK, NM 87420	)	3. Service Type  ☐ Certified Mail* ☐ Priority Mail Express™ ☐ RegIstered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
		4. Restricted Delivery? (Extra Fee) ☐ Yes
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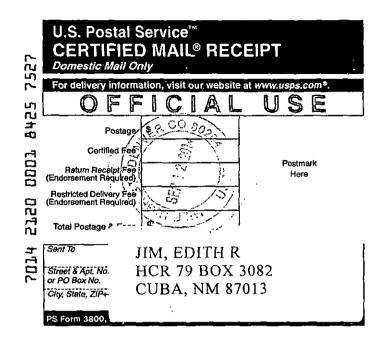
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery Fathick James 9-16-14
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
JAMES, PATRICK E 1016 GLADE LN APT 5	SEP 61401
FARMINGTON, NM 87401	3. Service Type  ☐ Certified Mail ☐ Fight Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
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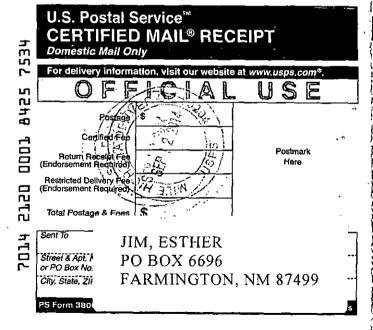


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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reveso that we can return the card to you.</li> <li>Attach this card to the back of the mailp or on the front if space permits.</li> </ul>	erse	A. Signature  X
JAMES, RONALD EDW	'ARD	If YES, enter delivery address below:   No
PO BOX 7399 SHONTO, AZ 86054	4 · · · · · · · · · · · · · · · · · · ·	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	70	14 2120 0001 8425 7503
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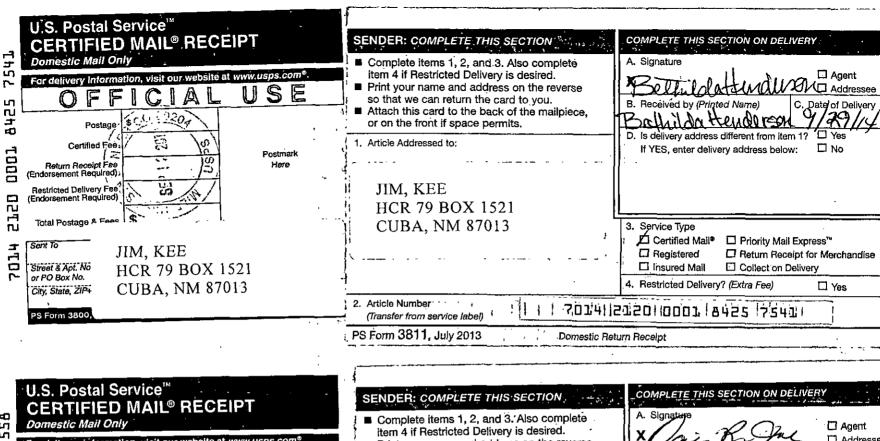
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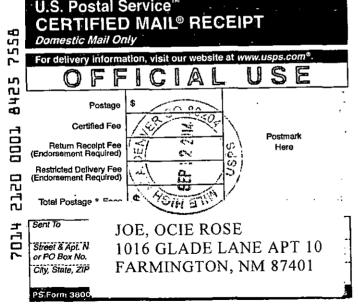
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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X. Freddie Pinto ON DELIVERY  A. Agent  Addressee  C. Date of Delivery  Freddie Pinto 09-29-14
1. Article Addressed to:  JIM, CECIL PO BOX 1203	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CUBA, NM 87013	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7,014, 21	20 0001 8425 7510
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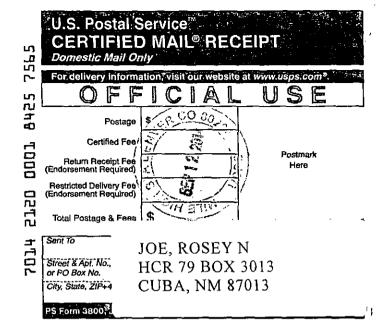


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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  I. Article Addressed to:  JIM, ESTHER PO BOX 6696 FARMINGTON, NM 87499	A. Signature  X			
2. Article Number				
PS Form 3811, July 2013 Domestic Return Receipt				





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SENDER: COMPLETE THIS SECTION.	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Caci R. Jan Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  C. I.E. K. J. U.E 17 17 Yes
Article Addressed to:	D. Is delivery address different from item 1?
,	( (
JOE, OCIE ROSE	,
1016 GLADE LANE APT 10	
FARMINGTON, NM 87401	3. Seprice Type  ☑ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandlse ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number   216 (Transfer from service label)	0 0001 842517558
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1000 Oi	Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)		2	Postmark Here	
리기	Total Postage &	WIFE W.	.//		
7074	1	OHNSON,		NDA	
2	Street & Apt. No. P	O BOX 20	)44		
•		IRTLANI	), NA	1 87417	
	PS Form 3800;	·			

<u>{</u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece,</li> </ul>	A. Signature    Agent   Addressee
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
JOE, ROSEY N HCR 79 BOX 3013	If YES, enter delivery address below: □ No
CUBA, NM 87013	3. Service Type  . ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
)	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)	2120 0001 8425 7565
PS Form 3811, July 2013 Domestic R	eturn Receipt
Complete items 1, 2, and 3. Also complete	A. Signature
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.	X Bund Dave Addressee;  B. Received by (Printed Name) C. Date of Delivery
. Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
JOHNSON, BRENDA PO BOX 2044	
KIRTLAND, NM 87417	3. Service Type  ☐ Certified Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number  (Transfer from service label)	2120 0001 8425 7572

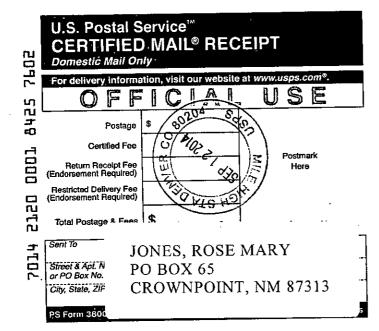
PS Form 3811; July 2013

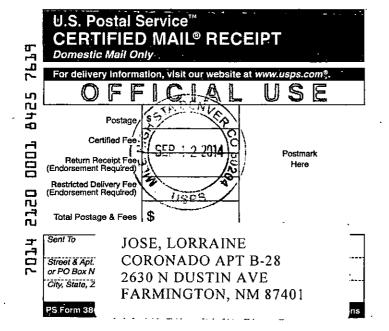




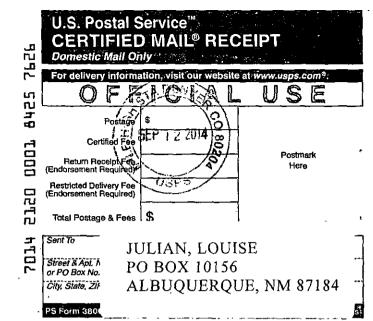
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
JOHNSON, LEO PO BOX 482 NAVAJO, NM 87328	3. Service Type  ☑ Certified Mail ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
1-2. Article Number (Transfer from service label)	2120 0001 8425 7589
PS Form 381.1, July 2013 Domestic Retu	urn Receipt

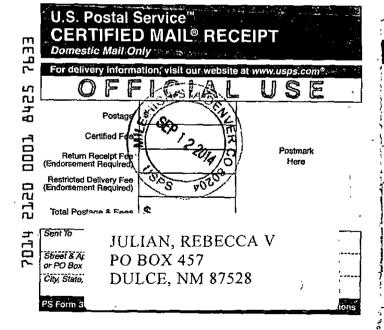
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A Signature   Agent  Addressee
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.	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
JOHNSON PHIL	
C/O FRANK F JOHNSON	
15 ROAD 6115 KIRTLAND, NM 87417	3. Service Type
	☐ Certified Mail® ☐ Priority Mail Express® ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
·	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)   7014, 2120	0001 8425 7596
PS Form 3811, July 2013 Domestic Retu	urn Receipt
	the distribution of the state o





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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X	
1. Article Addressed to:	D. Is delivery address different from item 11 Pes If YES, enter delivery address below:	
JOSE, LORRAINE	2014	
CORONADO APT B-28 2630 N DUSTIN AVE	U.S.P.5.	
FARMINGTON, NM 87401	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™	
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)	0 0001 8425 7619	
PS Form 3811, July 2013 Domestic Return Receipt		





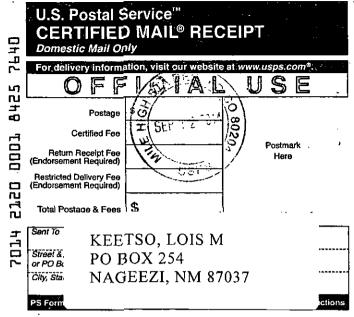
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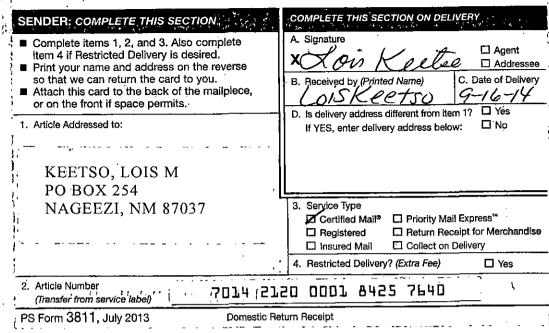
(Transfer from service label)
PS Form 3811, July 2013

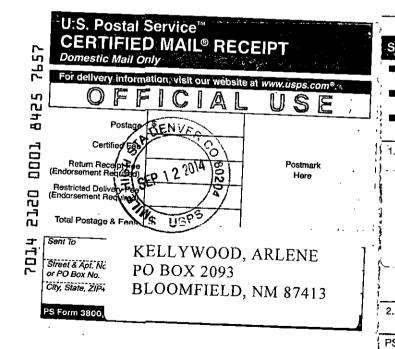
	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	
Complete items 1, 2, and 3. Also complete	A Signature Agent
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Addressee
so that we can return the card to you.  Attach,this card to the back of the mailpiece,	B. Received by (Printed Name) Date of Delivery
or on the front if space permits.	Helen (apaditte )
Article Addressed to:	D. Is delivery address different #6/fi item 1?
CALLOR	
JULIAN, LOUISE	FOUE NM 81
PO BOX 10156	
ALBUQUERQUE, NM 871844	3. Service Type
che se	☐ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
7427	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 2	120 0001 9425 7626
	turn Receipt
The following state of the stat	A Company of the Comp
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.	A. Signature ☐ Agent
Print your name and address on the reverse	X /// ( Addressee
so that we can return the card to you.	B. Received by (Panted Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Royantk rulian 19/17/14
1. Article Addressed to:	D. Is delivery address different from item 1?
, , , , , , , , , , , , , , , , , , , ,	If YES, enter delivery address below:
JULIAN, REBECCA V	
PO BOX 457	
DULCENM 87528	3. Service Type
	Certified Mail* Priority Mail Express*  Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
·	4. Restricted Delivery? (Extra Fee)

Domestic Return Receipt

,7014 2120 0001 8425-7633

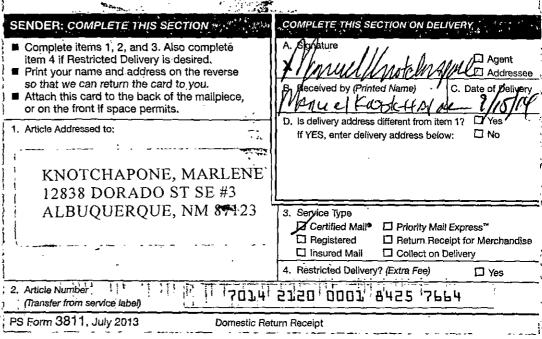


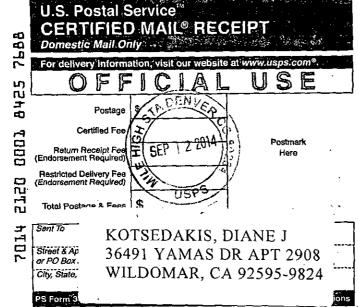




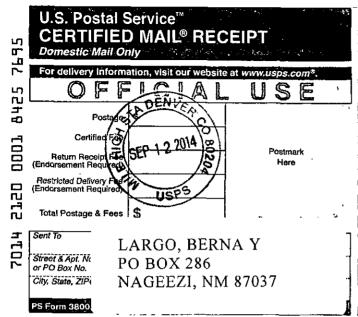
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X/SUT/fielly (SDAgent Addressee)  B. Received by (Printed Name)  Authory K. (1900)  C. Date of Delivery  Authory K. (1900)  7-17/K
. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
KELLYWOOD, ARLENE PO BOX 2093	
BLOOMFIELD, NM 87413	3. Service Type  ☐ Certified Mail* ☐ Priority Mail Express* ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number  (Transfer from service labe	DDD
(Transfer from service labe	0001 8425 7657

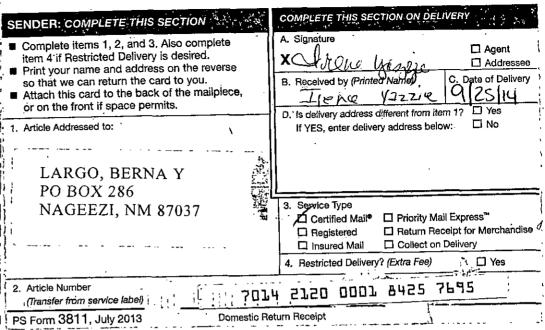






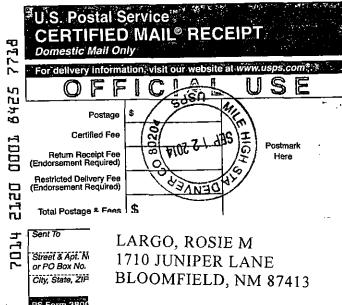
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  KOTSEDAKIS, DIANE J 36491 YAMAS DR APT 2908	D. Is delivery address different from item (2) Yes  If YES, enter delivery address below:   No
WILDOMAR, CA 92595-9824	3. Service Type  ☐ Certifled Mail* ☐ Priority Mail Express** ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 2	120 10001 18425 7688
PS Form 3811, July 2013 Domestic Ret	urn Receipt





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7	Total Postage & Fees	\$ 048	
7014	Sent To Street & Apt. No.,	LARGO, EVA	
I,C	or PO Box No.	PO BOX 904	
	City, State, ZIP+4	BLOOMFIELD,	NM 87413
	PS Form 3800, Ju		

■ 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:  LARGO, EVA	A. Signature  X
PO BOX 904 BLOOMFIELD, NM 87413	3. Service Type  ☑ Certified Mail* ☐ Priority Mail Express* ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mall ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service lab) PS Form 3811, July 2013  Dörnestic Ret	0001 8425 7701 (



Restricted Delivery Fee (Endorsement Required)  Total Postage 2 Fees \$  Sent To LARGO, ROSIE M  Street & Apt. Ni or PO Box No. City, State, ZiF BLOOMFIELD, NM 87413  PS Form 3800  1710  2. Article Ni (Transfer	from service label) ; 1 7014 21c	3. Service Type Certified Mail* Priority Mail Express** Registered Return Receipt for Merchandise Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) Pes  Return Receipt  3. Service Type Receipt Priority Mail Express** Return Receipt Priority Mail Express** Return Receipt
U.S. Postal Service  CERTIFIED MAIL® RECEIPT  Domestic Mail Only  For delivery information, visit our website at www.usps.com  OFFICIALUSE  Postage  Postage  Certified Fee  Endorsement Receipt Fee  (Endorsement Required)  Restricted Delivery Fee  (Endorsement Required)  Restricted Delivery Fee  (Endorsement Required)  LAR  PO ]	te items 1, 2, and 3. Also complete f Restricted Delivery is desired. From the card to you. The card to the back of the mailpiece, the front if space permits.  RVIE, CONRITA BOX 2296	A. Signature  X DYULO Agent  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  ONG (TA-NOULY 15  If YES, enter delivery address below:  No
LARVIE, CONRITA  Street & Apt. No. PO BOX 2296	VITLAND, NM 87416	3. Service Type  ☐ Certified Mall® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
	from service label)	2120**0001**8425*7725  Return Receipt

SENDER: COMPLETE THIS SECTION

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

■ Print your name and address on the reverse

■ Attach this card to the back of the mailpiece,

item 4 if Restricted Delivery is desired.

so that we can return the card to you.

or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY,

D. Is delivery address different from item 1?

If YES, enter delivery address below:

□ Agent

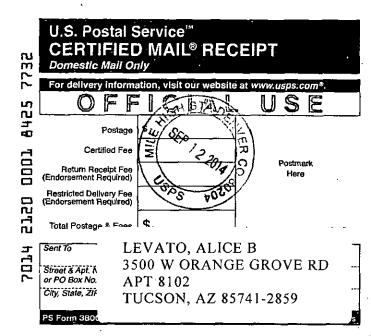
C. Date of Delivery

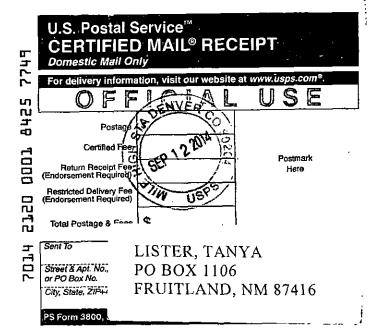
9-18-14

☐ Yes

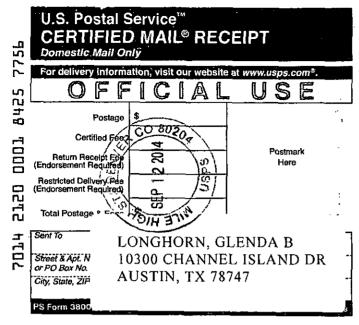
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Addressee





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SENDER: COMPLETE THIS SECTION 💝 - 🍇	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  LISTER, TANYA PO BOX 15:06	D. Is delivery address different from them 15 My es  If YES, enter delivery address below FP 10 No.  2014
FRUITE D, NM 87416	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7014 212	0 0001 8425 7749
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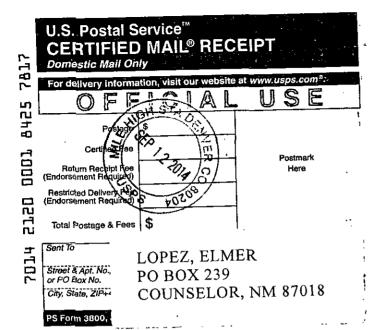
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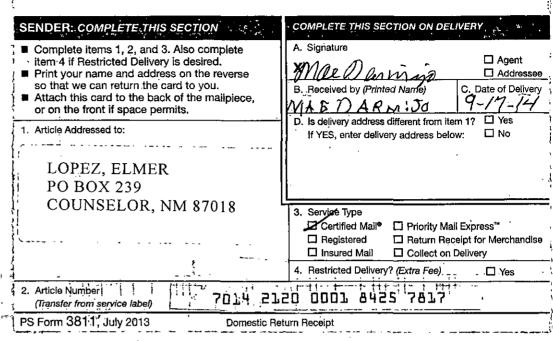
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplede, or on the front if space permits.</li> </ul>	A. Signature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? \( \backslash \) Yes \( \backslash \) If YES, enter delivery address below: \( \backslash \) No
LONGHORN, GLENDA B 10300 CHANNEL ISLAND DR	
AUSTIN, TX 78747	3. Service Type  ☐ Certified Mall® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
and the second s	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	2120 t0001 184251 7756- 3
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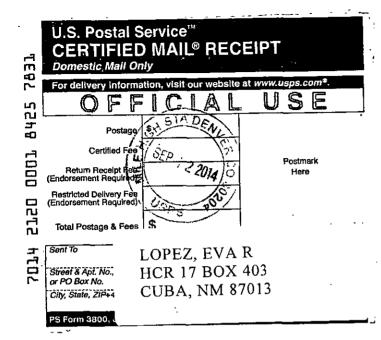






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ትፒዐረ	Sent To  LOPEZ, EUNIC Street & Apt. No., or PO BOX 107 City, State, ZIP+4  NAGEEZI, NM		
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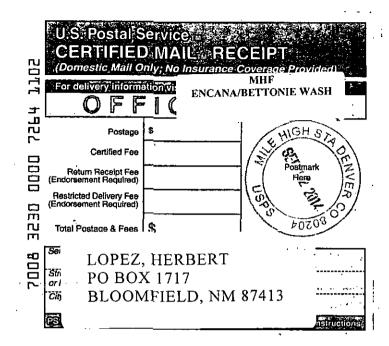
SENDER: COMPLETE THIS SECTION (1997)	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Deceived by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
LOPEZ, EUNICE PO BOX 107	
NAGEEZI, NM 87037	3. Service Type  ☐ Certified Mail® ☐ Registered ☐ Insured Mail ☐ Collect on Delivery
1	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 (Transfer from service label)	2120 0001 8425 7824
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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	Restricted Delivery Fee (Endorsement Required)
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<u>,</u> 7	LOPEZ, EVELYN C
7014	Street & Apt. No. or PO BOX 1411 CUBA, NM 87013
	PS Form 3800.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY ,
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	If YES, enter delivery address below:
LOPEZ, EVA R HGR 17 BOX 403	, l
CUBA, NM 87013	3. Service Type  ☐ Certified Mail ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	4 2120 0001 8425 7831
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X. Hulyn   Agent   Addressee
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Beceived by (Frinted Name) C. Date of Delivery  D. Is delivery address different from item 1?
Article Addressed to:	If VES, enter delivery address helow: \(\sigma\) No

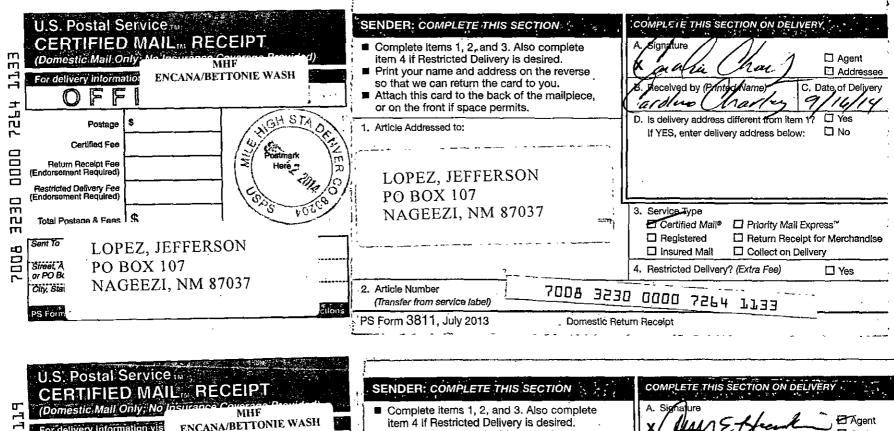
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  LOPEZ, EVELYN C PO BOX 1411	A. Signature  X. Hourse 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:
CUBA, NM 87013	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ Collect on Delivery
, :	4. Restricted Delivery? (Extra Fee)
2. Article Number	0001 8425 7848
PS Form 3811, July 2013 Domestic Ref	urn Receipt

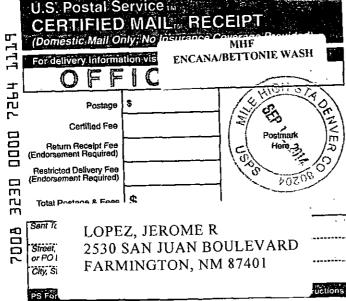


SENDER: COMPLETE THIS SECTION.	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
Article Addressed to:	D. is delivery address different from item 1?   If YES, enter delivery address below:
LOPEZ, HERBERT	
PO BOX 1717 BLOOMFIELD, NM 87413	3. Service Type  ☐ Certified Mall* ☐ Priority Mail Express** ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
1	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	30 0000 7264 1102
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	City, Si NAG	EEZI, NM 870	037	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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:  LOPEZ, IRENE S	A Signature  A Agent  Addressee  B Received by (Pinted Name)  C. Date of Delivery  and the product of Delivery  Addressee  B Received by (Pinted Name)  C. Date of Delivery  Address different from item 17  D Yes  If YES, enter delivery address below:	
PO BOX 107 NAGEEZI, NM 87037	3. Service Type  ☐ Certified Mall® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number . 7008 3230 (Transfer from service label)	0000 7264 1126	
PS Form 3811, July 2013 Domestic Return Receipt		





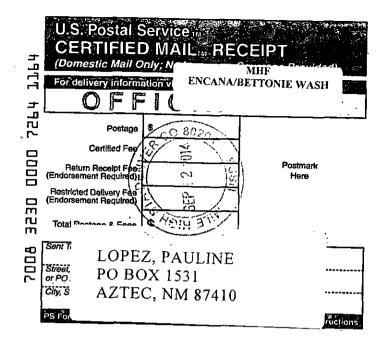
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  LOPEZ, JEROME R 2530 SAN JUAN BOULEVARD FARMINGTON, NM 87401	A. Signalure  X	
2. Article Number (Transfer from service label) 7008 3230 0000 7264 1119 PS Form 3811, July 2013 Domestic Return Receipt		



11.57	U.S. Postal CERTIFIE (Domestic Mail For delivery inform	D MA Only; No	LTM REC	CEIPT Coverage Provide MHF (BETTONIE WAS	
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7008	Street, PO	BOX 10 GEEZI,	ELSON 07 NM 87	037	uctions

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.	A. Signature  X. Signature  A. Signature  X. Signature  A.
LOPEZ, LUCY G PO BOX 1871 KIRTLAND, NM 87417	3. Service Type  Certified Mail® Priority Mail Express® Registered Return Receipt for Merchandise Insured Mail Collect on Delivery  Restricted Delivery? (Extra Factor) Yes  30 000 7264 1140
PS Form 3811, July 2013  Domestic Ret  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	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Agent  Addressee
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:  LOPEZ, NELSON	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
PO BOX 107 NAGEEZI, NM 87037  2. Article Number Transfer from septice (alice) 7008 '323	3. Service Type  □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes

PS Form 3811, July 2013



2 205 2	CERTIFIED MAIL  (Domestic Mail Only; No Insert of Company information visi	CEIPT  MHF  NA/BETTONIE WASH	
3500 0001 232	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Poetage & Feen (S	Postmark Here	11:::
7013	LOPEZ, PEARL 1200 ROLLOWAY ST FARMINGTON, NM 8	7401	

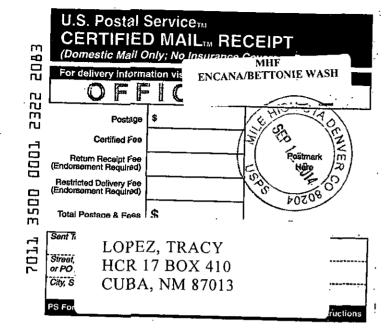
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 17  COMPLETE THIS SECTION ON DELIVERY  Addressee
1. Article Addressed to:  LOPEZ, PAULINE	If YES, enter delivery address below: ☐ No
PO BOX 1531 AZTEC, NM 87410	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandls ☐ Discreted ☐ Collect on Delivery
2. Article Number	4. Restricted Deliverv? (Extra Fae)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature
1. Article Addressed to:  LOPEZ, PEARL  1200 ROLLOWAY ST	D. Is delivery address different to hitem 13
FARMINGTON, NM 87401	3. Sepice Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7011 3500	0001 5355 5055
PS Form 3811, July 2013 Domestic Retu	rn Receipt

U.S. Postal Service CERTIFIED MAILT RECEIPT (Domestic Mail Only; No In 206 MHF For delivery information visit ENCANA/BETTONIE WASH 2322 JE HIGH SA Postage Certified Fee 0001 Return Receipt Fee (Endorsement Required) USPS Here 🗦 Restricted Delivery Fee (Endorsement Required) 500 Total Postage & Fees \$ 7077 LOPEZ, RITA PO BOX 1544 City. CUBA, NM 87013

. 9202 E	U.S. Postal S CERTIFIED (Domestic Mail C For delivery inform	D MAIL™ REC	MHF ETTONIE WASH
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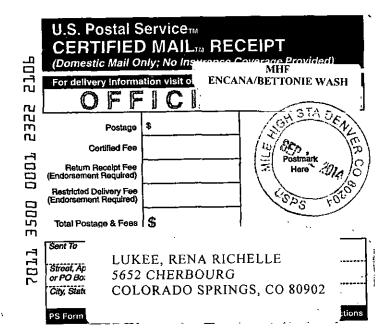
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:    LOPEZ, RITA   PO BOX 1544   CUBA, NM 87013     CUBA, NM 87013   Service Type   Priority Mail Express   Registered   Return Receipt for Merchandise   Insured Mail   Collect on Delivery
2. Article Number 7011 3500 0001 2322 2069
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.  Received by Printed Name  C. Date of Deliver  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
HCR 17. BOX 403  CUBA, NM 8.7013  3. Service Type  Certified Mail® ☐ Priority Mail Express* ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes  2. Article Number
2. Article Number (Transfer from service label) 7011 3500 0001 2322 2076 PS Form 3811, July 2013  Domestic Return Receipt



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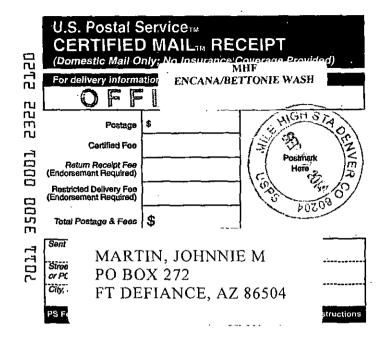
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<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature
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,	I Ø . □ Agent
4 Auticle Addressed to	B. Received by (Printed Name) C. Date of Delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
LOPEZ, TRACY HCR 17 BOX \$410 CUBA, NM 87013	3. Service Type  ☐ Certifled Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchand
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7011 3500	0007 5355 5093
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Agent   Address   Address   Address     B. Received by (Printed Name)   C. Date of Delhard     Arvivo   Naviza   G/14/14
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A Signature Agent    Agent
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Address



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X. Docubly Jala DAgent  B. Received by (Printed Name)  C. Date of Delivery  Ovothy Cor 9-14-15  D. Is delivery address different from item 1?  If YES, enter delivery address below:
MANUEL, VALERIE PO BOX 171	
BLOOMFIELD, NM 87413	3. Service Type  Certifled Mall
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 3501	0 0001 5355 5773
PS Form 3811, February 2004 Domestic Ret	



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Ę.	Sent it MARTIN, MARY R			
7011	Street, or PO PO BOX 147			
. –	CROWNPOINT, NM 87313			
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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:  MARTIN, JOHNNIE M POBOX 272 FT DEFIANCE, AZ 86504	A. Signature  **SQUANTAL MAUNT   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery   C. D
2. Article Number 7011	3500 0001 2322 2120
PS Form 3811, February 2004 Domestic Rei	turn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  Adjusted to the property of the property
MARTIN, MARY R PO BÖX 147	If YES, enter delivery address below:   No
CROWSROINT, NM 87313	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number 7011 3500	0001 2322 2137
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540 ı

## U.S. Postal ServiceTM CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) F7 U1 For delivery information visit MHF ENCANA/BETTONIE WASH 김경영 Postage S72 Certified Fee 1000 哥 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 3500 Total Postade & Fees \$ MARTINEZ ESTATE, AVOE 7011 EASTERN NAVAJOAGENCY Stree **BUREAU OF INDIAN AFFAIRS** or PC P O BOX 328 CROWNPOINT, NM 87313 structions

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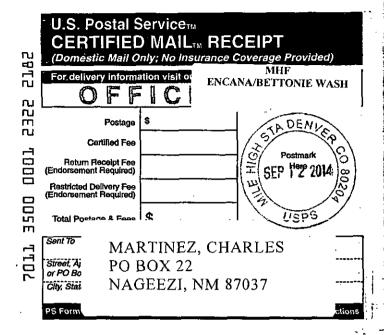
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  MARTINEZ ESTATE, AVOE EASTERN NAVAJOAGENCY BUREAU-OF INDIAN AFFAIRS	A. Signature  X. Agent
P O BOX 328 CROWNPOINT, NM 87313	3. Sovice Type  Certified Mail
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by Printeg Name)  C. Date of Delivery  D. Jo Hollwery by Brown in James 12 Yes
1. Article Addressed to:  MARTINEZ SR, FRED C 4633 GILA #30	No YES, enter only by address below: No
FARMINGTON, NM 87402	3. Senite Jud  Certified Mail
	4. Restricted Delivery? (Extra Fee) T] Yes
2. Article Number. (Transfer from service label) 7011 3	200 0001 5355 5769
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540



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7011 350	Street, 4 PO ROX 1411	
]}	City, State CUBA, NM 87013	etions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature Agent  X. Cluck Mowh Character  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
MARTINEZ, ALICE PO BOX 255 NAGEEZI, NM 87037	3. Service Type  Certified Mail
2. Article Number (Transfer from service label) 7011 3501	0001 5355 5727
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>MARTINEZ, ANNA C</li> <li>PO BOX 1411</li> </ul>	A. Signature  X
CUBA, NM 87013	3. Service Type  ☐ Gertified Mail ☐ Express Mail ; ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
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	COMPLETE THE SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature    Agent   Agent   Addressee
MARTINEZ, CHARLES PO BOX 22 NAGEEZI, NM 87037	in rest, enter delivery address below.
	3. Service Type Certified Mail
en en en en en en en en en en en en en e	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7011 3500	0001 5355 5185
RS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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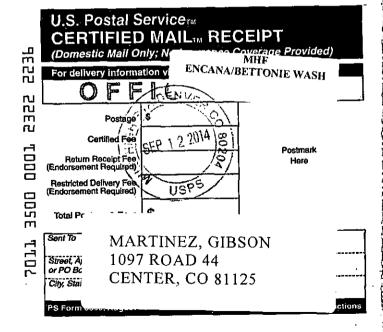
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery     LOUIS - Martines 91714     D. Is delivery address different from item 12   Yes
MARTINEZ, CHARLITA PO BOX 22	D. Is delivery address different from Item 1?
NAGEEZI, NM 87037	3. Service-Type Certified Mail Registered Return Receipt for Merchandise C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number	500 0001 5355 5788



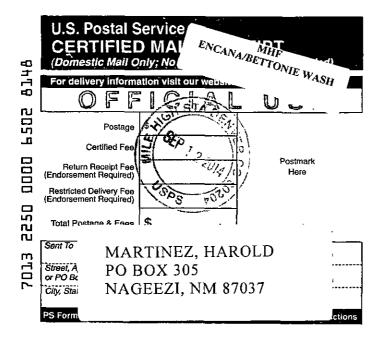
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON BEENETH
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  Agent  Addressee  B. Bebeived by (Printed Name)  Date of Delivery  D. Is delivery address different from item 12. Tyes
Article Addressed to:	D. Is delivery address different from item 1? Thes / If YES, enter delivery address below:
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FINLEY, OK 74543	3. Service Type
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	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	3500 0001 2322 2205
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
MARTINEZ, DAVID V PO BOX 36	. <b>!!</b>
PO BOX 36	3 Sando Tirra
PO BOX 36	3. Service Type  Certifled Mail Registered Return Receipt for Merchandise C.O.D.
PO BOX 36	☐ Certifled Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
PO BOX 36	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes



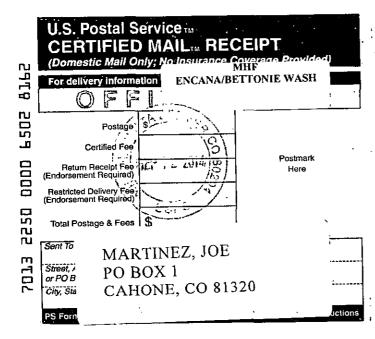


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  MARTINEZ, GIBSON  1097 ROAD 44	If YES, enter delivery address below: No
CENTER, CO 81125	i. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	1111 JESS SSES TOOO
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540



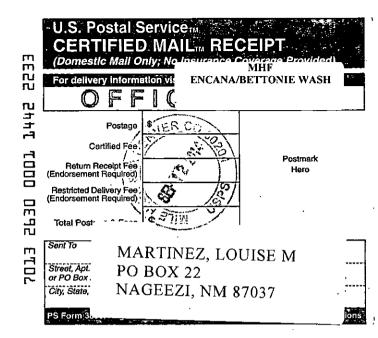
ស៊	CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided	)
R 815	For delivery information vi	
650	Postage \$5	
0000	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee	
250	Total Postage & Fees \$	
7013 2	MARTINEZ, HELEN Street, 1016 SAN JUAN AVE	
<b>L</b> ~	City, Si. ALAMOSA, CO 81101-3340	ictions

	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Harry Market Daddressee  B. Received by (Printed Name), C. Date of Delivery  Addressee  C. Date of Delivery  D. is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
	į
MARTINEZ, HAROLD PO BOX 305	
NAGEEZI, NM 87037	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise. ☐ Insured Mail ☐ C.O.D.
<u>_</u>	4. Restricted Delivery? (Extra Fee) Yes
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X Jolen Martine Addressee  B. Received by (Rrinted Name) C. Date of Delivery  Lean Martine 9-19-14  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
MARTINEZ, HELEN 1016 SAN JUAN AVE ALAMOSA, CO 81101-3340	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 1 1 7013 2250	



32	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provide	
Ш	For delivery Information v ENCANA/BETTONIE WASH	
40	OFFI	Λ,
6 4 9 3	Postage \$ Certified Fea STA DEA	
	Certified Fea	
0000	Return Receipt Fee (Endorsement Required) Here	
	Restricted Delivery Fee (Endorsement Required)	
250	Total Poetano & Fann & SPS	
<u>п</u>	Sent TO MARTINEZ, LOLITA ANN	
7073	Street. PO BOX 22	
70	or POE NAGEEZI, NM 87037	
	PS Form	structions

	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X de Morlin   Addressee
so that we can return the card to you.	B. Received by ( Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	
Article Addressed to:	D. Is delivery address different from Item 1?  Yes
1. Albao Additional to.	If YES, enter delivery address below:   No
	<b>'</b>
, MARTINEZ, JOE	
PO BOX 1	
CAHONE, CO 81320	3. Sepice Type
	Certified Mail
· · · · · · · · · · · · · · · · · · ·	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	1. — — — — — — — — — — — — — — — — — — —
2. Article Number 7013 225	0 0000 6502 8162 " ;
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540 \
<u> </u>	المساد المستحد المساد المستدانية المديد
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	Agent Agent
■ Print your name and address on the reverse	Nouse / Harry - Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by ( Printed Name) C. Date of Delivery
or on the front if space permits.	rouse Martinez alitiy
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	11 If TEO, since delivery address below.
MARTINEZ, LOLITA ANN	:
PO BOX 22	
NAGEEZI, NM 87037	
	3. Service Type
National Control of the Control of t	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
-	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	
(Timilater front Service label)	50 0000 6413 0330
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-15404

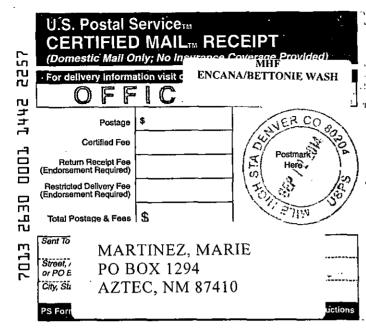


	U.S. Postal Servi	сетм			
	CERTIFIED MA	AIL REC	CEIPT	•	
	(Domestic Mail Only; N		MHF	Provided)	Cg.
	For delivery information vi	ENCANA/I		IE WASH	
nı		<u> </u>			
1442	Postage \$	VES GOS	\		
	Certifled Fee	12/6	킱 .	Postmark	
1000	Return Receipt Fee (Endorsement Required)	er.		Here	-
	Restricted Delivery Fee (Endorsement Required)	3 /g			
2630	Total Postage & Fees \$	NOW Y			
	MARTINEZ	LUCILL	ΕR	<del> </del>	
7013	S DOV 12				
<b>C</b> ~	c CUBA, NM	87013			
	<u> </u>			İnstructi	ons,

·	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Aurs Martinez  D. Is delivery address different from item 1?  If YES, enter delivery address below:
المسيد المنافية المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد	.1 - " ;
MARTINEZ, LOUISE M PO BOX 22 NAGEEZI, NM 87037	ervice Type Certified Mail
,	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013 (	2630 0001 1445 5533
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature  X Wally Mark Agent Addressee
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.	B. Received by (Printed Name), C. Date of Delivery  Lavier Martin
1. Article Addressed to:  MARTINEZ, LUCILLE R BOX 12. CUBA, NM 87013	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No  3. Septice Type
	Certified Mail
. V., <u> </u>	

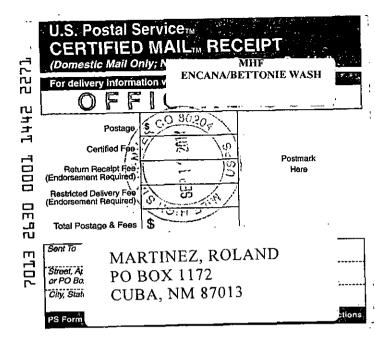
PS Form 3811, February 2004

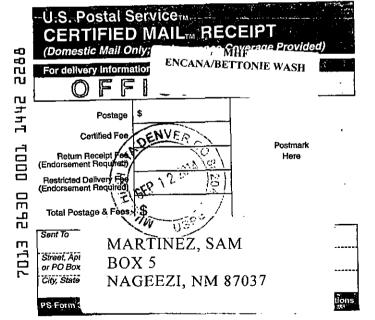
102595-02-M-1540 f



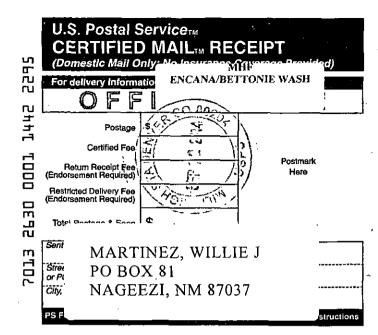
3 2264	U.S. Postal Service TM CERTIFIED MAIL TM REC (Domestic Mail Only; No Insurance of Comments	CEIPT CMHF (1997) BETTONIE WASH
7013 2630 0001 1442	Return Required Peo (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Poetone 2 Ecosy  Sent  MARTINEZ, PEARI Stree or Pt BOX 255 City, NAGEEZI, NM 8703	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Panted Name)   Coate of Delivery     Many   Many   Yes	
1. Article Addressed to:  MARTINEZ, MARIE POBOX 1294	If YES, enter delivery address below:	
AZTEC, NM 87410	Certified Mail	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number ( <i>Transfer from service label</i> ), 7013 2630 0001 1442 2257  3 Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X. W. A. Agent  Addressee  B. Beceived by (Printed Name)  C. Date of Delivery	
1. Article Addressed to:  MARTINEZ, PEARL BOX 255 NAGEEZI, NM 87037	D. Is delivery address different from item 1? Yes.  If YES, enter delivery address below: No  Service Type Certifled Mail Express Mail Registered Return Receipt for Merchandise	
j i	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes ∴	
2. Article Number 7013 2	P30 0001 TAAS 55PA	





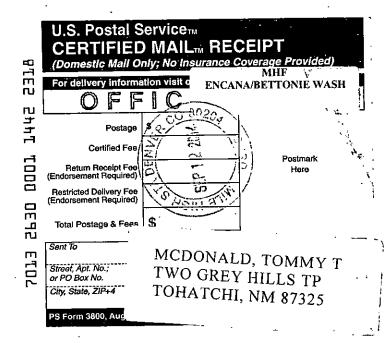
SENDER: COMPLETE THIS SECTION	COMPLETÉ THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery     C. Date
Article Addressed to:	D. Is delivery address different from item 1?
MARTINEZ, ROLAND PO BOX 1172	1
CUBA, NM 87013	3. Service Type Coertified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 243 (Transfer from service label)	10 0001 1442 2271
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  MARTINEZ, SAM BOX 5 NAGEEZI, NM 87037	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:
	3. Sender Type Certified Mail Registered Insured Mail C.O.D.
* 1	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	
(Transfer from service label) 7013 2630 PS Form 3811, February 2004 Domestic Re	8852 2442 1000



	CERTIFIED MAIL RECEIPT	£.
2301	(Domestic Mail Only; No I ENCANA/BETTONII	ant-least
T.	For delivery information visit	E WASH
	OFFICIAL	
にちたい	Postage S DENVER	
	Certified Fee	
0001	Return Descript Eddt ( 6 (V ) )	irnark er <del>e</del>
	Restricted Delivery Fee (Endorsement Required)	
263	Total Postage & Fees S	
	Γ	
T	MCCALLISTER, CHARLENE	
7013	PO BOX 333	15
. –	RUIDOSO DOWNS, NM 88346	
	<b>L</b>	or Instructions

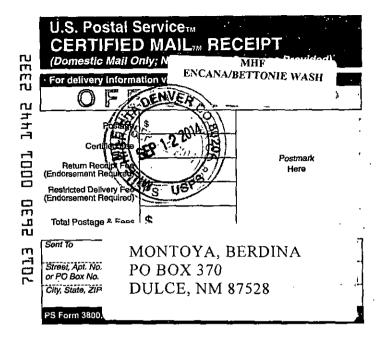
<u></u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Pestricted Delivery is desired.  Print younname and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature    A   Agent   Addressee
Article Addressed to:	If YES, enter delivery address below:   No
MARTINEZ, WILLIE J PO BOX 81	
NAGEEZI, NM 87037	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013	2630 0001 1442 2295
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  MCCALLISTER, CHARLENE  POBOX 333	A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 12 Yes  If YES, enter delivery address below
RUIDOSO DOWNS, NM 88346	3. Service Type  Certifled Mail Registered Result Receipt for Merchandise Insured Mail C.O.D.
111111111111111111111111111111111111111	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Jeds label) 7013 EL30	10E2 2441 1000

PS Form 3811, February 2004



	U.S. Postal S	Service™		
	CERTIFIED	MAIL <sub>M</sub> R	ECEIPT	
ū	(Domestic Mail O	nly; f	MHF	
232	For delivery informa	etion v	A/BETTONIE V	VASH
П	OFF			٠.
ΓÚ		<u> </u>		· <u></u>
144	Postage	\$ 0 8020		
	Certified Fee	8-/ =		
0001	Return Receipt Fee (Endorsement Required)		·	tmark lere
	Restricted Delivery Fee (Endorsement Required)			
2630	Total Postage & Foon	TO THE VAN	C 1.	
10	Sent To	MONTOYA E		
m		EASTERN NA		
707	Street, Apt. No.;	ATTN: PROB	ALE AND ES	TAIE
=	or PO Box No.	SERVICES		
-	City, State, ZIP+4	PO BOX 328		
		CROWNPOIN	T, NM 87313	
	PS Form 3800, Au			

	A 1. A 1.
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. July Bukke   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery  Lone Ha Barbane   9   6   14    D. Is delivery address different from Item 1?   Yes
1. Article Addressed to:  MONTOYA ESTATE, EARL DEAN EASTERN NAVALOAGENOV	If YES, enter delivery address below:
EASTERN NAVAJO AGENCY ATTN: PROBATE AND ESTATE SERVICES PO BOX 328 CROWNPOINT, NM 87313	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013 2630 (Transfer from service label)	0001 1442 2325
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

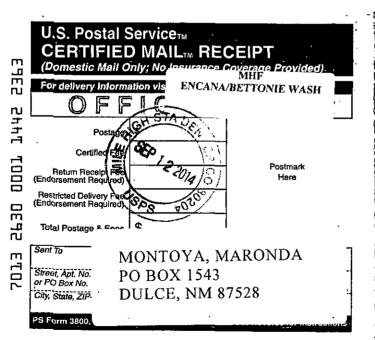


2349	U.S. Postal Service TM.  CERTIFIED MAIL TM RECEIPT  (Domestic Mail Only: No Insurance Control Provided)  For delivery information vis  ENCANA/BETTONIE WASH	
	OFFIC	- {
2430 0001 1445	Postage \$0.9020.  Certified Fee \$0.000.  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$0.000.	
7013 S	Sent To  MONTOYA, CHERISH S  Street, Apt. N or PO Box Nk City, State, Zi  PS Form 380  MONTOYA, CHERISH S  C/O MELANIE LEVATO PARENT P O BOX 781 DULCE, NM 87528	2.1

SENDER: COMPLETE THIS SE	CTION	COMPLETE THIS SECTION ON DEL	IVERY
<ul> <li>Complete items 1, 2, and 3. A ltem 4 if Restricted Delivery is</li> <li>Print your name and address so that we can return the card Attach this card to the back o or on the front if space permit</li> <li>Article Addressed to:</li> </ul>	desired. on the reverse to you. f the mailpiece,	B. Received by (Printed Name)  D. Is delivery address different from ite If YES, enter delivery address bek	
MONTOYA, BE PO BOX:370 DULCE, NM 87		3. Service type  Certified Mall	iall celpt for Merchandise Yes
Article Number     (Transfer from service label)	₹- 7013 ZI	30 0001 1442 233	2
		urn Receipt	102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. D. Is delivery address different from item 1? Yes
MONTOYA, CHERISH S 6/0 MELANIE LEVATO PARENT	If YES, enter delivery address below:
POBUX 781 DULCE, NM 87528	3. Service Type  ☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer, from service label)	530 0001 1442 2349
PS Form 3811, February 2004 Domestic Retu	





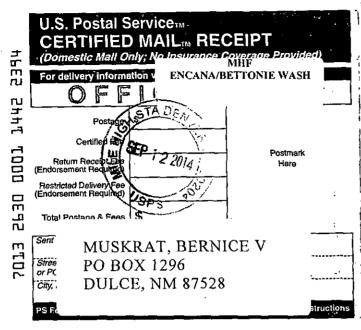
	I
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4-if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by ( Printed Name)  C. Date Who elivery
Article Addressed to:	D. Is delivery address different from item 1? Items if YES, enter delivery address below:
MONTOYA, DONNA PO BOX 1476	Montaya Maronda P.O. 1543 Dulce NM 87528
DULCE, NM 87528-1476	3. Sepice Type  Certified Mall  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.
(W)	4. Restricted Delivery? (Extra Fee)
2. Article Number   7013 2630 (Transfer from service label)	1,0001/1745 532P 1 1 1
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

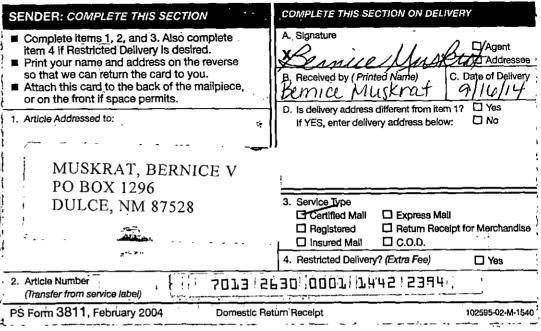
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  MONTOYA, MARONDA POBOX 1543	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery   D. Is delivery address different from item 1?   Yes     If YES, enter delivery address below:   D. No
DULCE, NM 87528	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 7013 26	30 0001 1442 2363 <u> </u>
PS Form 3811, February 2004 Domestic's	Return Receipt 102595-02-M-1540



(Transfer from service label) 1. PS Form 3811, February 2004

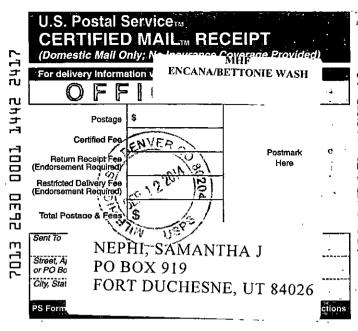
Domestic Return Receipt





	U.S. Postal Service <sub>TM</sub>	
<u> </u>	CERTIFIED MAILTH RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
מחהם האאת תחחח הכ	Postage Certified Fee Endorsement Required)  Restricted Delivery Fee Endorsement Required)  Restricted Delivery Fee Endorsement Required)	
o u	Total Postage & Fees . ! \$	•
	NAVAJO NATION Street, Apt. No.; or PO Box No. WINDOW BOCK A 7, 80504	
i	WINDOW ROCK, AZ 86504 S Form 3800,	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Pinted Name)  C. Date of Delivery  OUNIC EST 9777  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:
NAVAJO NATION NAVAJO NATION WINDOW ROCK, AZ 865	3. Service Type  Certified Mail® Priority Mail Express"
Anna ca marana ana ana ana ana ana	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
O Astiolo Number	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7013 6	2630 0001 1442 2400
PS Form 3811, July 2013 Domestic Ret	urn Receipt

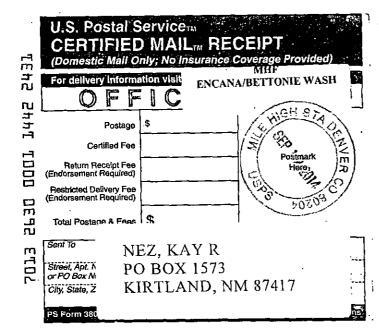


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
so that we can return the card to you.  Attach this card to the back of the mail the or or on the front if space permits.  1. Article Addressed to:  NEPHI, SAMANTHA J PO BOX 919	A. Signature    Agent   Addressee   Addressee   Addressee
FORT DUCHESNE, UT 84026  2. Article Number: 7013 2630  (Transfer from service label)	3. Service Type  Dertified Mail Dexpress Mail Registered 940 Return Receipt Marchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Description Yes
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

4040 u	U.S. Postal Service TM CERTIFIED MAIL TM REC (Domestic Mail Only For delivery informati  OFF	overage Provided)
7013 2630 0001 1442	Return Receipt Feet (Endorsement Required) Restricted Delivery Feet (Endorsement Required) Total Postage & Fees  Sent 7  NEZ, ARLOA S Street, or PO PO BOX 1781 City, S  DULCE, NM 87528  PS.Fo	Postmark Here

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X PARAME  Addressee  B. Received by (Printed Name)  C. Date of Delivery  9/20/4
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?
NEZ, ARLOA S PO BOX 1781	1899 Sans 3. Service Type
DULCE, NM 87528	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 26	30 0001 1442 2424

PS Form 3811, February 2004 Domestic Return Receipt

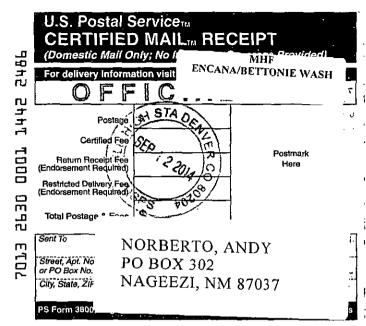


	THE SECTION ON BELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signarure  X
NEZ, KAY R PO BOX 1573 KIRTLAND, NM 87417	3. Service Type  Certified Mail
2. Article Number 7013 2L	30 0001 1442 2431
	eturn Receipt 102595-02-M-1540

2545 5	U.S. Postal Service <sub>TM</sub> CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Incurence Coverage Provided) For delivery information visit  OFFIC	-
2630 0001 1442	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	.* .*
7013	NOCKAI, DEBBY Street, Api or PO Box Gity, State FARMINGTON, NM 87401 PS Form.	tions:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>NOCKAI, DEBBY</li> <li>506 WEST MAPLE</li> </ul>	A. Signature    Agent   Addressee     B. Received by ( Printed Name)   C. Date of Delivery     D. Is delivery address delivery address selow:   No    No.   No.   No.     SEP   Addressee     Addresse
FARMINGTON, NM 87401	3. Service Type (SPS)  Certified Mail Filepress Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number 7013 2	630 0001 1442 2455
PS Form 3811, February 2004 Domestic Re	

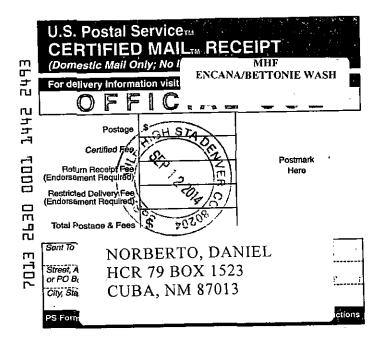




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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	If YES, enter delivery address below:   No
	<b>l</b> .
NORBERTO, ANDY	
PO BOX 302	
NAGEEZI, NM 87037	I. Service Type  Certified Mail Express Mail
Same and a second part of the se	☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7.013; i263	30 0001 1445 5486 .
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

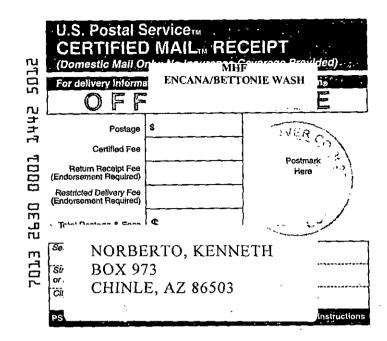
5479	U.S. Postal S CERTIFIEI (Domestic Mail C	Service D MAILTM RECEIPT Only, No Insurance Coverage Provident	ed)
rt. Lu	For delivery Inform	ation vi ENCANA/BETTONIE WAS	н
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	Certifled Fee	129	g\
0001	Return Receipt Fee (Endorsement Required)	Postmark Q Here	202
30	Restricted Delivery Fee (Endorsement Required)	The state of the s	6
73	Total Pr	a Jim AB	<b>.</b>
m	Sent To NOR	BERTO, BETTY L	
701	Street, A POB	OX 147	
<u>.</u>	or PO B. City, Sta CRO	WNPOINT, NM 87313	l+- +è-
	PS Form		actions

The same of the sa	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	B. Beceived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
NORBERTO, BETTY L PO BOX 147	· =
CROWNPOINT, NM 87313	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandis  C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7013 2630 (Transfer from service label) Domestic Retu	0001 1442 2479



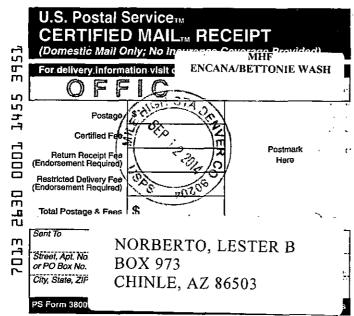
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L)	For delivery Informa	etion vis ENCANA/BETTONIE WASH	. S. F
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	Certified Fee	Postmark).	204
0001	Return Receipt Fee (Endorsement Required)	\ \ \ \ Here \	101
30 0	Restricted Delivery Fee (Endorsement Required)	TO W U	(6) 
263	Total Postage & Fees	\$	
ίũ	Sent To NO	RBERTO, DOROTHY	
7013	Street, Apt. DO	BOX 35	1
Γ-	or PO Box N PO	GEEZI, NM 87037	25.2
	PS Form 38		ens ,

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.	A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  Daniel Novber 0 9-16-14  D. Is delivery address different from Item 1?   Yes  If YES, enter delivery address below:
NORBERTO, DANIEL HCR 79 BOX 1523 CUBA, NM 87013	Service Type  Certified Mail
2. Article Number (Transfer from service label) 7013.2630	0001 1442 2493
PS Form 3811, February 2004  Domestic Ret  SE R: 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.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X. June 1. A Brown Agent Addressee  B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	CREHA A. BROWN 9/24/14.
Article Addressed to:  ,	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
NORBERTO, DOROTHY PO BOX 35 NAGEEZI, NM 87037	Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
1	630 0001 1442 2509 02-04-1540 turn Receipt 102595-02-M-1540 turn R



144	(Domestic Mail O	MAILTH REC	CEIPT OVERAGE Provided) MHF BETTONIE WASH
39	For delivery informa	n a	ZETTORIE WASH
ມ	OFF		
1,45	Postage 1	\$	OENVER CO
	Certified Fee		
100	Return Receipt Fee (Endorsement Required)		Postmark Here
0 0	Restricted Delivery Fee (Endorsement Required)		
2630 0001	Total Postage & Fees	\$	USP5
m	Sent To NO	ORBERTO, L	EE
7013	Street, Apt. N or PO Box No.	D BOX 69	
7~	City, State, Zi	AGEEZI, NM	87037
	PS Form 380		, is

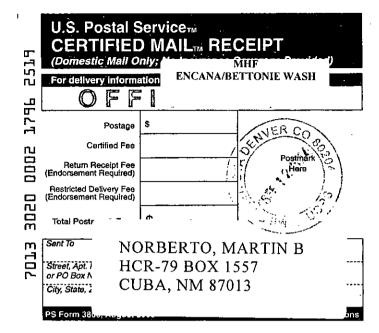
<u>3</u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X. Parkly Merry \Barrier Addressee  B. Beceived by (Printed Name)   C. Date of Delivery    C. Date o
NORBERTO, LEE PO BOX 69	If YES, enter delivery address below: D No
NAGEEZI, NM 87037	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)	30 0001 1455 3944
PS Form 3811, February 2004 Domestic Reti	rm Receipt 102595-02-M-1540



		man : " Street
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	RY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse?	A Signature X A Signature	Agent Addresse
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name) C.	Date of Deliver
Article Addressed to:	D. Is delivery address different from them 1  If YES, enter delivery address below:	?'⊡Yes □No
NORBERTO, LESTER B BOX 973	· \	- A -
CHINLE, AZ 86503	(3. Service Type (3)  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Second	Nor Marchandle
· · · · · · · · · · · · · · · · · · ·	☐ Insured Mail ☐ C.O.D.	The strain dis-
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label); ; ; ; ; ; ; 7,013, 243	30 0001 1455 3951	

58	U.S. Postal S CERTIFIEI (Domestic Mail C	D MAIL RE	Carrana a a	ided)
1	For delivery Inform	ENCANA/BETT	TONIE WASH	1⊕
7.	OFF	# · · · · · · · · · · · · · · · · · · ·	- (156	
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0	Restricted Delivery Fee (Endorsement Required)		THE ETT	W IS
263	Total Postage & Fees	\$		:
7013	Sent To	ORBERTO, L	ORRAINI	3 1
70	Street, Apt. No., or PO Box No. 9	07 DOWNING	TON AV	Ε [
-	City, State, ZIP4 .S	ALT LAKE C	ITY, UT 8	4105
	PS Form 3800,			

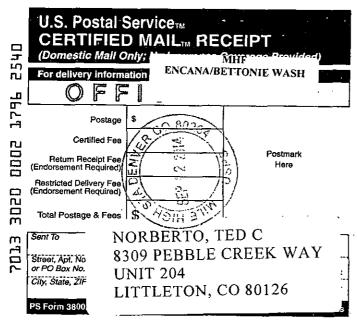
	•
SENDER: COMPLETE THIS SECTION .	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from Item 1?
NORBERTO, LORRÄINE 907 DOWNINGTON AVE	ECHTOCO TO SERVICE STATE OF THE SERVICE STATE OF TH
SALT LAKE CITY, UT 84105	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
•	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7013, 263	0 0001 1454 6458
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

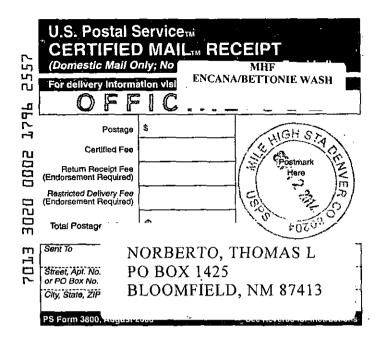


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m	Sent To N	ORBERTO, NE	T SON R	1
707				]
~	or PO Box No.	)2 WEST SYCA	MORE AVE $+$	ľ
	City, State, ZIP B	LOOMFIELD, I	NM 87413	
	PS Form 3800,			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature    Agent   Addressee   Addres
NORBERTO, MARTIN B HCR-79BOX 1557 CUBA, NM 87013	3. Service Type  Certified Mail
2. Article Number (Transfer from service label)	3020 0002 1796 2519
PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X A CULL Market Agent  Address:  B. Received by (Printed Name)  C. Date of Deliver  Coasise Makerts (1.5) ((1.5))  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
NORBERTO, NELSON R 902 WEST SYCAMORE AVI	E :





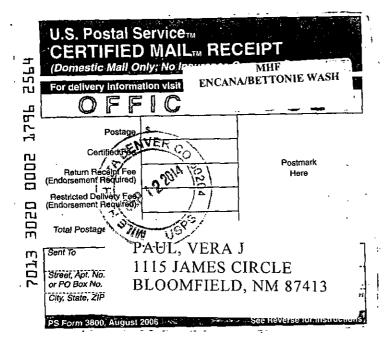


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-	City, State, ZIF	FARN	MING	TON, 1	VM 87401	٠
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	PS Form 3800,					3

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7
NORBERTO, THOMAS L PO BOX 1425	,
BLOOMFIELD, NM 87413	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY  A. Signature
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.	B. Received by (Printed Name)  C. Date of Delivery
PAUL, DONOVAN C 501 OURAY AVE	D. Is perfuely address different from item 1?  Yes  1 YES, enter delivery address below:  No  201 9  Sos
FARMINGTON, NM 87401	3. Service Type Certifled Mail
2. Article Number 7013 302	0 0002 1796 2571

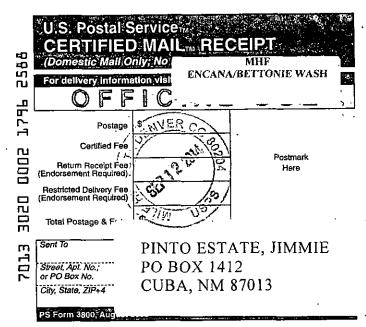
PS Form 3811, February 2004





95	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mall Only; No Insurance Coverge Provided)
LU C	For delivery information visit C ENCANA/BETTONIE WASH
	OFFICE
1796	Postage \$Q-
	Certified Fee
000	Return Receipt Fee (Endorsement Required)
	Restricted Delivery Fee (Endorsement Required)
3020	Total Pr
Ωį	Sent TO PERRY, CAROLINE A
7013	Street, A, PO BOX 88
<b> </b>	City, Stat SMITH LAKE, NM 87365
	PS Form

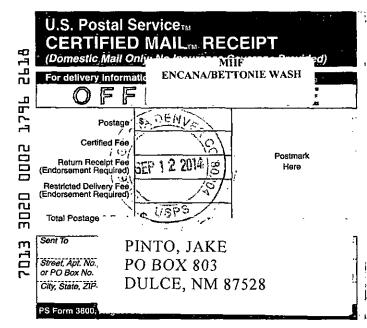
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Agent  Addresse  B. Received by (Printed Name)  C. Date of Deliver  D. Is gelivery address different from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
' PAUL, VERA J	
1115 JAMES CIRCLE	
BLOOMFIELD, NM 87413	Service Type     Certified Mail
	☐ Insured Mail ☐ C.O.D.
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	3020 0002 1796 2564
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete ' item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY  A. Signature
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,	COMPLETE THIS SECTION ON DELIVERY  'A. Signature     Agent   Addressee
Complete items 1, 2, and 3. Also complete items 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
Complete items 1, 2, and 3. Also complete items 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  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  GRAUTE MAN  D. Is delivery address different from item 17
Complete items 1, 2, and 3. Also 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  A. Signature  Adgent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  9-15-14  D. Is delivery address different from item 17  Yes
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  7-15-14  D. Is delivery address different from item 1?  If YES, enter delivery address below:
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3, Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  PERRY, CAROLINE A	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7-15-14  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No  Service Type  Certified Mall  Registered  Return Receipt for Merchandise
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  PERRY, CAROLINE A PO BOX 88	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7-15-14  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No  Service Type  Certified Mall  Express Mail



6 2601	U.S. Postal Ser CERTIFIED IV (Domestic Mail Only; For delivery information	IAIL <sub>™</sub> REC	EIPT WHE Provided ETTONIE WASH	
3020 0002 1796	Certifled Feed Return Receipt Feed (Endorsement Required): Restricted Delivery Feed (Endorsement Regulred) Total Postage & Fees	Sold Sold Sold Sold Sold Sold Sold Sold	Postmark Here	
7013	Street, Apt. No.; PO	TO, ELVIR Box 803 Llup, NM		4

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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:  PINTO ESTATE, JIMMIE PO BOX 1412 CUB NM 87013	A Signature  X
2. Article Number J: 111 (Transfer from service label) 3020	0002 12798 2588
PS Form 3811, February 2004 Domestic Ret	

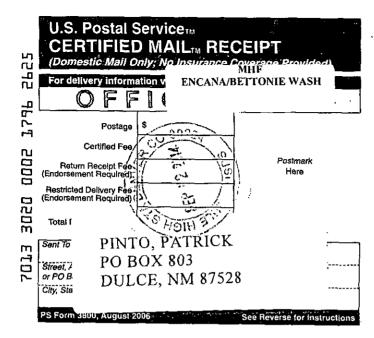




96 2632	U.S. Postal Service THE CERTIFIED MAIL THE RECEIPT (Domestic Mail Only; No MHF  For delivery information visi ENCANA/BETTONIE WASH	
3020 0002 1796	Postage \$  Certified Pec p 2 7004  Return Receipt Fee (Endorsement Required)  Restricted Delivery Pec (Endorsement Required)  Total Postage & Fees \$	
7013	PINTO, JENNIFER  Street, Apt. No. or PO BOX 803  City, State, Zi.  PS Form 3804	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  Agent  Agent  Addressee  B. Received by Printed Name)  Date of Delivery  D. Is delivery address different from item 17  If Yes  If YES, enter delivery address below: 8  No
PINTOWAKE PO BOX 803 DULCE, NM 87528	3. Service Type  Certified Mail
2. Article Number 7013 306	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Ref	urn Receipt 102595-02-M-1540

S Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540
SENDER: COMPLETE THIS SECTIO  Complete items 1, 2, and 3. Also co item 4 if Restricted Delivery is desire Print your name and address on the so that we can return the card to you Attach this card to the back of the ror on the front if space permits.  Article Addressed to:	mplete ad. reverse u. nailpiece,  A. Signature X L MM B. Received by (F	Printed Name C. Fare of Delivery  ess different from item 17 11 Yes  Polivery address below: P 5 18 No
PINTO, JENNIFER PO BOX 803 DULCE, NM 87528	3. Service-Type Certified Ma Registered Insured Ma 4. Restricted Del	☐ Return Receipt for Merchandise ii ☐ C.O.D. ivery? (Extra Fee) ☐ Yes
(Transfer, from service label) PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-154



,49	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; Eor delivery information  ENCANA/BETTONIE WASH	
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	OFFI	
3020 0002 1796	Postage \$0204  Centified Fee	
	Sent TO PINTO, PHILBERT	]
7013	Sirosi Ap PO BOX 546	
12	or PO Bos City, State DULCE, NM 87528	<u> </u>
	PS Form Soud, August 2000	tions

2. Article Number-

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  A. Signature  D. Addressee  D. Addressee  D. Addressee  D. Is delivery address different from item 1?  D. Is delivery address below 15 Delivery
PINTO, PATRICK	USP //
PO BOX 803 DULCE, NM 87528	3. Service Type Certifled Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)  PS Form 3811, February 2004  Domestic Ret	20 0002 1796 2625 turn Receipt 12595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
PINTO, PHILBERT PO BOX 546	
DULCE, NM 87528	3. Service Type

Certified Mail

7013 3020 0002 1796 2649

Domestic Return Receipt

☐ Registered

Insured Mall

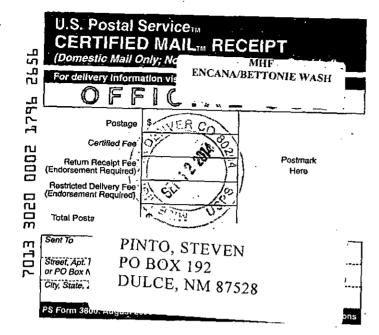
4. Restricted Delivery? (Extra Fee)

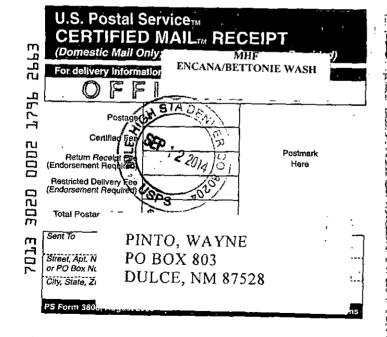
☐ Express Mail

C.O.D.

Return Receipt for Merchandise,

Yes





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Addressee  B. Received by (Printed Name)  C. State of Delivery  D. Is delivery address different from Item 1?
PINTO, WAYNE PO BOX 803	If YES, enter delivery address below: DNo 505 875
DULCE, NM 87528	3. Service Type  Gettified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service labe 7013 3020	DDDS 1796 SEP3
	leturn Receipt 102595-02-M-1540

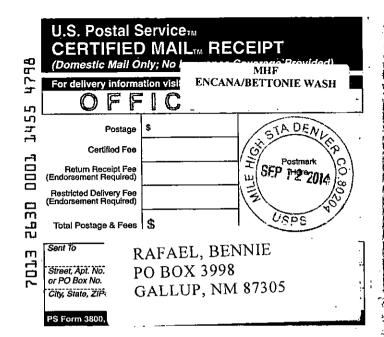


II C Postal Corvice

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Culy n Platin Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  Evelyn Platero 4 Puly
	D. Is delivery address different from item 1?
CROWNPOINT, NM 873	
2. Article Number (Transfer from service label) 7013 302	0 0002 1796 2670
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

<u>т</u> .		D MAILTH RECEIPT	
ተረረከ	For delivery inform	ation V ENCANA/BETTONIE WASH	
_ _	OFF	00	٠,
145	Postage	OS TER	
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0007	Return Receipt Fee (Endorsement Required)	Ozos pozos	·
	Restricted Delivery Fee (Endorsement Required)		•
263	Total Posters & Food	œ	
		FAEL, ALICE	
7013		BOX 1097	
ᄌ	or PO Box City, State CU	BA, NM 87013	
	PS Form'S	See neverse tor litistr	ctions

<ul> <li>SENDER: COMPLETE: THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Joyco
1. Article Addressed to:  RAFAEL, ALICE	If YES, enter delivery address below:
PO BOX 1097 CUBA, NM 87013	3. Service Type ☐ Certifled Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number (Transfer from service label)   7013	4. Restricted Delivery? (Extra Fee)
PS Form 3811, July 2013 Domestic Retu	

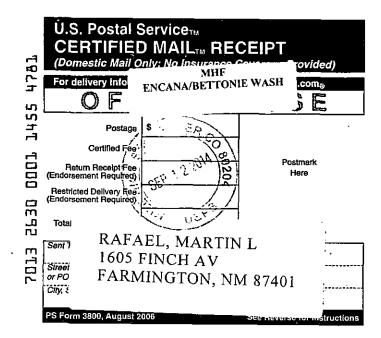


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Signature  R.
1. Article Addressed to:  RAFAEL, BENNIE PO BOX:3998	D. Is belivery address different from item 1?   If YES, enter delivery address delow:   NM 8
GALLUP, NM 87305	Service Type  ☐ Certifled Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7[	113 2630 0001 1455 4798
PS Form 3811, July 2013 Domestic Ret	urn Receipt

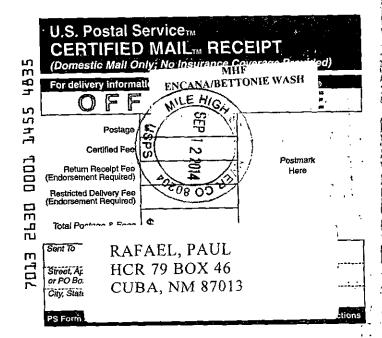
4811	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Incurance Coverage Provided)	
40	For delivery information vi ENCANA/BETTONIE WASH	
	l OFFI(_	
2630 0001 1455	Postage STAD  Certified Fee U SCO  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees S	
	RAFAEL, EVA	1
7013	Street, Apt. No. POROX 814	
7	OF PO Box No.	<b>:</b> ,
	PS Form 3800,	

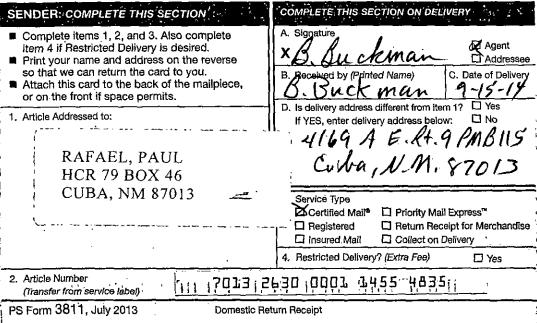


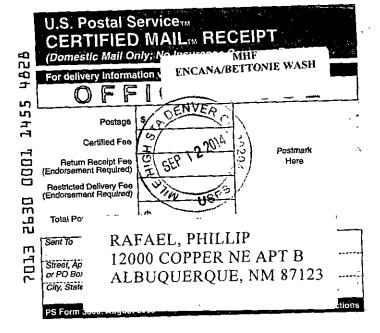




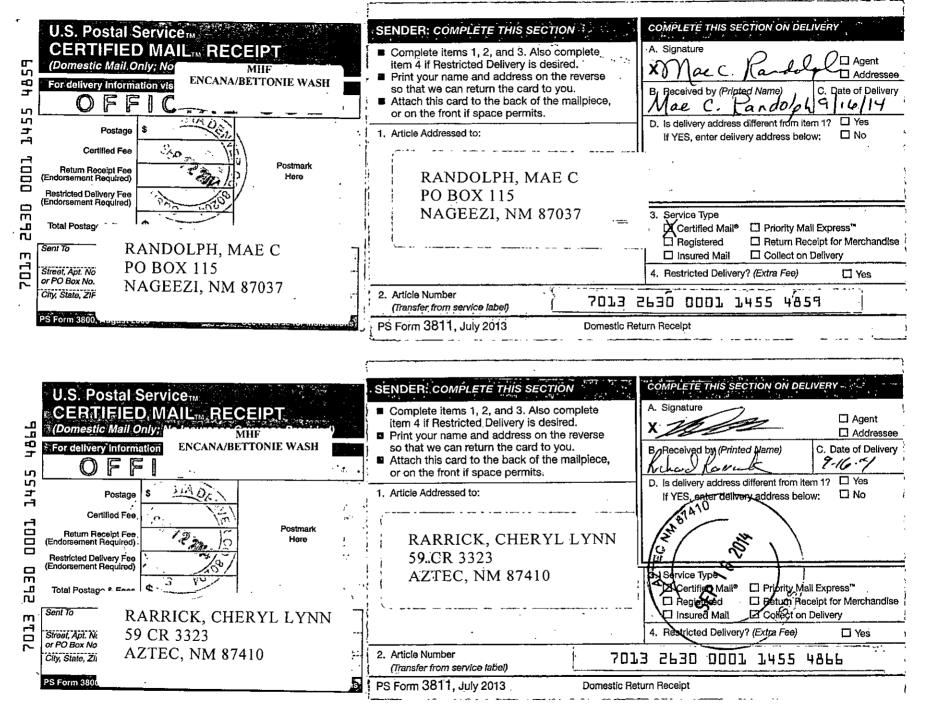


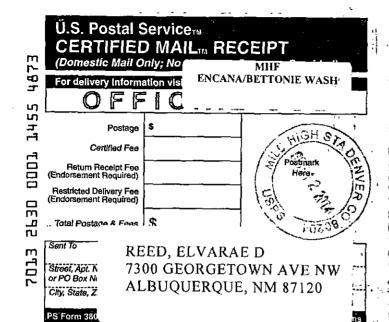






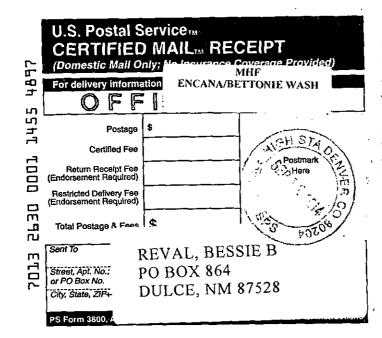
SENDER: COMPLETE THIS SECTION.	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	XLindie Rysl is
so that we can return the card to you.  Attach this card to the back of the mailpiece;	B. Received by (Printed Name) C. Date .
or on the front if space permits.	D Indelivery address different points on 12 DY
1. Article Addressed to:	D. Is delivery address different type item 1?  If YES, enter delivery address below:   No.
	S S IL
RAFAEL, PHILLIP	
12000 COPPER NE APT B	70 3
ALBUQUERQUE, NM 87123	Service Type
) ·	Catified Mail® Priority Mail Express  D Registreed Return Bacelps of March
	☐ Insured Mail ☐ Gollect on Delivery
	4. Restricted Deliver Vi (Extra Nee)
2. Article Number (Transfer from service land) 7013	2630 0001 1455 4828
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•-	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	- -	į
4842	(Domestic Mail Only; No. MHF	94Í	
막	For delivery information v ENCANA/BETTONIE WASH		
2	OFFI	٠,	
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0001	Return Receipt Fee) (Endorsement Required).  Postmark Here		
	Restricted Delivery Fee (Endorsement Required)	1	
2630	Total Postage & Force		
	Sent To RENTZ, EVA		
7013	Street, Apt. No.; PO BOX 1253		
77	or PO Box No. BLOOMFIELD, NM-8741	13	
	PS Form 3800: A		

The state of the s	A Company of the Comp
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  LVARAE D. KEED  Q 18 14
1. Article Addressed to:	D. Is delivery address different from item 1? ' Yes ' If YES, enter delivery address below:  No
REED, ELVARAE D 7300 GEORGETOWN AVE ALBUQUERQUE, NM	NW  20 ervice Type   Certified Mail®   Priority Mail Express™   Registered   Return Receipt for Merchandise   Insured Mail   Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013	2630 0001 1455 4873
	Return Receipt
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  C. Date of Delivery  G. 16.74  D. Is delivery address different from item 1?   Yes  If VES, enter delivery address below:
RENTZ, EVA	If YES, enter delivery address below: LANo
BLOOMFIELD, NM 87413	3. Service Type    Certified Mail®
	4. Restricted Delivery? (Extra Fee) Yes
Article Number 7 1 1  (Transfer from service fabel)	3 2630 0001 1455 4842
PS Form 3811, July 2013 Domestic	Return Receipt

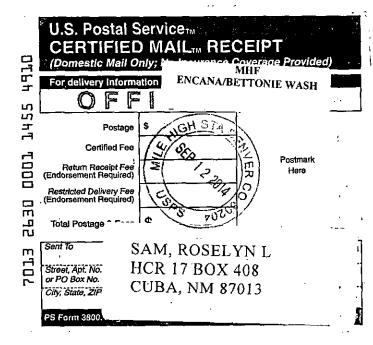


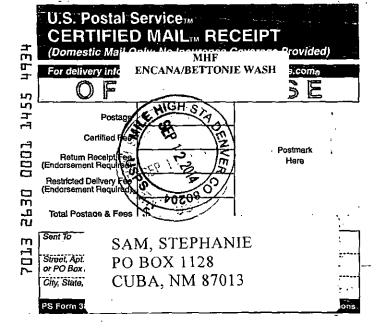
1880	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL <sub>TM</sub> REC	CEIPT MHF CTTONIE WASH	
1,455	Postage Certified Fee	\$	HIGH STA OF	
בפסם סבאב	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Here	VIER CO
7013	Street, Apt. No. 5 (	AM, HAROLI 06 WEST MA ARMINGTON	PLE	

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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	A. Signature  X Agent  Addressee
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.	B. Received by (Printed Name)  D. Is delivery address different from item.   Yes
1. Article Addressed to:	If YES, enter delivery address below.
REVAL, BESSIE B	WN
DULCE, NM 87528	Service Type  ☐ Certified Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
(mansier mont service label)	01000111455 4897 11
PS Form 3811, July 2013 Domestic Ref	urn Receipt
Approximate the second of the	والمستوان والمست
SENDER: COMPLETE TUS SECTION	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Signature  X
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.	A. Signature  Agent  Addressee  B. Received by (Printed Name)  Date of Delivery
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery   Delivery   C. Date of Delivery
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.	A. Signature  Agent  Addressee  B. Received by (Printed Name)  D. Is delivery address different floor item 1?
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery   D. Is deliven gardness different flow item 12   Yes
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery   D. Is delivery approximately item 1?   Yes     If YES, legiter delivery approximately item 1?   No
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:  SAM, HAROLD	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery   D. Is deliven address different floor item 1?   Yes     If YES, knife delivery address below:   No
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:  SAM, HAROLD 506 WEST MAPLE	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery
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:  SAM, HAROLD	A. Signature    Agent   Addressee     B. Received by (Printed Name)   Date of Delivery
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:  SAM, HAROLD 506 WEST MAPLE	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery     D. Is delivery address different from item 1?   Yes     If YES, Enter delivery address below:   No     Service Type   Certifled Mail®   Priority Mail Express™     Registered   Return Receipt for Merchandise
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:  SAM, HAROLD 506 WEST MAPLE	A. Signature    Agent   Addressee     B. Received by (Printed Name)   Copate of Delivery     D. Is delivery address different flow item 1?   Yes     If YES, enter delivery address below:   No     Service Type   Certifled Mail®   Priority Mail Express™     Registered   Return Receipt for Merchandise   Insured Mail   Collect on Delivery
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:  SAM, HAROLD 506 WEST MAPLE	A. Signature    Agent   Addressee     B. Received by (Printed Name)   Copate of Delivery     D. Is delivery address different fibralities   1?   Yes     If YES, enter delivery address below:   No     No     Service Type   Certified Mail®   Priority Mail Express™     Registered   Return Receipt for Merchandise   Insured Mail   Collect on Delivery     4. Restricted Delivery? (Extra Fee)   Yes

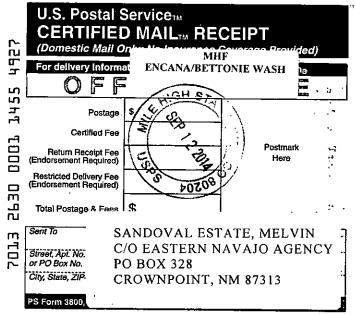
Domestic Return Receipt

& PS Form 3811, July 2013





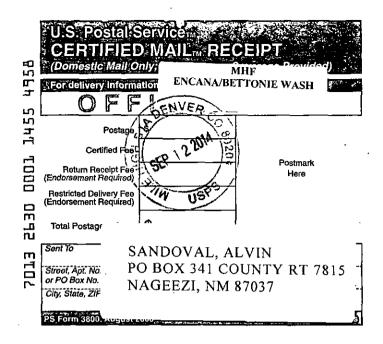
	- ·
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X. Caxe D. The property of Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  Color V. Served  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
SAM, ROSELYN L HCR 17 BOX 408 CUBA, NM 87013	Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label) 7013 2630	0001 1455 4910
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X. Johnson DeLivery  Addressee  B. Beceived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 11  ves  If YES, enter delivery address below:
SAM, STEPHANIE PO BOX 1128 CUBA, NM 87013	3. Service Type    Certified Mail®   Priority Mail Express**     Registered   Return Receipt for Merchandise     Insured Mail   Collect on Delivery     4. Restricted Delivery? (Extra Fee)   Yes
2. Article Number 7013 263 (Transfer from service label)	0 0001 1455 4934
PS Form 3811, July 2013 Domestic Re	turn Receipt

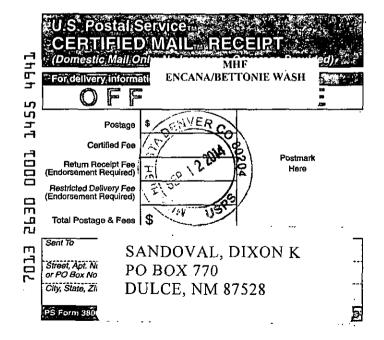


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X LULUS BALGAL Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Leve Ha Bandane  9   4   14  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
SANDOVAL ESTATE, MELVIN C/O EASTERN NAVAJO AGENCY PO BOX 328 CROWNPOINT, NM 87313	3. Septice Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7013	2630 0001 1455 4927
PS Form 3811, July 2013 Domestic Re	eturn Receipt

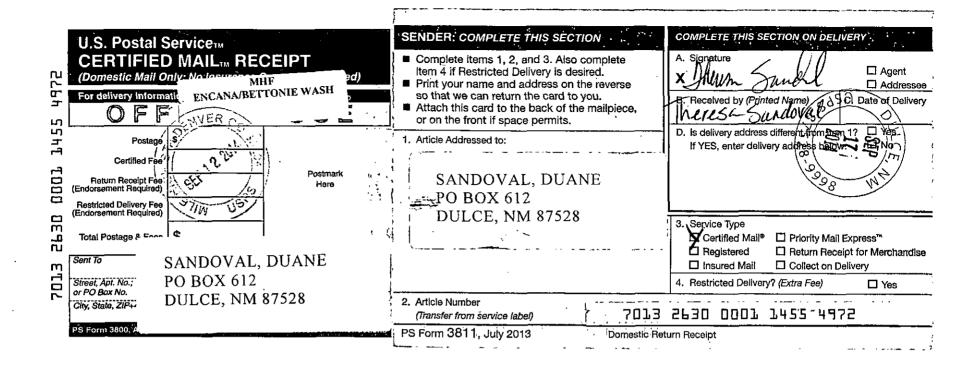
	U.S. Post	al Ser	vice <sub>TM</sub>		
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0007	Return Receipt (Endorsement Requ	iret()		Here	:
	Restricted Delivery (Endorsement Requ	Fee ired)	SPS VO		i
263	Total Postage & F	ees \$	-		, ,
m	Sent To	SAN	DOVAL EST	ATE, RUSSE	LL 7
7013	Street, Apt. No			AVAĴO AGE	
~	or PO Box No.	PO B	OX 328		
	City, State, Zif	CRO'	WNPOINT, 1	NM 87313	
;	PS Form 3800		*		, s.

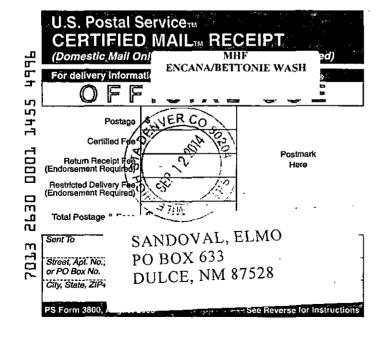
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X
SANDOVAL ESTATE, RUSSELL C/O EASTERN NAVAJO AGENCY PO BOX 328	Start St.
CROWNPOINT, NM 87313	3 Service Type   Certified Mail®
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	10 10 00 11 14 551 49 03 1
PS Form 3811, July 2013 Domestic Retu	rn Receipt



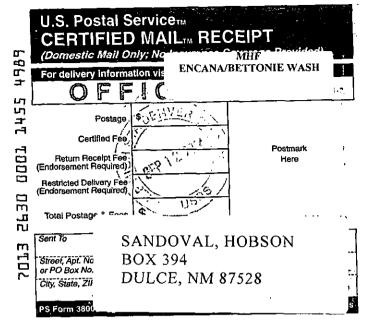


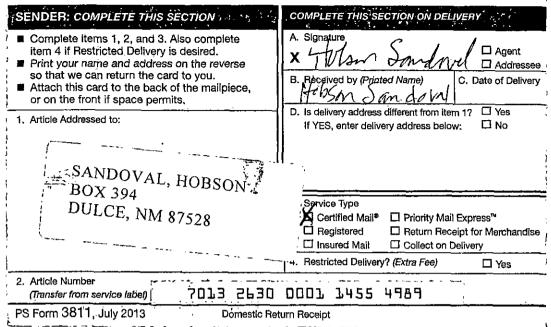
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  A. Agent  Addressee  B. Received by (Printed Name)  D. Late of Delivery  D. Is delivery address different from item 17
1. Article Addressed to:	If YES, enter delivery address below:
SANDOVAL, DIXON K	S 875 RELIEF
PO BOX 770 DULCE, NM 87528	3. Service Type  G 9 9 8  G Certified Mail® D Priority Mail Express
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 2630 (Transfer from service label)	0001 1455 4941
PS Form 3811, July 2013 Domestic Retu	ırn Receipt





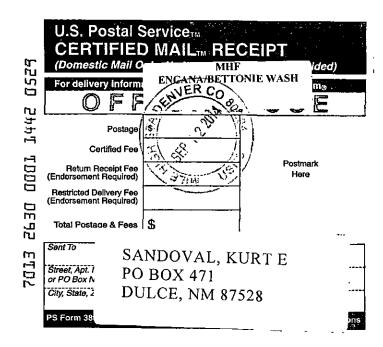








Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  D. Is delivery address different from item 1?  Yes
SANDOVAL, JACQUE H PO BOX 493 DULCE, NM 87528	if YES, enter delivery address below:  No  3. Service Type  Certified Mail*  Priority Mail Express**
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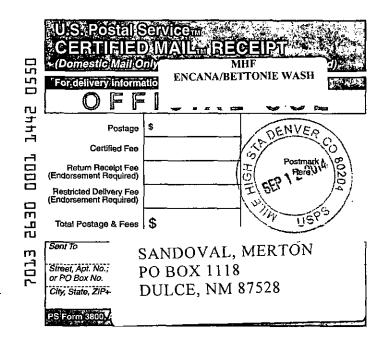


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	if YES, enter delivery address below:   No
SANDOVAL, KURT E PO BOX 471 DULLE, NM 87528	3. Service Type  Certified Mail* Priority Mail Express*  Registered Return Receipt for Merchandise  Insured Mail Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
■ 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. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 12  If Yes  If YES, enter delivery address below: 52  No
SANDOVAL, LESTER PO BOX 412 DULCE, NM 87528	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label) 701.3.2L	.30 0001 1455 5009

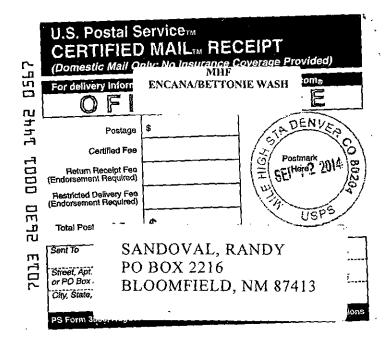
Domestic Return Receipt

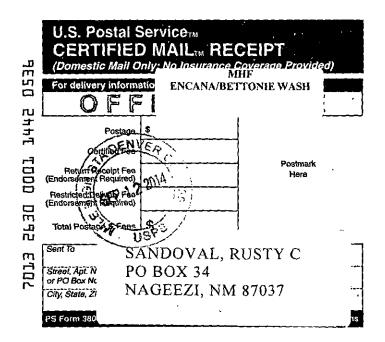
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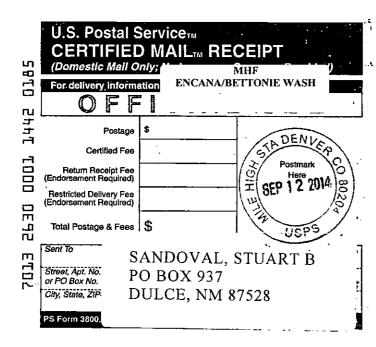
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  All Tyn Scand Val  D. Is tellivery address different from Item 12  Yes
Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
SANDOVAL, MYRA V BOX 493 DULCE, NM 87528	Service Type  Certified Mail® Priority Mall Express® Registered Return Receipt for Merchandise Insured Mail Collect on Delivery  Restricted Delivery? (Extra Fee)
2. Article Number: (Transfer from service label)	0(0001 1442:0161) (
PS Form 3811, July 2013 Domestic Ref	urn Receipt





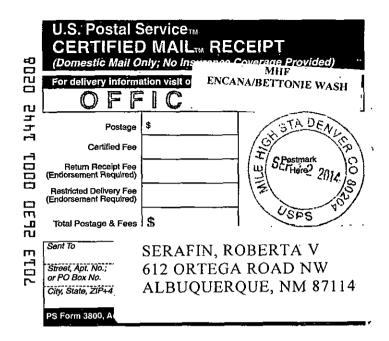




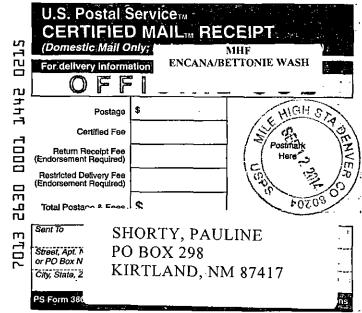
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<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
SANDOVAL, STUART B PO BOX 937 DULCE, NM 87528	3. Service Type   State Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label)	2630 0001 1442 0185
PS Form 3811, July 2013 Domestic Retu	urn Receipt

SENDER:,COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>SANDOVAL, WALT J</li> <li>PO BOX 821</li> </ul>	A. Signature  X  Agent  D. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:  While the property of the pr
DULCE, NM 87528	3. Service Type  ☑ Certifled Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	630,0007, 7445,0749



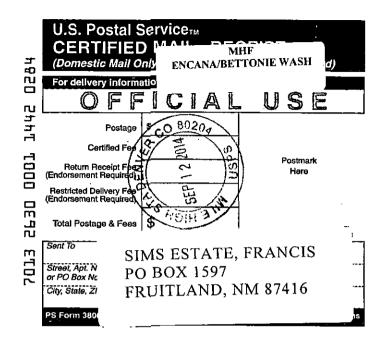
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.SHORTY, PAULINE ?	
PO BOX 298	<u> </u>
KIRTLAND, NM 87417	3. Septice Type  Certified Mail  □ Priority Mail Express™  □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7013 26	30 0001 1442 0215
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7	or PO Box No. City, State, ZIP+4	FRUITLAND, NM 87416	
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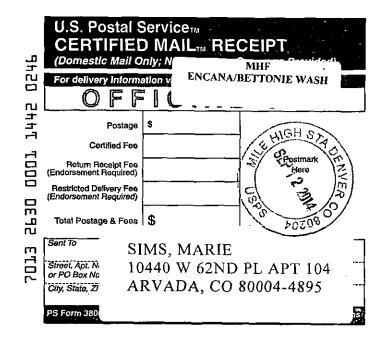
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature Agent  X. Make B. Lusse D. N. Addressee  B. Received by (Printed Name) Date of Delivery  D. Is delivery address different from item 17 Agent
Article Addressed to:	If YES, enter delivery address below 4 D No
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FRUITLAND, NM 87416	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
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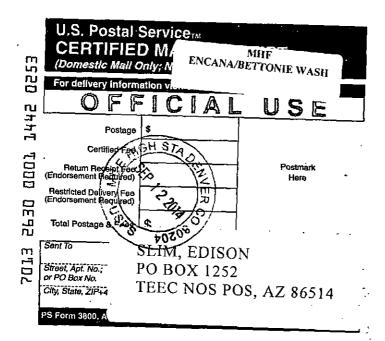
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
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SIMS, BENJAMIN A PO BOX 1264	
SHIPROCK, NM 87420	3. Service Type  ☐ Certifled Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  Agent  Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
SIMS, MICHAEL H PO BOX 2222	
KIRTLAND, NM 87417	3. Service Type ☐ Certified Mail* ☐ Priority Mail Express* ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
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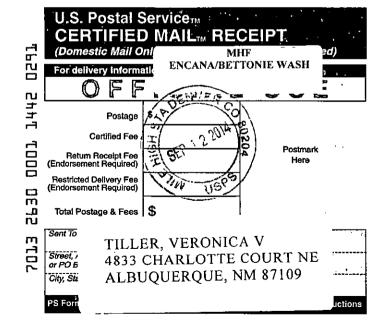


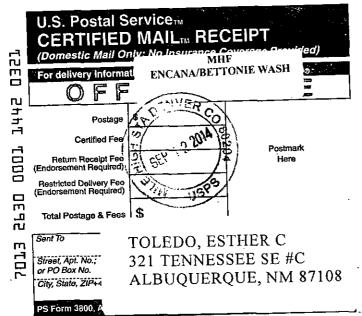
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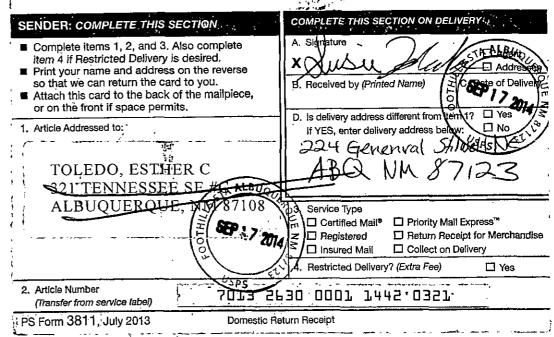
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SLIM, NATASHA PO BOX 1276 TEEC NOS POS, AZ 86514	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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SENDER: 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.  1. Article Addressed to:  SLIM, RITA PO BOX 4738	COMPLETE THIS SECTION ON DELIVERY :  Agent Addressee  B. Rekelved by (Printed Name) C. Ditterd Delivery  D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
SHIPROCK, NM 87420-4738	3. Service Type  ☐ Certifled Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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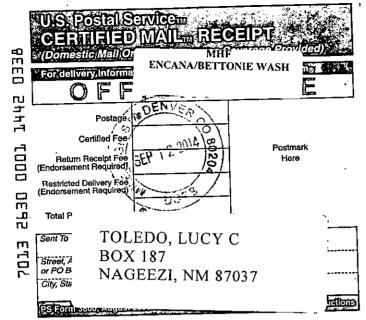






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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  TOLEDO, HELEN W 3409 ILES AVE FARMINGTON, NM 87402	A. Signature  X
	Certified Mail® ☐ Priority Mail Express™     ☐ Registered ☐ Return Receipt for Merchandise     ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 701/3 2L	30 0001 1442 0376
PS Form 3811, July 2013 Domestic Retu	urn Receipt



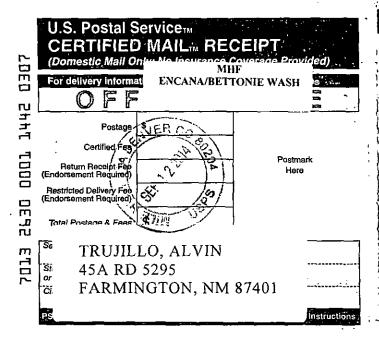
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7013	Street, Ap. PO BOX 76 or PO BOX City, State COUNSELOR, NM 87018	
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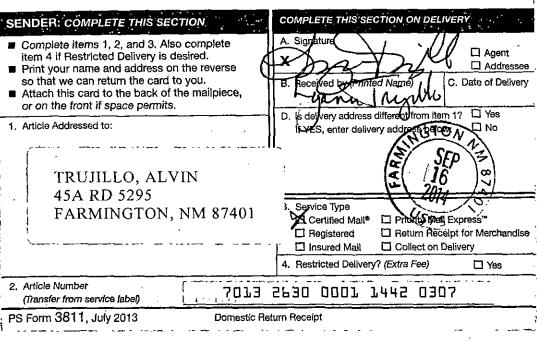
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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  TOLEDO, LUCY C BOX 187	A. Signature  X. J. Agent  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  MY S. H. YES, enter delivery address below:
NAGEEZI, NM 87037  2. Article Number 7013 263	3. Septice Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes  1. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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TOMAS, ESTHER H PO BOX 76	D. Is delivery address different from item 1?  Yes ' If YES, enter delivery address below:  No

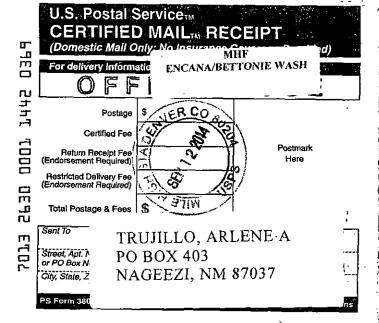
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PS Form 3811, July 2013

omplete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. rint your name and address on the reverse of that we can return the card to you. Itach this card to the back of the mailpiece, on the front if space permits.	A. Signature  X E
ticle Addressed to:	If YES, enter delivery address below:
TOMAS, ESTHER H PO BOX 76 COUNSELOR, NM 87018	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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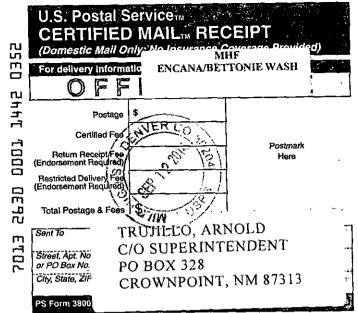






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<ul> <li>Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X Ella J Antonio	
TRUJILLO, ARLENE A PO BOX 403	If YES, enter delivery address below: ☐ No	
NAGEEZI, NM 87037	3. Service Type  X Certified Mail  ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
O Article Number	4. Restricted Delivery? (Extra Fee)	
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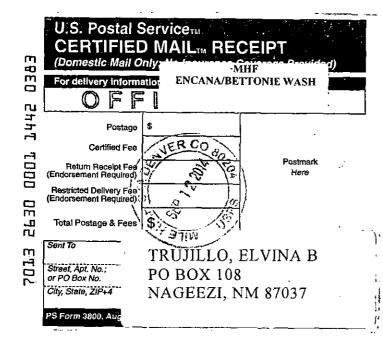




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į	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  TRUJILLO, ARNOLD  C/O SUPERINTENDENT	A Signature  Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  Leve: Ha Ban Lone 9 16 14  D. is delivery address different from item 17 11 Yes  If YES, enter delivery address below:
	PO BOX 3283 CROWNPOINT, NM 87313	3. Service Type  A Certifled Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
•	2. Article Number 7013 2630	0001 1442 0352
(	PS Form 3811, July 2013 Domestic Ret	urn Receipt :

03.	U.S. Postal Service To CERTIFIED MAIL TO RECEIPT (Domestic Mail On For delivery information of the Company of t	(ed)
244C COOD DE92	Postage  Certifled Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees  Sent To  TRUJILLO, ELENA	Postmark Here
- 7013	Street, Apt. No. or PO Box No. City, State, ZiF NIBLEY, UT 84321  PS Form 3800	: 5.

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. Signature  X
TRUJILLO, ELENA 3805 S 100 W	The series delivery address below:
NIBLEY, UT 84321	S rvice Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	312630:10001:11442:10390
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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	(Endorsement Required)	~ /3º/		
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ш	Sent To	LO, ELVIR	ΑА	
<u>-</u>	Street, Apt. TRUJIL	JO, ED VIR	11.22	
707	Or PO BOXI PO BOX	108		
•	city, State, NAGEE	ZI, NM 870	137	,
	PS Form 38	_		ons

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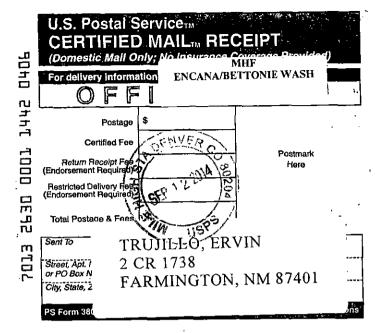
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	A. Signature  X. C. Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
TRUJILLO, ELVINA B PO BOX 108 NAGEEZI, NM 87037	3. Service Type  Certifled Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013	) EBEO SPPI 1000 OE45
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.	A. Signature  X
TRUJILLO, ELVIRA A PO BOX 108 NAGEEZI, NM 87037	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013	1630 0001 17445 0473.

(Transfer from service label)
PS Form 3811, July 2013



1640	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only, No. 12 MHF For delivery informatio ENCANA/BETTONIE WASH	
	OFF RADENIA	
244T TOOO DE92	Postage SEP 1 2 2014  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postar	
7013 2	TRUJILLO, ERNIE  #18 RD 3935 or PO Box Nt City, State, Zi  PS Form 3800, August 2006	ns:

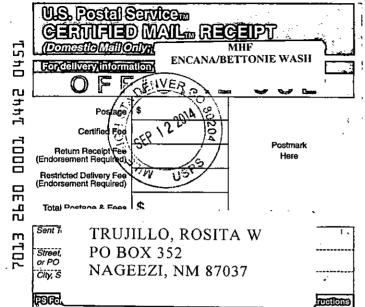
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  TRUJILLO, ENA H PO BOX 108 NAGEEZI, NM 87037	A. Signature  X
2. Article Number 7 0 1 2 (Transfer from service label)	3 2630 0001 1442 0420
PS Form 3811, July 2013 Domestic Ret	urn Recelpt :



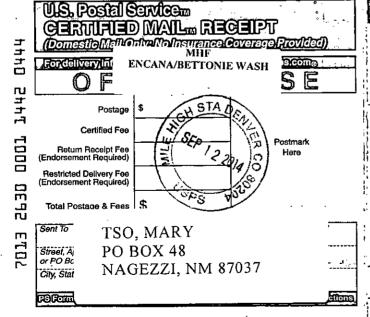
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	Restricted Delivery Fee (Endorsement Required)	
2F3	Total Postage & Fees \$	
<u>m</u>	TRUJILLO, KATHY D	$\neg$
7013	Street, Apt. PO BOX 82	
[ <u> </u>	Clty, State, MOSCA, CO 81146	·
	PS Form 38	ons

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY.
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.	A. Signature  X Light He julia  BA Received by (Printed Name)  One Stellivery address different from item  (VES extendible the stress holds)	
TRUJILLO, ERVIN 2 CR 1738 FARMINGTON, NM 87401	If YES, enter delively appress below  SEP  3 Service Type  Certified Mail* Fronty Mail  Registered Return Rece	Express™ lpt for Merchand
	4. Restricted Delivery? (Extra Fee)	☐ Yes
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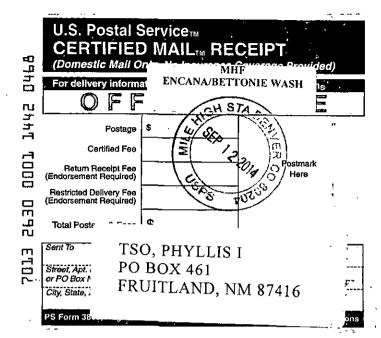
	1 PK	-
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	ERY "
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X Lett Trul  B. Received by (Printed Name)	Agent DAddressee
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item If YES, enter delivery address below:	1? ☐ Yes ☐ No
TRUJILLO, KATHY D PO BOX 82		<del></del>
MOSCA, CO 81146	3. Service Type Certified Mail® Priority Mail E Registered Receip Insured Mail Collect on Del	t for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7013 21	30 0001 1442 0475	
PS Form 3811, July 2013 Domestic Retu	ırn Receipt	



	· ·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
TRUJILLO, ROSITA W PO BOX 352 NAGEEZI, NM 87037	
NAGELZI, MITOLOGI	3. Service Type  Certified Mail  Registered  Insured Mail  Return Receipt for Merchandise  Collect on Delivery
1. t	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013	2630 0001 1442 0451
PS Form 3811, July 2013 Domestic Ref	urn Receipt



<u> </u>	
■ 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:  TSO, MARY PO BOX 48	A. Signature  X. Marria Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  Marria T50 CI (8 14  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
NAGEZZI, NM 87037	3. Service Type  Certified Mail  Priority Mail Express™  Registered Return Receipt for Merchandise  Insured Mail Collect on Delivery  Restricted Delivery? (Extra Fee)  Yes
Article Number     (Transfer from service label)     7013	1 2630 0001 1442 0444 .
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	RY -
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature ·	☐ Agent ☐ Addressee
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.	B. Received by (Printed Name) C.	Date of Delivery
Article Addressed to:	<ul><li>D. Is delivery address different from item 1?</li><li>If YES, enter delivery address below:</li></ul>	Yes No
TSOSIE, BERTHA		·
3649 CHICAGO AVE S APT 2.  MINNEAPOLIS MN 55407	3. Service Type  Certified Mail® Priority Mail Exp  Registered Return Receipt  Insured Mail Collect on Deliv	for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7013	2630 0001 1445 0499	<u> </u>
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  XBrenda Darnam:  B. Received by (Printed Name)  C. Date of Delivery  Brenda (narnam: 2 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TSOSIE, BRENDA COUNTY ROAD 5364 #20.	
FARMINGTON, NM 87401	3. Service Type Certifled Mail Priority Mail Express** Registered Return Receipt for Merchandise Insured Mail Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
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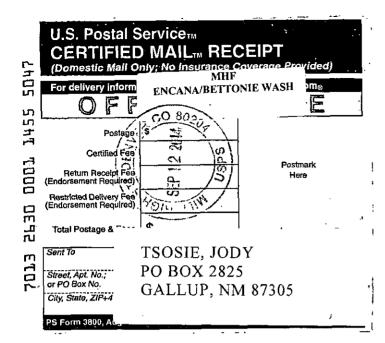
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m	TSOSIE, CARLENE	-
701.	C/O ELVIRA P. TSOSIE	-
7	or PO BOX 2825 City, State, ZiP GALLUP, NM 87305	-
	PS Form 3800	

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.  TSOSIE, CARLENE  C/O ELVIRA P. TSOSIE	A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   If YES, enter delivery address below:
PO BOX 2825 GALLUP, NM 87305	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	0001 1442 0512 1 1
PS Form 3811, July 2013 Domestic Retu	ım Receipt



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		SIE, JERIMIAH RDIAN	- <del></del>
7013	Street, POB	OX 2825	
•	City, St. GAL	LUP, NM 87305	
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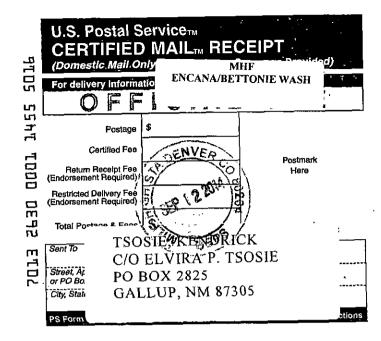
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X. Equation Javid Agent  B. Received by (Printed Name)  Concerned Name)  Agent  Agent  Agent  Agent  Agent  Agent  Agent  Addressee
Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
TSOSIE, ERNESTINE 338 W YUMA ST	11 125, 511.61 2011/01, 4331305 50011
PHOENIX, AZ 85003	3. Senice Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	2630 0001 1442 0505
PS Form 3811, July 2013 Domestic Re	eturn Receipt
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SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  Agent  Addressee  B. Receivedaby (Printed Name)  C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
TSOSIE, JERIMIAH - GUARDIAN	
PO POX 2825 GAEGUP, NM 87305	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
,	4. Restricted Delivery? (Extra Fee)
2. Article Number	
2. Article Number 7013 2430 (Transfer from service label)	0001 1455 5023



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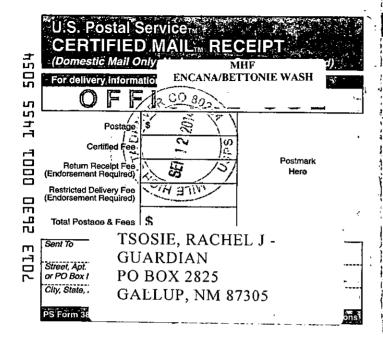
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<ul> <li>Complete items 1, 2, and 3. item 4 if Restricted Delivery</li> <li>Print your name and address so that we can return the call Attach this card to the back or on the front if space perm</li> </ul>	is desired. s on the reverse and to you. of the mailpiece,	A. Signature  Agent  Addresses  B. Received by (Printed Name)  Date of Delivery  Agent  Date of Delivery
Article Addressed to:		D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
PO BOX 2825 GALLUP, NM		3. Service Type  ☐ Certifled Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandis☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number  (Transfer from service label)	7013 263	0 0001 1455 5047
PS Form 3811, July 2013	Domestic Re	turn Receipt





	U.S. Postal Service <sub>TM</sub> CERTIFIED MAIL <sub>TM</sub> RECEIPT	
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CT1	TSOSIE, LORRAINE	i
7013	Street, Apt. No. PO BOX 2592 or PO Box No. KIRTLAND, NM 87417	
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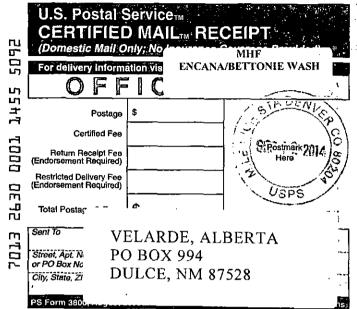
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes
TSOSIE, KENDRICK C/O ELVIRA POTSOSIE PO BOX 2825	
GALLUP, NM 87305	3. Service Type  Certified Mail®
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 263	0 0001 1455 5016
PS Form 3811, July 2013 Domestic Retu	urn Receipt



SENDER: COMPLETE THIS SECTION	-COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Parted Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
TSOSIE, RACHEL J - GUARDIAN PO BOX 2825 GALLUP, NM 87305	3. Sep Ce Type  ☐ Certifled Mail ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Ret	urn Receipt

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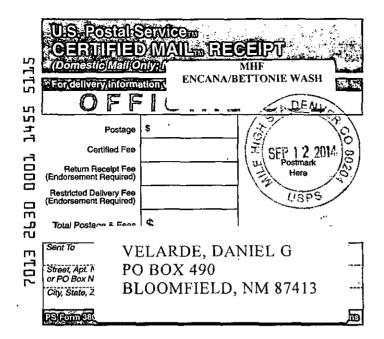
• •		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Signature  X Agent  Addressee	
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Raceived by (Prifted Name) C. Date of Deliv. 9-15-14	
Article Addressed to:	D. Is delivery address different from item 1?  If YES, enter delivery address below:	
VALARDE, HARRY 365 CR 5500	Harry Volarda	
BLOOMFIELD, NM 87413	3. Septice Type  ☐ Certified Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mallpiece, or on the front if space permits.  1. Article Addressed to:	A. Signature  A. Signature  A. Signature  A. 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:		
VELARDE, ALBERTA PO BOX 994 DULCE, NM 87528	3. Service Type  ☑ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer from service tabel) 1111 7013 2630\ 000111455\150921			
PS Form 3811, July 2013 Domestic Return Receipt			

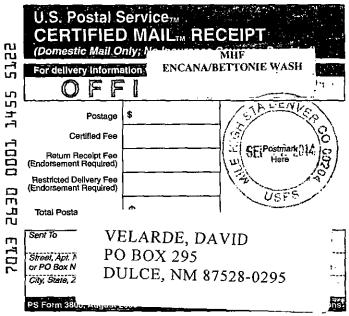
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	or PO Box No. City, State, ZIP+4	REGINA, NM 87046	
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SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address 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.	A. Signature Agent Addressee ( B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:  VELARDE, BOB C	D. Is delivery address different from Item 1?
REGINA, NW	3. Service Type  ☐ Certifled Mail* ☐ Priority Mail Express* ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail* ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 2630 (Transfer from service label)	0001 1455 5085
PS Form 3811, July 2013 Domestic Retu	urn Receipt



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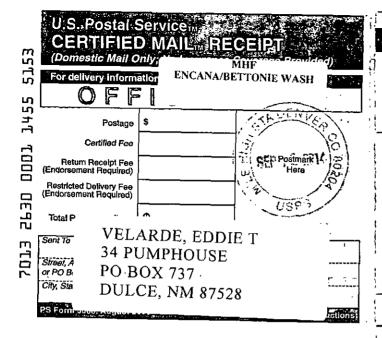
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from Item 1?	
VELARDE, DARRELL O PO BOX 745 4951 CEDRO WAY LOS LUNAS, NM 87031	3. Sevice Type  ☑ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ ☐ Insured Mail ☐ Collect on Delivery	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label) 7013 2630 0001 1455 5139		
PS Form 3811, July 2013 Domestic Retu	urn Receipt	



SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  VELARDE, DAVID PO BOX 295	A. Signature  X. A. A. A. A. A. A. A. A. A. A. A. A. A.
DULCE, NM 87528-0295	3. Sende Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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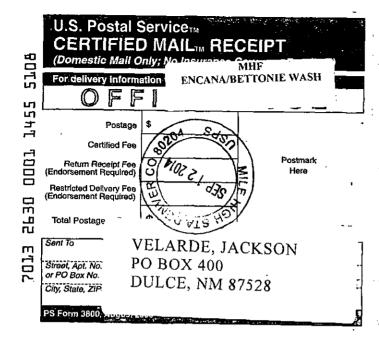
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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X. Cleman Venero   Adjent   Addressee   B. Received by (Printed Name)   C. Date of Delivery   Clement Venero   9   9   9   9   D. Is delivery address different from item 17   Yes	
VELARDE, DOROTHY M	If YES, enter delivery address below:   No	
PO BOX 58 DULCE, NM 87528	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7013 24 PS Form 3811, July 2013 Domestic Retu	30 0001 1455 5177	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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:  VELARDE, EDDIE T  34 PUMPHOUSE  PO:BOX 73.7  DULCE, NM 87528	A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  Edd 1e Velcurel  D. Is delivery address different from Item 1?  If YES, enter delivery address below:  No  Service Type  Certified Mall  Registered  Return Receipt for Merchandise  Insured Mail  Collect on Delivery  4. Restricted Delivery? (Extra Fee)  Addressee  Addressee  C. Date of Delivery  No  Priority Mail Express  Yes
2. Article Number (Transfer from service label) 7013 263	0 0001 1455 5153
PS Form 3811, July 2013 Domestic Retu	urn Receipt

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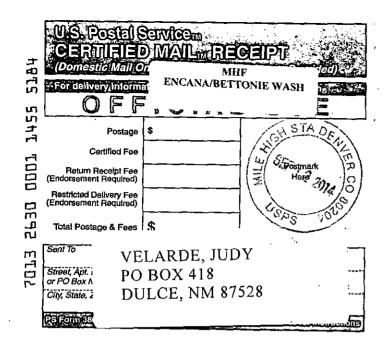
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VELARDE, GILBERT BOX 953 BLOOMFIELD, NM 87413	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Refu	urn Receipt



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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Stignature  X. Action  Compared Agent  Discovered by (Printed Name)  C. Date of Defivery  C. Date of Defivery
Article Addressed to:	D. Is delivery address different from item 1?
VELARDE, JACKSON PO BOX 400 DULCE, NM 87528	3. Service Type  Certified Mail  Priority Mall Express™  Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
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7013	Street, Apt. No.;	PO BOX 1442
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  China D. Villande  Colored
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
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DUICE, NM 87528	3. Service Type  ☐ Certifled Mail* ☐ Priority Mail Express* ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
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PS Form 3811, July 2013 Domestic Retu	urn Receipt



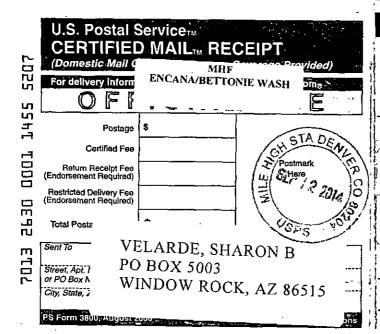
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to:	D. is delivery address different from Benn 7, 11 Yes If YES, enter delivery address below:   No	
VELARDE, JUDY PO BOX 418 DULCE, NM 87528	Service Type  ☐ Certified Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service tabel) (1.7013 263	0 0001 1455 5184	
PS Form 3811, July 2013 Domestic Return Receipt		
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  VELARDE, LINDBERG PO BOX 15 LINDRITH, NM 87029	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X Mayua Velve	
	☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number		
(Transfer from service label) 7013 2	30 0001 1455 5160	
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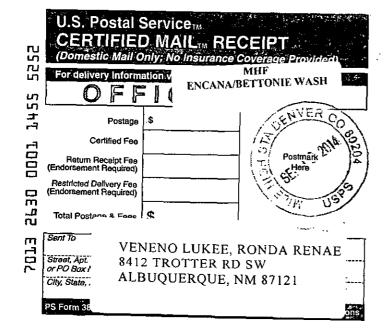


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
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ALBUQUERQUE, NM 87114	. Copies ijpe
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7013 2630	0001 1455 5221 ,
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Figceived by (Printed Name)  C. Date of Delivery  Lub Luc Stude 199-17-19  D. Is delivery address different from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
VELARDE, RUBENA DENISE PO BOX 919	
DULCE, NM 87528	3. Service Type  ☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7013 2630	0001 1455 5214
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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:  VELARDE, SHARON B PO BOX 5003	Signature  X  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item by  If YES, enter delivery address below:  VEX. PROPERTY OF THE P
WINDOW ROCK, AZ 86515	3. Service Type  Certifled Mail  Express Mall  Registered  Return Receipt for Merchandise  C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
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(Transfer from service label) | PS Form 3811, February 2004

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VICTOR JR. THOMAS

BLOOMFIELD, NM 87413

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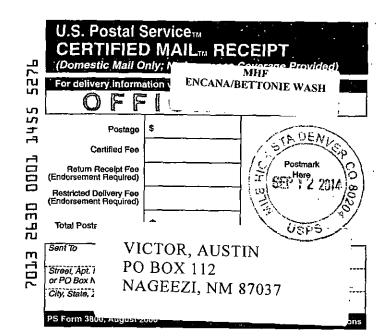
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Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)

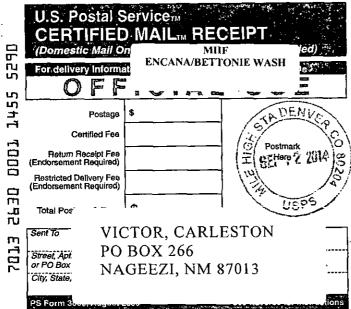
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X. D. B. D. D. Agent  D. Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  The state of Delivery  The state of Delivery  D. Is delivery address different from Item 17  If Yes  If YES, enter delivery address below:
VICTOR, AUSTIN PO BOX 112 NAGEEZI, NM 87037	3. Septice Type    Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 2630	0001 1455 5276
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Article Addressed to:	D. Is delivery address different in the part of the pa
VICTOR, BRUCE PO BOX 4 AZTEC, NM 87410	SFO 16 2014  3. Service Typ  Certified Mall Registered Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7013 263	1 0001 1455 5269
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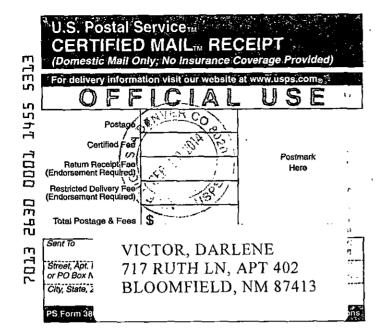


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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X
VICTOR, CARLESTON PO BOX 266 NAGEEZI, NM 87013	3. Service Type  Certified Mail
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes
2. Article-Number 7013 3430	0001 1455 5290
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-15401

<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X Caraline Victor Agent  Addressee
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>VICTOR, CAROLINE</li> </ul>	B. Received by (Printed Name) CARDINE VICTOR  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
600 W BLANCO BLVD #29 BLOOMFIELD, NM 87413	3. Service Type Certified Mail
(Transfer from service label) 7013	630 0001 1455 5306



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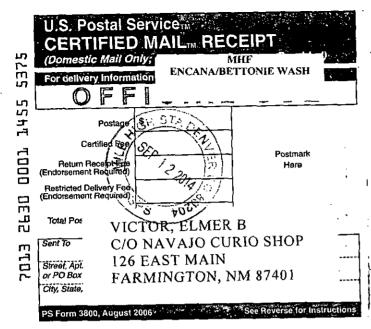
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BLOOMFIELD, NM 87413	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Dercothy Valor Maddressee  B. Received by (Printed Name)  C. Date of Delivery  Donothy Victor 9.15.14
Article Addressed to:	D. Is delivery address different from Item 1? Des If YES, enter delivery address below:
VICTOR, DOROTHY PO BOX 171	
BLOOMFIELD NM 87413	3. Service Type
	☐ Certified Mail ☐ Express Mail
••	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

Domestic Return Receipt

(Transfer from service label)
PS Form 3811, February 2004

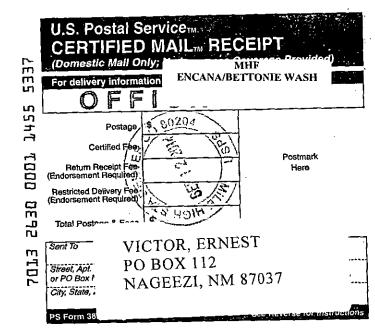
102595-02-M-1540 ·



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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:  VICTOR, ELMER B  C/O NAVAJO CURIO SHOP  126 EAST MAIN	A. Signature.    Agent   Addressee     Addre
FARMINGTON, NM 87401	3. Service Npe S    Contified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.     4. Restricted Delivery? (Extra Fee)   Yes
2. Article Number 701.	3 2630 0001 1455 5375
PS Form 3811, February 2004 Domestic Reti	um Receipt 102595-02-M-1540

	U.S. Postal S			1
	CERTIFIED	MAIL REC	CEIPT	
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Ŋ	OFF	_	<u> </u>	
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30 0001	Ratum Receipt Fee (Endorsement Required), Restricted Delivery Fee (Endorsement Required)		Here	
n H	_	STATING		
7013	Street, 126 E	OR, EMERSO EAST MAIN MINGTON, N		uctions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  VICTOR, EMERSON	D easilivery address different from item 1?
126 EAST MAIN FARMINGTON, NM 87401	3. Service Type Certified Mail Registered Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7013	2630 0001 1455 5351
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540



5368	U.S. Postal Service CERTIFIED MA (Domestic Mail Only; No  For delivery information visit our Websites	
ц		
55	OFFICIAL USE	[
3P30 0007 7H	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage * Feet	
7013 E	Sent To VICTOR, ESTHER  Street, Apt. No. PO BOX 4 or PO Box No. AZTEC, NM 87410  PS Form 3800.	i.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete ltem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X. Clin But Agent Addresses.  B. Received by (Printed Name) C. Date of Delivery  Elain Butou.  C. Date of Delivery  Olivery address different from Item 17 Yes  If VES enter delivery address below:
VICTOR, ERNEST PO BOX 112	in teo, one delivery address seem
NAGEEŽI, NM 87037	3. Service Type Certified Mail
Article Number 701=     (Transfer from service label)	8 2630 0001 1455 5337
PS Form 3811, February 2004 Domestic F	teturn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from temps. Delay Yes If YES, enter delivery address below:
VICTOR, ESTHER PO¹BOX 4	SEP 1 6 2014

Service Type

Certified Mail

☐ Registered ☐ Insured Mail

Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)

7013 2630 0001 1455 5368

Express Majl

☐ C.**O**.D.S

Return Receipt for Merchandise

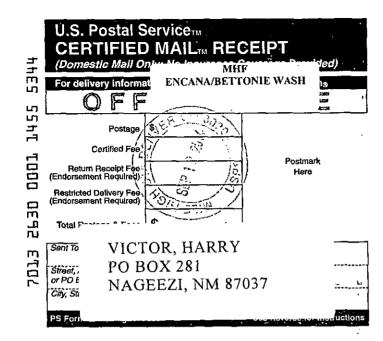
☐ Yes

102595-02-M-1540

**AZTEC, NM 87410** 

2, Article Number

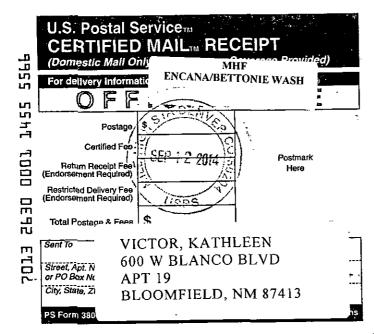
(Transfer from service label)
PS Form 3811, February 2004



	U.S. Postal Service MAN DECEMBER	
20	CERTIFIED MAILTM RECEIPT (Domestic Mail Colv: No Insurance Coverage	
5	For delivery info ENCANA/BETTONIE WASH	
5.5	OF 19201	3 E
145	Postage \$	
30 0007	Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	Postmark Here
75	Total Poste	N.
m	Sant To VICTOR, HERMAN	一
7013	Street, Apr. 1 or PO BOX 4 AZTEC, NM 87410	
	PS Form 38	ons

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Zo axy (
Article Addressed to:	If YES, enter delivery address below:
VICTOR, HARRY PO BOX 281	
NAGEEZI, NM 87037	3. Service Type  Dy Certifled Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 70133	2630 0001 1455 5344
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  X  Agent  Address  B. Received by (Printed Name)  Date of Delivery  C. NM 8747
VICTOR, HERMAN POPBOX 4	D. Is delivery address different from item ? Pes If YES, enter delivery address below: No  SEP 1 6 2014
AZTEC, NM 87410	3. Service Type Certified Mail Registered Return Receipt for Merchandl C.O.D.
. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7[]].	2630 0001 1455 5320





B. Received by (Printed Name) C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?
If YES, enter delivery address below: (1) No
3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
3 2630 0001 1455 5566
eturn Receipt

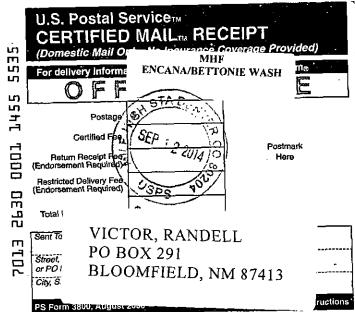
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY  A. Signature
<ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Repelved-by (Printed Name)  On Date of Delivery  On Date of Delivery
VICTOR, LINDA J PO BOX 17	D. Is delivery address different from item 1?
.NAGEEZI, NM 87037	3. Service Type  Certified Mail  Priority Mail Express  Registered  Return Receipt for Merchandise  Collect on Delivery  Restricted Delivery? (Extra Fee)  Yes
2. Article Number 7013 5	1630 0001 1455 5542
PS Form 3811, July 2013 Domestic Retu	urn Receipt



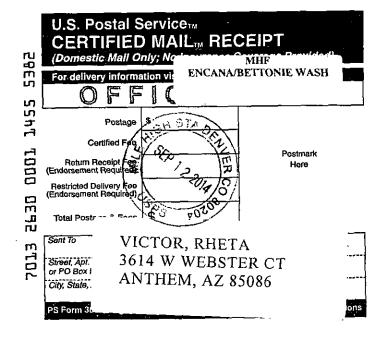
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Care Addressee  B. Received by (Printed Name) C. Date of Delivery  Care Address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:   No
VICTOR, LORRAINE M PO BOX 2716 BEOOMFIELD, NM 87413	3. Service Type  Certified Mail
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 21 (Transfer from service label)	30 0001 1455 5399
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540;

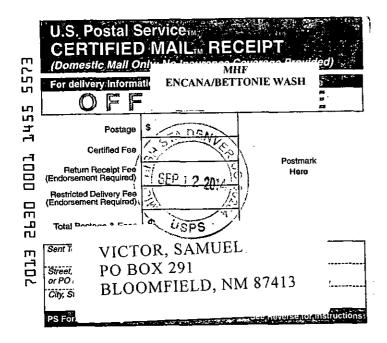
559	U.S. Postal Service TM  CERTIFIED MAIL TM RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided MHF  For delivery inform ENCANA/BETTONIE WASH	)
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30	JUSY 3	
디	Total	7
	Sent Ti VICTOR, MARY W	
m	PO BOX 112	
7013	Street, or PO NAGEEZI, NM 87037	
<b>L</b> ~	City, £	{
		tructions
	PS Form 3800; August 2006	

<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Z. Z. Z. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery
VICTOR, MARY W PO BOX 112	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
NAGEEZI, NM 87037	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	13 2630 0001 1455 5559



SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  VICTOR, RANDELL	A. Signature  A. Signature  A. Signature  A. Agent  D. Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 17  E. Yes  If YES, enter delivery address below:  CODATE OF Delivery  9-15. IL
PO BOX 291 BLOOMEIELD, NM 87413	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes  1.455 5535
PS Form 3811, July 2013 Domestic Re	turn Receipt

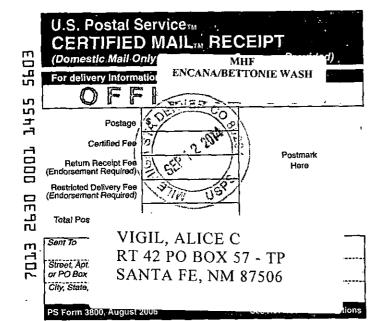




■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	A Signature  A Signature  A Signature  A Agent  Addressee  B Received by (Printed Name)  C. Date of Delivery  9-15-14  D. Is delivery address different from Item 1? — Yes  If YES, enter delivery address below:
VICTOR, SAMUEL PO BOX 291 BLOOMFIELD, NM 87413	3. Service Type
2. Article Number ; 7013	2630 0001 1455 5573
PS Form 3811, July 2013 Domestic Ret	urn Receipt

	U.S. Postal Service™
	CERTIFIED MAIL RECEIPT
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11)	Sent TO VICTOR, THERESA
7013	Street, Apt. No. PO BOX 2716
2	BO Pov Ne
1 -	City, State, ZIP BLOOMFIELD, NM 87413
	PS Form 3800,

The second second	
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.	A. Signature  X
VICTOR, THERESA PO BOX 2716 BLOOMFIELD, NM 87413	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number 7013	2630 0001 1455 5580
PS Form 38.11, July 2013 Domestic Retu	ım Receipt

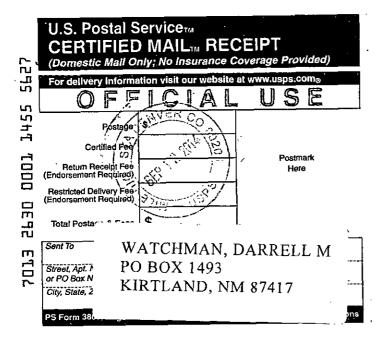


	U.S. Postal Service™	in the second state of the
	CERTIFIED MAIL RECEIPT	
	(Domestic Mail Only: No Insurance Coverage F	Provided)
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m	Sent To WANOSKIA, LOUDINE V	7
701	Street, PO BOX 208	
₹	80	ļ
	City, S DULCE, NM 87528	
	PS Form 5000, 103	tructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY  A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Jan V.s. D. Agent
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to: .	D. Is delivery address different from Item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
VIGIL, ALICE C RT-42 PO BOX 57 - TP	OP a.23.14
SANTA FE, NM 87506	3. Şervice Type ☐ Certified Mail ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
, , , , , , , , , , , , , , , , , , , ,	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013	2630 0001 1455 5603
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY.
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.	A. Signature  Agent  Addressee  B. Received by (Printed Marrie)  C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	1 00 colene Wans 9/15/14
Article Addressed to:	D. Is delivery address different from item 1?
WANOSKIA, LOUDINE V PO BOX 208	
DULCE, NM 87528	3. Service Type  Certified Mail* Priority Mail Express**  Registered Return Receipt for Merchandise Insured Mail Collect on Delivery
1	4. Restricted Delivery? (Extra Fee)
2. Article Number	2630 10001 11455 15610

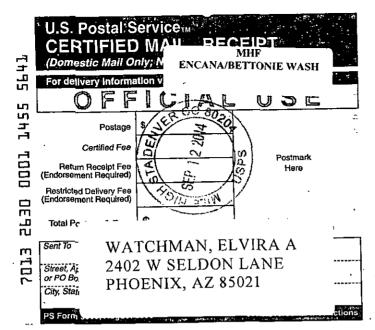
Domestic Return Receipt

PS Form 3811, July 2013



5597	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mall Only For delivery information  ENCANA/BETTONIE WASH	d)
30 0001 1455	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	:
7013 26	Sont To WATCHMAN, DELBERT K Street, Aj or PO Ba City, Stat  PS Form  Total Pc  WATCHMAN, DELBERT K  101 S PARK ST APT 2  FLAGSTAFF, AZ 86001	ctions

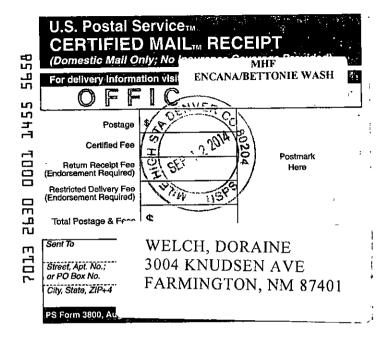
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  WATCHMAN, DARRELL M PO BOX 1493 KIRTLAND, NM 87417	A. Signature  XMATUME Donal Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  Martha Mc Donal  D. Is delivery address different from item 17  If YES, enter delivery address below:  3. Service Type  Certified Mail  Priority Mail Express**
	Registered
<u></u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 c	2630 0001 1455 5627
PS Form 3811, July 2013 Domestic Rec	turn Receipt

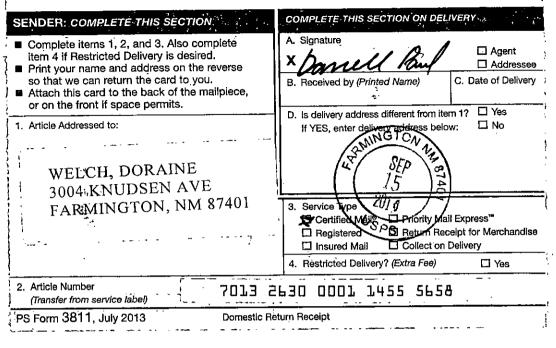


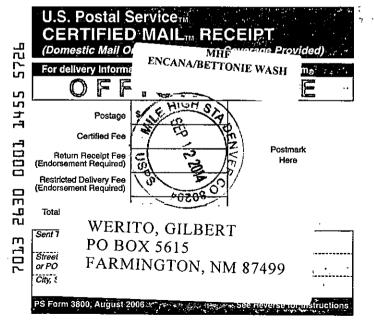
SENDER: COMPLETE THIS SECTION:	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Nante)  C. Date of Delivery  Addresses  D. Is delivery aridress different from the Committee of Yes
1. Article Addressed to:	D. Is delivery address different from itse ?? Yes  If YES, enter delivery address below:
WATCHMAN, ELVIRA A 2402 W SELDON LANE	AN MISS OF 1 938 NA NA NA NA NA NA NA NA NA NA NA NA NA
PHOENIX, AZ 85021	Service Type
	Certified Mail  Registered Return Receipt for Merchandise Insured Mail  Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0 0001 1455 5641
; PS Form 3811, July 2013 Domestic Re	eturn Receipt
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±.	U.S. Postal Service  CERTIFIED MAIL  (Domestic Mail Of Mail Coverage Provided)
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Ĺ~	or PO Box Nc CUBA, NM 87013
	PS Form 3800, August 2006 , See Heverse for instructions

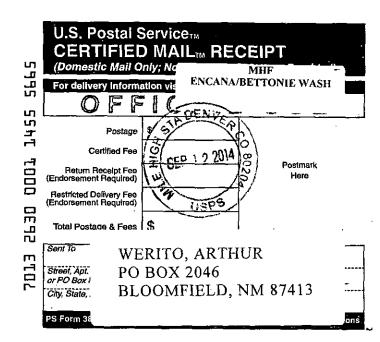
	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     Received by (Printed Name)   C. Date of Delivery     Addressee     D. is delivery address different from item 12   Yes
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
WATCHMAN, HELEN	`
PO BOX 1240 CUBA, NM 87013	3. Service Type  ☐ Certified Mail ☐ Priority Mall Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7013	2630 0001 1455 5634 !
PS Form 3811, July 2013 Domestic Reti	urn Receipt



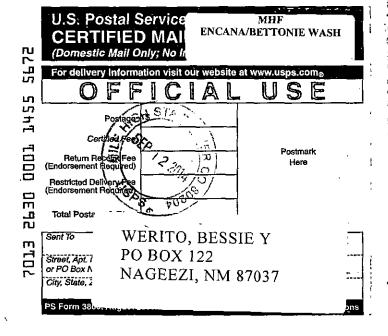




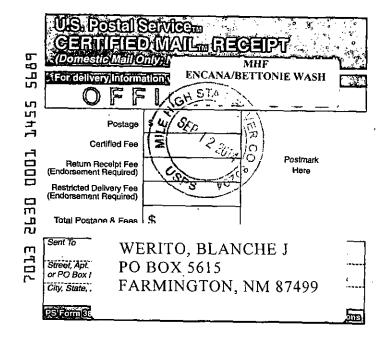
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  Addressee  Addressee  Addressee  Addressee
Article Addressed to:	D. Is delivery address different from item 1? Til Yes If YES, enter delivery address below.
WERITO, GILBERT PO BOX 5615	C. S. LOY
FARMINGTON, NM 87499	3. Service Type Certified Mail □ Priority Mail Express □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	)
PS Form 3811, July 2013 Domestic Retu	urn Receipt





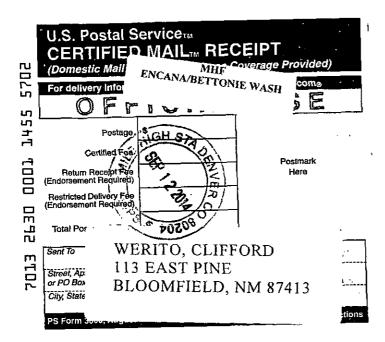


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addresse  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
WERITO, BESSIE Y PO BOX 122 NAGEEZI, NM 87037	3. Service Type  A Certified Mail  ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7013,263	0 0001 1455 5672
PS Form 3811, July 2013 Domestic Retu	ırn Receipt
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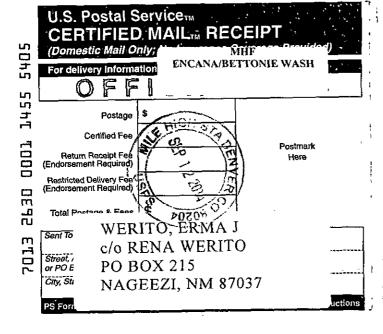


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~	or PC FRUIT	LAND, NM 87	416
	rec.		tructions

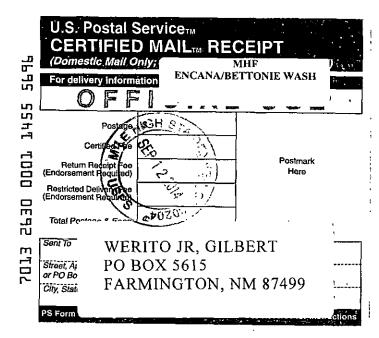
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  WERITO, BLANCHE J PO BOX 5615	A. Signature  X
FARMINGTON, NM 87499	3. Service Type  Certified Mall Priority Mail Express Registered Return Receipt for Merchandise Insured Mail Collect on Delivery  Restricted Delivery? (Extra Fee)
2. Article Number	<u> </u>
2. Article Number (Transfer from service label) 7013   25 PS Form 3811, July 2013  Domestic Re	*.a= _/
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY  A. Signature
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.	A. Signature  A. Signature  A. Signature  Addresse  B. Received by (Printed, Name)  D. Is delivery address different from item 1?
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  WERITO, CECELIA PO BOX 1274	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X Rev Cutow Addresse  B. Received by (Printed, Name) C. Date of Deliver
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:  WERITO, CECELIA	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X
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:  WERITO, CECELIA PO BOX 1274 FRUITLAND, NM 87416	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X. Agent Addresse  B. Received by (Printed, Name) C. Date of Delivery  D. Is delivery address differentiation item 1? Das  If YES, enter delivery address below.  3. Service Type  Certified Mail® Priority Mail Express  Registered Return Receipt for Merchandis  Insured Mail Collect on Delivery  4. Restricted Delivery? (Extra Fee) Yes

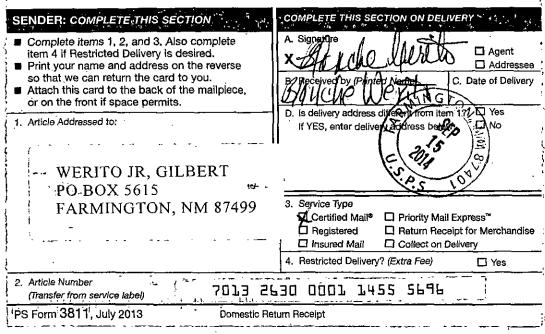


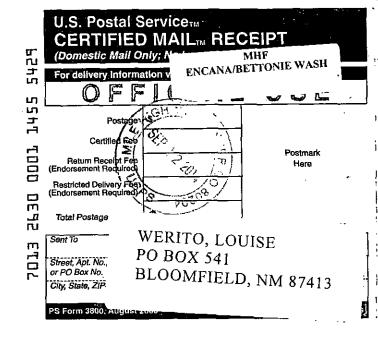




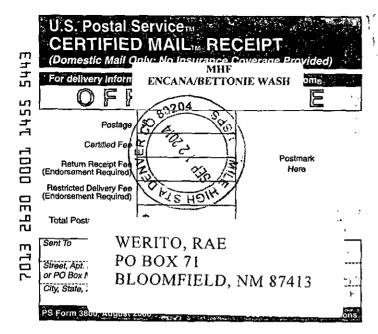
	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY.
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X Remarks Addressee  B. Received by (Printed Name)  C. Date of Delivery  Ann Warth Addresse  D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below: ☐ No
WERITO, ERMA J c/o RENA WERITO	
PO BOX 215 NAGEEZI, NM 87037	3. Service Type  SCertified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7013 2	430 0001 1455 5405
PS Form 3811, July 2013 Domestic Ret	um Receipt

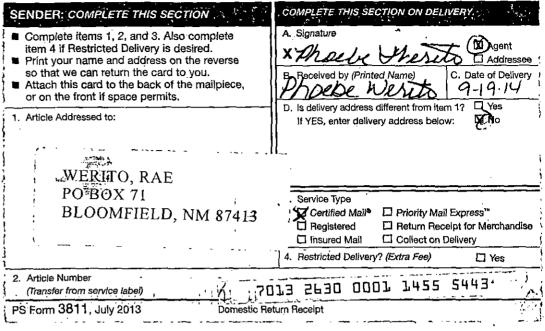


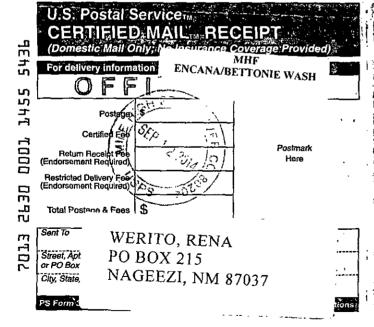




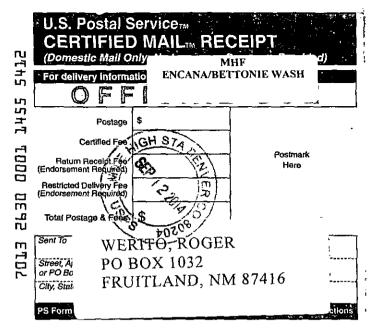
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ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  D. Is delivery address different from item 17  Yes
WERITO, LOUISE PO BOX 541	If YES, enter delivery address below:
BLOOMFIELD, NM 87413	3. Service Type  Certified Mail  ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail  Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 263	0 0001 1455 5429
S Form 3811, July 2013 Domestic Ret	urn Receipt







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.	A. Signature  X. Terre Went   B. Received by (Printed Name)  C. Date of Delivery	
WERITO, RENA PO BOX 215 NAGEEZI, NM 87037	3. Service Type  ☐ Certified Mail ☐ Priority Mail Express ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label). 7013 2630 0001 1,455 5436 PS Form 3811, July 2013 Domestic Return Receipt		



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired.	☐ Agent	
■ Print your name and address on the reverse	☐ Addressee	
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	
Attach this card to the back of the mailpiece,	ADCIAN 4 WELLTO	
or on the front if space permits.	D. Is delivery address different from item 17	
Article Addressed to:	If YES, enter delivery address below: SEID Noo	
\(\frac{1}{2} \)	[5] 16	
WERITO, ROGER		
PO BOX 1032	2014 / 1	
1	usos	
FRUELAND, NM 87416	3. Service Type	
	Certified Mail® Priority Mail Express"	
the second of th	☐ Registered ☐ Return Receipt for Merchandise	
	☐ Insured Mail ☐ Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number	130 1000111145515412	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
→ ■ Complete items 1, 2, and 3. Also complete  → → → → → → → → → → → → → → → → → → →	A. Signature	
item 4 if Restricted Delivery is desired.	X Kerne Went DAddressee	
■ Print your name and address on the reverse	/ <del> </del>	
so that we can return the card to you.  Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery	
or on the front if space permits.	Rena Werito 01/4/14	
	D. Is delivery address different from item 1?  Yes	
1. Article Addressed to:	If YES, enter delivery address below:   No	
1		
	il	
WERITO, SONYA F	<b> </b>	
<b>1</b>		
PO BOX 417	<u> </u>	

3) Service Type

Certified Mail®

☐ Insured Mail

7013 2630 0001 1455 5481

Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)

☐ Priority Mail Express™

☐ Collect on Delivery

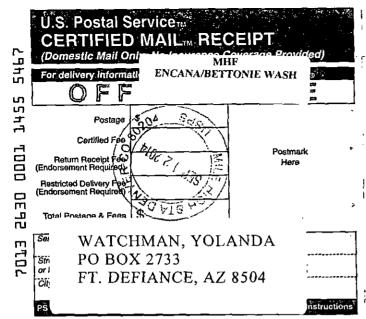
☐ Return Receipt for Merchandise

☐ Yes

NAGEEZI, NM 87037

2. Article Number

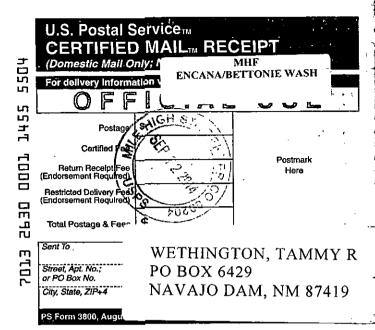
(Transfer from service label)
PS Form 3811, July 2013



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A Silynature Agent Addressee
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.	AB. Received by (Printed Name) C. Date of Delivery  VOLUMA WHE WAS
Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below.   No
WATCHMAN, YOLANDA POBOX 2733	
FT.:DEFIANCE, AZ 8504	3. Service Type  A Certified Mail® ☐ Priorit Mail® Process™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	2630 0003/ 1455/ 54677
PS Form 3811, July 2013 Domestic Ret	urn Receipt

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m Sent To	WESLEY, SAM		
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or PO Box No	PO BOX 328		
City, State, Zii	CROWNPOINT, NM 87313		
PS Form 3800	· · · · · · · · · · · · · · · · · · ·	ā	

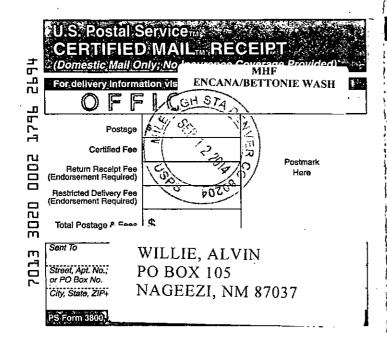
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Coverte Barbairus  G. U14  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
WESLEY, SAM CAO EASTERN NAVAJO AGENCY POBOX 328 CROWNPOINT, NM 87313	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number 7013 2630 00 PS Form 3811, July 2013 Domestic Retu	101 1455 5474



SENDER: COMPLETE THIS SECTION:	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Adgent  Addressee  B. Baceived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?	
1. Article Addressed to:	If YES, enter delivery address below:	
WETHINGTON, TAMMY R PO BOX 6429 NAVAJO DAM, NM 87419	3. Service Type  Sign Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service tabel) 7013 2630 0001 1455 5504		
PS Form 3811, July 2013 Domestic Return Receipt		

	U.S. Postal Service <sub>TM</sub>
	CERTIFIED MAIL™ RECEIPT
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	Total Postage & Fees \$
л	Sent To
Ш	WILCOX, DEANNA
7013	Street, Apt. No.; 622 IEEEEDSON ST
7	DI FO BOX 140.
	City, State, ZIP+: WINSLOW, AZ 86047
	PS Form 3800, A

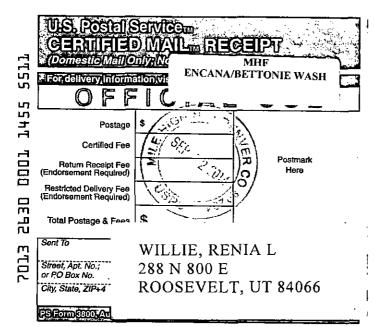
1.	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X
WII COV DE	If YES, enter delivery address below:   No
WILCOX, DEANNA 622 JEFFERSON ST WINSLOW, AZ 86047	3. Service Type  X Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 1/7013 2530	0001 1455 5528
PS Form 3811, July 2013 Domestic Retu	rn Receipt



SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  WILLIE, ALVIN PO BOX 105 NAGEEZI, NM 87037	A. Signature  X
2. Article Number (Transfer from service label) 7013 3020	1 0002 1796 2694
PS Form 3811, July 2013 Domestic Re	turn Receipt

98	CERTIFIE  (Domestic Mail C	Service™ D MAIL™ RE( Inly; No Insurance C	CEIPT Coverage Provided)
5.4	For delivery inform	ation visit our website	at www.usps.com®
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2630	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$51	
7033	Sent To  Street, Apt. No.; or PO Box No.  City, State, ZiP+4  PS Form 3800, Au	WILLIE, MEI PO BOX 1288 TEEC NOS PO	
:	TO FORM SOUU, AU		·

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.	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from item 1?  If YES, enter delivery address below:
WILLIE, MELVIN PO BOX 1288 TEEC NOS POS, AZ 86514	3. Service Type  S. Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7013 2630	0001 1455 5498
PS Form 3811, July 2013 Domestic Retu	rn Receipt

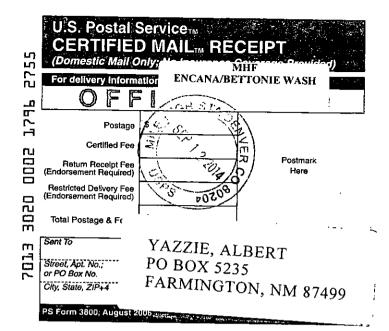


SENDER: COMPLETE THIS SECTION (C	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this pard to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  WILLIE, RENIA L  288 N 800 E  ROOSEVELT, UT 84066	A. Signature  X
2. Article Number 7,013 25	30 0001 1455 5511
PS Form 3811, July 2013 Domestic Ret	urn Receipt

<b>මිනි. Postal Ss</b> ලෙසන්වෙන		الراقة	
Comesile Mail Onl		MHF TTONIE WASH	
Postage Contified Programment Receipt Feet (Endorsement Required)  Restricted Delivery Feet (Endorsement Required)  Total Postage & Faes	\$ 100 / S	Postmark Here	
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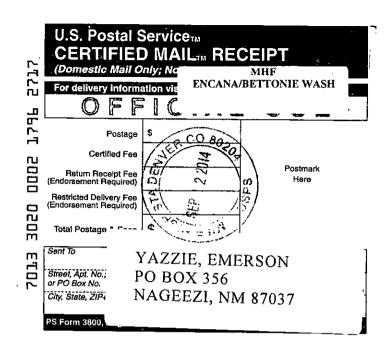
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X. W. B. Received by (Printed Name)  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
WILSON, ETTA W PO BOX 66 NAGEEZI, NM 87037	3. Service Type Certified Mail® Priority Mail Express® Registered Return Receipt for Merchandise Insured Mail Collect on Delivery  4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7013 30 PS Form 3811, July 2013 'Domestic Retu	50 0005 134P 5P83





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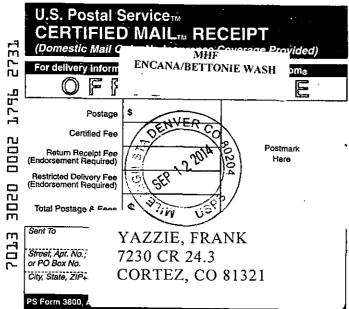
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	A. Signature  X. J. J. J. G. Date of Delivery  B. Beceived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 17  Yes
1. Article Addressed to:	If YES, enter delivery address below:   No
YAZZIE, BETTY PO BOX 124	\ ! :
NAGEEZI, NM 87037	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number, 17013 3020	0002 1796 2724
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540



4.6	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No. MHF ENCANA/BETTONIE WASH
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000	Return Receipt Fee (Endorsement Required)
	Restricted Delivery Fee (Endorsement Required)
302	Total Posta
т	YAZZIE, EVANGELINE
7013	Street, Apt. N PO BOX 5235
7	or PO Box N City, State, 2 FARMINGTON, NM 87499
	PS Form 380b, August 2000 See Neverse for instructions

1	· · · · · · · · · · · · · · · · · · ·
■ 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. Signature  X Q Y Q Q Q Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
YAZZIE, EMERSON	
PO BOX 356 NAGEEZI, NM 87037 -	3. Service Type  \$1. Certified Mail  ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
<u>}</u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7013 3	020 0002 1796 2717 ·
PS Form 3811, July 2013 Domestic Re	turn Receipt





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Return Receipt Fee Endorsement Required		[ SEP 1 5 2014
Restricted Delivery Fee Endorsement Required	YAZZIE, FRANK	ž;
	7230 CR:24.3	3. Service Type
Total Postage & Face   C	CORTEZ, CO 81321	Certified Mail
YAZZIE, FRANK	1	☐ Insured Mail ☐ C.O.D.
Street, Apt. No.; 7230 CR 24.3		4. Restricted Delivery? (Extra Fee)
City, State, ZiP+. CORTEZ, CO 81321	2. Article Number (Transfer from service label) 7 0 1	13 3050 0005 128P 5237
S Form 3800, A	PS-Form 3811, February 2004 Domesti	ic Return Receipt 102595-02-M-1540
U.S. Postal Service™	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
CERTIFIED  MHF  ENCANA/BETTONIE WASH  (Domestic Mail Only)	■ Complete items 1, 2, and 3. Also complete	A. Signature
(Domestic Mail Only  For delivery information	item 4 if Restricted Delivery is desired.	X Jame Vasa C D Addressee
OFFICIAL USE	Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
	Attach this card to the back of the mailpiece, or on the front if space permits.	Ireae Yazzie, 9-17-14
Postage		D. Is delivery address different from item 1? Yes
Certified Res	1. Article Addressed to:	If YES, enter delivery address below:
Return Receipt Fee (Endorsement Required) Here		
Restricted Delivery Fee (Endorsement Required)	YAZZIE, IRENE	
	PO BOX 245	
Total Postage & Fees   \$	NAGEEZI, NM 87037	3. Service Type  2. Certified Mail <sup>®</sup> □ Priority Mail Express™
Sent To YAZZIE, IRENE		☐ Registered ☐ Return Receipt for Merchandise
Street, Apt. No.; PO BOX 245		☐ Insured Mail ☐ Collect on Delivery
City, State, ZIP+4 NAGEEZI, NM 87037	1	4. Restricted Delivery? (Extra Fee)
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	PS Form 3811, July 2013 Domestic F	Return Receipt
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**SENDER: COMPLETE THIS SECTION** 

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

■ Print your name and address on the reverse

M Attach this card to the back of the mailpiece,

item 4 if Restricted Delivery is desired.

so that we can return the card to you.

or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

If YES, enter delivery address below:

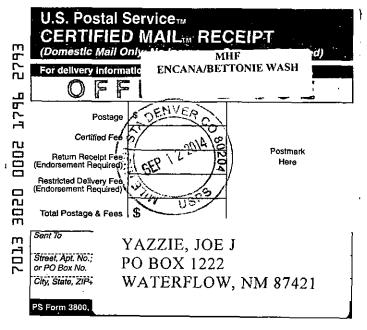
D. As delivery address different from

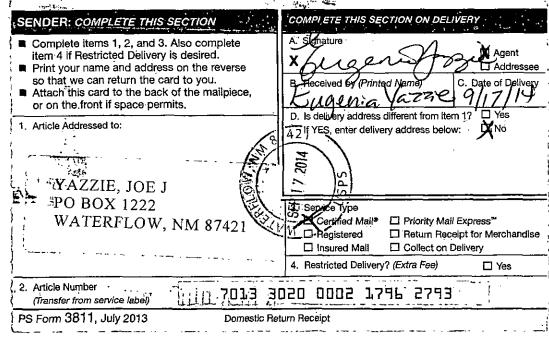
☐ Agent

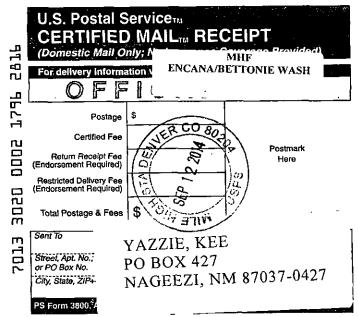
☐ Addressee\_

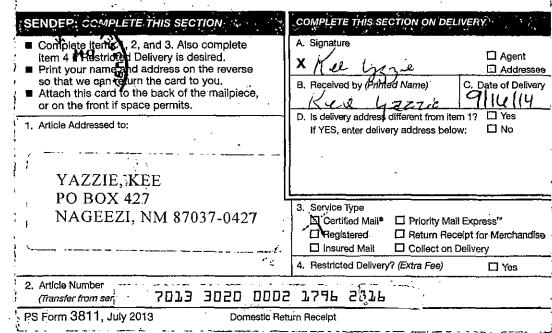
A. Signature





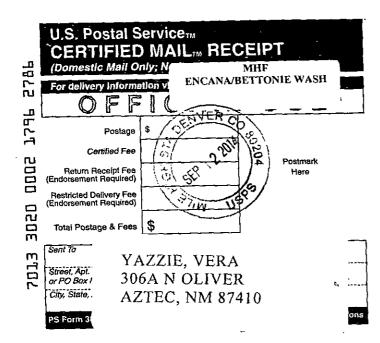


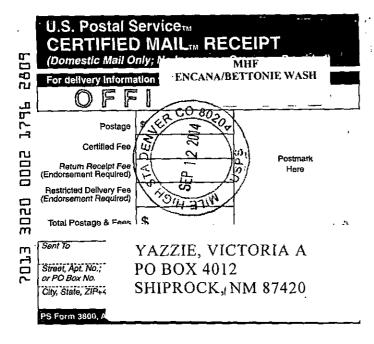




2762	U.S. Postal S CERTIFIED (Domestic Mail O	D MAIL <sub>IM</sub> RECEIPT  MHF  MHF  MHF
<u>υ</u> .	For delivery Informa	ation ENCANA/BETTONIE WASH
	OFF	
1796	Postage	s August
	Certified Fee	Postmark
2000	Return Receipt Fee (Endorsement Required)	Postmark Here
	Restricted Delivery Fee (Endorsement Required)	000
3020	Total Postage & Fees	\$
<u>1</u> 3	Sent To	YAZZIE, SARAH
7013	Street, Apt. No.; or PO Box No.	PO BOX 1031
	City, State, ZIP+4	AZTEC, NM 87410
	PS Form 3800, Aug	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  YAZZIE, SARAH POJBOX 1031 AZTEC, NM 87410	A. Signature  X. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No  3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	3020 0002 1796 2762





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:  YAZZIE, VICTORIA A PO BOX 4012 SHIPROCK, NM 87420	A. Signature  A. Signature  Addressee  Addressee  Addressee  Coategor Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:  A Signature  A Signat
	3. Service Type  Certified Mall® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	
PS Form 3811, July 2013 Domestic Return Receipt	

