

**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

AFFIDAVIT

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.

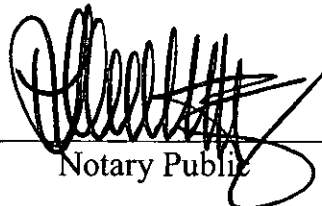


Gabrielle A. Gerholt

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



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 04/14/15



Notary Public

BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: ENCANA OIL & GAS (USA) INC.
Hearing Date: October 2, 2014



September 12, 2014

VIA CERTIFIED MAIL
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.

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.

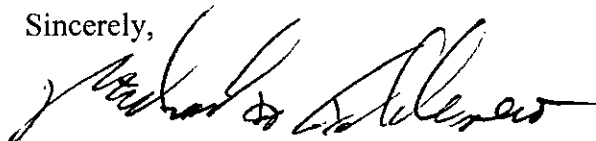
Ladies and Gentlemen:

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,



Michael H. Feldewert
ATTORNEYS FOR ENCANA OIL & GAS (USA) INC.

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

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Tulsa, OK 74172

R&R Royalty Ltd.
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Corpus Christi, TX 78401

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VICTORIA A YAZZIE
PO BOX 4012
SHIPROCK, NM 87420

VICTORIA M VICTOR
PO BOX 4
AZTEC, NM 87410

VIRGIL J CHAVEZ
PO BOX 242
DURANGO, CO 81302

VIRGINIA M HENRY
23 ROAD 5584
FARMINGTON, NM 87401

WAYNE LOPEZ
PO BOX 107
NAGEEZI, NM 87037

WILLIE J MARTINEZ
PO BOX 81
NAGEEZI, NM 87037

YOLANDA WATCHMAN
PO BOX 2733
FORT DEFIANCE, AZ 86504

**ENCANA OIL & GAS (USA)
BETONNIE TSOSIE
WORKING INTEREST OWNERS/OFFSETS
SANTA FE MAILING LIST**

EDISON SLIM
PO BOX 1299
TEEC NOS POS, AZ 86514

**ENCANA OIL & GAS (USA) INC.
BETONNIE TSOSIE WASH UNIT
SANTA FE MAILING LIST**

AHKEAH, PATTY S
PO BOX 1243
SHIPROCK, NM 87420

ANTHONY, SIEPHRENO R
PO BOX 54
NAGEEZI, NM 87037

ARMENTA, PAULINE
PO BOX 1216
DURANGO, CO 81302

ARVISO, STEPHANNIE A
13105 FRUIT AVE APT D
ALBUQUERQUE, NM 87123

BARBER ESTATE, MAY A
(MAY ROY)
PO BOX 64
WATERFLOW, NM 87421

BEGAY ESTATE, AMEYA J
2456 MICHAEL RD
BELLINGHAM, WA 98226

BEGAY, ANNIE C
PO BOX 431
SHIPROCK, NM 87420

BEGAY, BERTHA K
PO BOX 443
CHURCHROCK, NM 87311

BEGAY, GRANT J
PO BOX 536
SHIPROCK, NM 87420

BEGAY, JOE K
PO BOX 981
SHIPROCK, NM 87420

BEGAY, JOHNNY
PO DRAWER 1228
SHIPROCK, NM 87420

BEGAY, MONICA S
PO BOX 5652
FARMINGTON, NM 87499

BEGAY, NOMANITA J
P.O. BOX 536
SHIPROCK, NM 87420

BEGAY, RICHARD L
PO BOX 3091
SHIPROCK, NM 87420

BEGAY, TOMMY C
PO BOX 1191
SHIPROCK, NM 87420

BENALLY, LEO H
45 COUNTY ROAD 252
DURANGO, CO 81301

BENALLY, NORA
PO BOX 526
BLOOMFIELD, NM 87413

BENALLY, NORRIS C
PO BOX 226
SANOSTEE, NM 87461-0226

BENALLY, TREVA
5 RD 5457
FARMINGTON, NM 87401-
1441

BENIAH, REX
PO BOX 1645
SHIPROCK, NM 87420

BENIOH, SYLVIA A
313 E 28TH ST APT 333
FARMINGTON, NM 87401

BENJAMIN ESTATE, ROSE L, C/O
EASTERN NAVAJO PROBATE
POST OFFICE BOX 3538
SHIPROCK, NM 87420

BENJAMIN, DENNIS, C/O
ILENE WOODS
POST OFFICE BOX 2572
SHIPROCK, NM 87420

BENJAMIN, DONALD
PO BOX 1366
SHIPROCK, NM 87420

BENJAMIN, JIMMY
208 WEST 14TH ST #216
LOS ANGELES, CA 90015

BENJAMIN, JONES
PO BOX 1366
SHIPROCK, NM 87420

BENJAMIN, STANLEY
PO BOX 3973
SHIPROCK, NM 87420

**ENCANA OIL & GAS (USA) INC.
BETONNIE TSOSIE WASH UNIT
SANTA FE MAILING LIST**

BENJAMIN, TONY
PO BOX 1243
SHIPROCK, NM 87420

BRYANT, BETTY L
2208 LA PLATA
CORTEZ, CO 81321

CANTSEE, VINA M
PO BOX 1163
WINDOW ROCK, AZ 86515

CAPITAN, LENA B
BOX 102
MONTEZUMA CREEK, UT 84534

CASON, RITA M
801 S PAULINE AVE APT B
EL RENO, OK 73036

CASTILLO, RITA
PO BOX 4445
SHIPROCK, NM 87420

CHARLEY ESTATE, ELEANOR
P. O. BOX 401
SANOSTEE, NM 87461

CHAVEZ, ALICE
PO BOX 23
MEXICAN SPRINGS, NM 87320

CHIKUITO SR, BILL
GENERAL DELIVERY
COUNSELOR, NM 87018

CHIKUITO, GLEN
PO BOX 184
NAGEEZI, NM 87037-0184

CHIKUITO, JOHNSON
PO BOX 203
COUNSELOR, NM 87018

CHIKUITO, WILLIE
GENERAL DELIVERY
COUNSELOR, NM 87018

CHIKUITO, WILSON J
GENERAL DELIVERY
COUNSELOR, NM 87018

CLITSO, CLAUDIA A
PO BOX 832
TONALEA, AZ 86044

CURTIS, PHOEBE ANN
PO BOX 1533
KIRTLAND, NM 87417

DAVIS, SYLVIA
PO BOX 1762
FRUITLAND, NM 87416

DAWES ESTATE, LUCY J
POST OFFICE BOX 488
SHIPROCK, NM 87420-0488

DODGE, HELEN
PO BOX 3462
SHIPROCK, NM 87420

ELLISON, DAISY L
PO BOX 886
SHIPROCK, NM 87420

ETCITY ESTATE, ROGER
PO BOX 397
SHIPROCK, NM 87420

ETCITY, EDWARD
405 W. Watts, Apt #201
EL RENO, OK 73036

ETCITY, KEE J
PO BOX 2071
SHIPROCK, NM 87420

ETCITY, LAURA
PO BOX 1213
EL RENO, OK 73036

ETCITY, LEROY
PO BOX 3284
SHIPROCK, NM 87420

ETCITY, PERRENA R
PO BOX 1506
SHIPROCK, NM 87420

ETCITY, PIERRE
PO BOX 1506
SHIPROCK, NM 87420

ETCITY, SHAWNA
440-C MONROE NE APT C
ALBUQUERQUE, NM 87108

**ENCANA OIL & GAS (USA) INC.
BETONNIE TSOSIE WASH UNIT
SANTA FE MAILING LIST**

FOSTER, LORETTA H
POST OFFICE BOX 603
WATERFLOW, NM 87421

GEORGE, IRENE K
GENERAL DELIVERY
COUNSELOR, NM 87018

GRIFFITH, MAXINE C
2550 E 16TH BLD 10 APT 101
FARMINGTON, NM 87401

HARRISON JR, JOHNSON
PO BOX 111
NAGEEZI, NM 87037

HARRISON SR, ALFRED
PO BOX 73
COUNSELOR, NM 87018

HARRISON, DONALD
PO BOX 345
NAGEEZI, NM 87037

HARRISON, FLORENCE
PO BOX 3694
FARMINGTON, NM 87499

HARRISON, HERBERT
HCR 17 BOX 1000
CUBA, NM 87013

HARRISON, JUDY
PO BOX 453
NAGEEZI, NM 87037

HARRISON, LARRY
PO BOX 301
BLOOMFIELD, NM 87413

HARRISON, NELSON
PO BOX 1592
BLOOMFIELD, NM 87413

HARRISON, SARAH
PO BOX 111
NAGEEZI, NM 87037

HASUSE, AMOS W
PO BOX 1607
SHIPROCK, NM 87420

HOLYAN, ALBERTA
PO BOX 1674
CROWNPOINT, NM 87313

JAKE, LULA
GENERAL DELIVERY
COUNSELOR, NM 87018

JAMES SR, BOBBY
PO BOX 161
WATERFLOW, NM 87421

JAMES SR, HAROLD
PO BOX 355
TOHATCHI, NM 87325

JAMES, ALBERT
PO BOX 1509
SHIPROCK, NM 87420

JAMES, ANDREW
PO BOX 107
SANOSTEE, NM 87461

JAMES, ERNIE
PO BOX 563
FRUITLAND, NM 87416

JAMES, HENRY
PO BOX 1144
FRUITLAND, NM 87416

JAMES, JOE A
PO BOX 3891
SHIPROCK, NM 87420

JAMES, TIMOTHY
PO BOX 500
SANOSTEE, NM 87461

JOE ESTATE, CURTIS E
BOX 1261
WATERFLOW, NM 87421

JOE, JIMMIE E
PO BOX 452
FRUITLAND, NM 87416

KAYE, JANET
PO BOX 522
PINON, AZ 86510

KEETSO, WILLIE
GENERAL DELIVERY
COUNSELOR, NM 87018

**ENCANA OIL & GAS (USA) INC.
BETONNIE TSOSIE WASH UNIT
SANTA FE MAILING LIST**

KING, GERTRUDE H
PO BOX 3445
SHIPROCK, NM 87420

KING, KATHERINE R
PO BOX 3445
SHIPROCK, NM 87420

LAMEMAN, BETTY
PO BOX 884
SHIPROCK, NM 87420

LEE SR, REX
PO BOX #4115
SHIPROCK, NM 87420

LEE, FRANCES J
445 LYELL ST
MONTE VISTA, CO 81144

LEE, LEONARD J
PO BOX 1025
SHIPROCK, NM 87420

LEE, LINUS J
PO BOX 3526
SHIPROCK, NM 87420

LEWIS, JEFFERSON
PO BOX 241
NAGEEZI, NM 87037

LEWIS, ROBINSON
PO BOX 31
NAGEEZI, NM 87037

LEWIS, SUSAN
PO BOX 785
CUBA, NM 87013

LEWIS, THOMAS
PO BOX 314
NAGEEZI, NM 87037

MANYGOAT, ANNA M
PO BOX 1213
EL RENO, OK 73036

MANYGOAT, BARBARA J
PO BOX 115
KIRTLAND, NM 87417

MANYGOATS, MARY A
PO BOX 327
SHIPROCK, NM 87420

MARK ESTATE, PAUL J
PO BOX 193
SANOSTEE, NM 87461

MARK, DAVID J
BOX 334
SANOSTEE, NM 87461

MARK, DELVIS
5640 S THOMPSON STREET
TACOMA, WA 98408

MARTIN, CHERYL JANE
PO BOX 1569
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
1097 ROAD 44
CENTER, CO 81125

MARTINEZ, HELEN
1016 SAN JUAN AVE
ALAMOSA, CO 81101-3340

MARTINEZ, LUCILLE R
BOX 12
CUBA, NM 87013

MARTINEZ, ROLAND
PO BOX 1172
CUBA, NM 87013

MCDONALD, TOMMY T
TWO GREY HILLS TP
TOHATCHI, NM 87325

MITCHELL, ROLAND B
PO BOX 34
SHIPROCK, NM 87420

**ENCANA OIL & GAS (USA) INC.
BETONNIE TSOSIE WASH UNIT
SANTA FE MAILING LIST**

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
PO BOX 1476
DULCE, NM 87528-1476

MONTOYA, MARONDA
PO BOX 1543
DULCE, NM 87528

MORNINGOWL, ERNESTINE
3220 1/2 NE RIVERSIDE AVE
PENDLETON, OR 97801

MUSKRAT, BERNICE V
PO BOX 1296
DULCE, NM 87528

NARANJO, JOHN M
PO BOX 1403
ALBUQUERQUE, NM 87103

NARANJO, LILI M
PO BOX 90344
ALBUQUERQUE, NM 87109

NELSON, THELMA J
126 EAST MAIN
FARMINGTON, NM 87401

NEZ, ARLOA S
PO BOX 1781
DULCE, NM 87528

O'JOHN, VERA
PO BOX 842
IGNACIO, CO 81137

PACHACO KENNETH, EVA M
42 ROAD 5580
FARMINGTON, NM 87407

PACHECO SR, LEO J
PO BOX 281
BLOOMFIELD, NM 87413

PACHECO, HAROLD
PO BOX 2021
BLOOMFIELD, NM 87413

PETER, LAWRENCE
PO BOX 384
SANOSTEE, NM 87461

PETER, MURPHY R
HC 63 BOX 6013
WINSLOW, AZ 86047

PETER, RAYMOND
PO BOX 219
SANOSTEE, NM 87461

PETER, REGINALD
PO BOX 1055
SHEEP SPRINGS, NM 87364-1055

PETERS, DONNY R
HC 63 BOX 361
WINSLOW, AZ 86047

PETERS, LAVERNA
HC 63 BOX 6041
WINSLOW, AZ 86047

PETERS, LENORA
HC 63 BOX 6020
WINSLOW, AZ 86047

PETERS, LORRAINE
HC 63 BOX 6041
WINSLOW, AZ 86047

PETTIGREW, DOROTHEA
PO BOX 6481
NAVAJO DAM, NM 87419

PETTIGREW, JOHN
PO BOX 3154
SHIPROCK, NM 87420

PHILLIPS ESTATE, NELLIE, C/O
SHIPROCK AGENCY
P O BOX 3538
SHIPROCK, NM 87420

PINTO ESTATE, JIMMIE
PO BOX 1412
CUBA, NM 87013

**ENCANA OIL & GAS (USA) INC.
BETONNIE TSOSIE WASH UNIT
SANTA FE MAILING LIST**

PINTO, JAKE
PO BOX 803
DULCE, NM 87528

PINTO, JENNIFER
PO BOX 803
DULCE, NM 87528

PINTO, PATRICK
PO BOX 803
DULCE, NM 87528

PINTO, PHILBERT
PO BOX 546
DULCE, NM 87528

PINTO, STEVEN
PO BOX 192
DULCE, NM 87528

PINTO, WAYNE
PO BOX 803
DULCE, NM 87528

RAFAEL, ALICE
PO BOX 1097
CUBA, NM 87013

RAFAEL, BENNIE
PO BOX 3998
GALLUP, NM 87305

RAFAEL, EVA
PO BOX 814
CUBA, NM 87013

RAFAEL, JAMES
PUEBLO PINTADO STORE
CUBA, NM 87013

RAFAEL, MARTIN L
1605 FINCH AV
FARMINGTON, NM 87401

RAFAEL, PAUL
HCR 79 BOX 46
CUBA, NM 87013

RAFAEL, PHILLIP
12000 COPPER NE APT B
ALBUQUERQUE, NM 87123

ROBERTSON, ELIZABETH C
PO BOX 7726
MYRTLE BEACH, SC 29572

ROGERS, CAROL M
PO BOX 4402
SHIPROCK, NM 87420

ROY SR, LEE B
PO BOX 1972
SHIPROCK, NM 87420

ROY, DANIELLE L
PO BOX 249
RED VALLEY, AZ 86544

ROY, DELVIN M
PO BOX 249
RED VALLEY, AZ 86544

ROY, NATALIE K
557 TRAMWAY BLVD NE APT 10
ALBUQUERQUE, NM 87123-2153

ROY, NATHANIEL S
4201 ATRISCO NW APT Q
ALBUQUERQUE, NM 87120

ROY, ROSELYN M
PO BOX 249
RED VALLEY, AZ 86544

SAM, EDITH A
PO BOX 26703
ALBUQUERQUE, NM 87125

SAM, FREDDIE
PO BOX 1822
BLOOMFIELD, NM 87413

SAM, HUXLEY LEO
PO BOX 1087
CUBA, NM 87013

SAM, IRVIN
434 N 3RD
BLOOMSFIELD, NM 87413

SAM, JESSIE M
PO BOX 212
COUNSELOR, NM 87018

SAM, JONES L
HCR 79 BOX 1602
CUBA, NM 87013

**ENCANA OIL & GAS (USA) INC.
BETONNIE TSOSIE WASH UNIT
SANTA FE MAILING LIST**

SAM, JULIAN
PO BOX 221
COUNSELOR, NM 87018

SAM, MARGARET R
PO BOX 1087
CUBA, NM 87013

SAM, MELVIN
#14 COUNTY ROAD 4903
BLOOMFIELD, NM 87413

SAM, NASBAN
BOX 212
COUNSELOR, NM 87018

SAM, OSMUND
PO BOX 234
NAGEEZI, NM 87037

SAM, OSMUND
PO BOX 234
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
PO BOX 205
COUNSELOR, NM 87018

SANDOVAL, DIXON K
PO BOX 770
DULCE, NM 87528

SANDOVAL, DUANE
PO BOX 612
DULCE, NM 87528

SANDOVAL, ELMO
PO BOX 633
DULCE, NM 87528

SANDOVAL, HOBSON
BOX 394
DULCE, NM 87528

SANDOVAL, JACQUE H
PO BOX 493
DULCE, NM 87528

SANDOVAL, KURT E
PO BOX 471
DULCE, NM 87528

SANDOVAL, LESTER
PO BOX 412
DULCE, NM 87528

SANDOVAL, LULA
PO BOX 3445
SHIPROCK, NM 87420

SANDOVAL, MERTON
PO BOX 1118
DULCE, NM 87528

SANDOVAL, MYRA V
BOX 493
DULCE, NM 87528

SANDOVAL, RANDY
PO BOX 2216
BLOOMFIELD, NM 87413

SANDOVAL, STUART B
PO BOX 937
DULCE, NM 87528

SANDOVAL, WALT J
PO BOX 821
DULCE, NM 87528

SERAFIN, ROBERTA V
612 ORTEGA ROAD NW
ALBUQUERQUE, NM 87114

SHORTY, PAULINE
PO BOX 298
KIRTLAND, NM 87417

SLOAN, AMOS
HC 61 BOX 38-612
TEEC NOS POS, AZ 86514

SPECK, ROSALIE M
6501 W MONTE VISTA RD
PHOENIX, AZ 85035

**ENCANA OIL & GAS (USA) INC.
BETONNIE TSOSIE WASH UNIT
SANTA FE MAILING LIST**

STALLINGS, DEBORAH M
971 E MONTEREY ST
CHANDLER, AZ 85225

TILLER, VERONICA V
4833 CHARLOTTE COURT NE
ALBUQUERQUE, NM 87109

TOLEDO, LUCY C
BOX 187
NAGEEZI, NM 87037

TOLEDO, ROSIE K
PO BOX 75
COUNSELOR, NM 87018

TRUJILLO, ARLENE A
PO BOX 403
NAGEEZI, NM 87037

TRUJILLO, KATHY D
PO BOX 82
MOSCA, CO 81146

TSOSIE, BETTY D
PO BOX 3826
WINDOW ROCK, AZ 86515

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
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
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

VIGIL JR, KEE
PO BOX 1563
CROWNPOINT, NM 87313

VIGIL, HARRY
PO BOX 10597
SANTA FE, NM 87504

VIGIL, JERRY
PO BOX 1836
FARMINGTON, NM 87499

**ENCANA OIL & GAS (USA) INC.
BETONNIE TSOSIE WASH UNIT
SANTA FE MAILING LIST**

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

ETCITY, PERRYENE R
PO BOX 1506
SHIPROCK, NM 87420

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

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
PO BOX 1028
CROWNPOINT, NM 87313

ARVISO, ARTHUR L
PO BOX 1625
CROWNPOINT, NM 87313

ARVISO, DARRELL W
PO BOX 1575
CROWNPOINT, NM 87313

ATCITTY, ANNABELLE
PO BOX 1181
FARMINGTON, NM 87499

ATENCIO, EMERSON
PO BOX 457
NAGEEZI, NM 87037-0457

ATENCIO, IRENE L
PO BOX 61
NAGEEZI, NM 87037

ATENCIO, NINA
BOX 175
NAGEEZI, NM 87037

ATENCIO, PAULINE
PO BOX 54
NAGEEZI, NM 87037

ATENCIO, ROSITA
PO BOX 157
NAGEEZI, NM 87037

ATENCIO, RUTH H
PO BOX 101
NAGEEZI, NM 87037

AUGUSTINE JR, JOHN
PO BOX 157
NAGEEZI, NM 87037

AUGUSTINE, ALICE
305 E 28TH ST APT 101
FARMINGTON, NM 87401

AUGUSTINE, DARLENE C
PO BOX 366
NAGEEZI, NM 87037-0366

AUGUSTINE, EDDIE
PO BOX 2110
KAIBETO, AZ 86053

AUGUSTINE, FREDDIE
BOX 405
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
PO BOX 571
FRUITLAND, NM 87416-0571

AUGUSTINE, ROSITA
301 BETTE CLAIR ST SE
ALBUQUERQUE, NM 87123

AUGUSTINE, TOMACITA
PO BOX 226
COUNSELOR, NM 87018

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

BAKER, ANDREW A
PO BOX 1703
BLOOMFIELD, NM 87413

BAKER, ELOUISE
PO BOX 1703
BLOOMFIELD, NM 87413

BAKER, LEROY
PO BOX 1703
BLOOMFIELD, NM 87413

BAKER, MILTON
PO BOX 135
KIRTLAND, NM 87412

BAKER, NORMA L
BOX 1703
BLOOMFIELD, NM 87413

BARBER, JOANNE T
126 E MAIN
FARMINGTON, NM 87401

BARBOA, RITA
PO BOX 3303
CANONCITO, NM 87026

BEDAH, INETH M
605 CIRCLE DR
FARMINGTON, NM 87401

BEGAY ESTATE, LAFFIE
PO BOX 571
FORT WINGATE, NM 87316

BEGAY, ANNA
HC 61 PO BOX 85
WINSLOW, AZ 86047

BEGAY, EFFIE
1640 SOUTH XAVIER ST
DENVER, CO 80219

BEGAY, MARLENE L
PO BOX 1707
AZTEC, NM 87410

BEGAY, MATILDA V
PO BOX 583
BLOOMFIELD, NM 87413

BEGAY, MONICA S
PO BOX 5652
FARMINGTON, NM 87499

BEGAY, RUDY
39 RANCH DR
SHIRLEY, NY 11967

BELIDITTO, DAVID
BOX 12
COUNSELOR, NM 87018

BELIDITTO, KEE C
BOX 172
DULCE, NM 87528

BENALLY, JUNE
3112 CRESCENT AVENUE
FARMINGTON, NM 87401

BENALLY, LUCY A
BOX 753
KIRTLAND, NM 87417

BETONI, ELAINE
PO BOX 134
NAGEEZI, NM 87037

BEYALE, ANDREW L
PO BOX 944
FORT DEFIANCE, AZ 86504

BEYALE, ANDY
PO BOX 1175
FRUITLAND, NM 87416-1175

BEYALE, CLARENCE
PO BOX 3308
FARMINGTON, NM 87499

BEYALE, EMILY W
324 W BLANCO BLVD #36
BLOOMFIELD, NM 87413

BEYALE, HERMAN
2011 TROY KING RD
TRLR 28
FARMINGTON, NM 87401

BEYALE, IRENE
PO BOX 1643
FRUITLAND, NM 87416

BEYALE, KEE
HCR 79 BOX 3049
CUBA, NM 87013

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

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
10700 ACADEMY NE #2318
ALBUQUERQUE, NM 87111

BROWN, APRIL J
3903 WELLINGTON ST
FARMINGTON, NM 87402

CASTILLO, ALICE S
HCR 79 BOX 3064
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
56 ROAD 5580
FARMINGTON, NM 87401

CASTILLO, LORENZO
PO BOX 3535
CANONCITO, NM 87026

CASTILLO, PATRICK
PO BOX 38
COUNSELOR, NM 87018

CASTILLO, RENA
PO BOX 1353
CUBA, NM 87013

CASTILLO, RICHARDSON
PO BOX 3822
SHIPROCK, NM 87420

CASTILLO, SAMSON
PO BOX 44
COUNSELOR, NM 87018

CASTILLO, SANDERSON J
GENERAL DELIVERY
COUNSELOR, NM 87018

CASTILLO, STANLEY
60 E 200 N #4
WELLSVILLE, UT 84339

CASTILLO, WALLACE
PO BOX 44
COUNSELOR, NM 87018

CAVAZONE, RACHELLE L
7201 CHANTELE
FARMINGTON, NM 87410

CAYADITO, CALVIN
PO BOX 54
NAGEEZI, NM 87037

CAYADITTO, HELEN S
PO BOX 1351
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
PO BOX 164
CUBA, NM 87013

CHARLIE, CAROLINE
PO BOX 67
NAGEEZI, NM 87037

CHARLIE, JIMMIE
1496 E-8N RD
MONTE VISTA, CO 81144

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

CHAVEZ, AMOS
PO BOX 240
COUNSELOR, NM 87018

CHAVEZ, ANDREW
PO BOX 1512
BLOOMFIELD, NM 87413

CHAVEZ, ANNIE
PO BOX 15
NAGEEZI, NM 87037

CHAVEZ, CALVIN
4633 GILA SP 8
FARMINGTON, NM 87402

CHAVEZ, DESWOOD
PO BOX 398
NAGEEZI, NM 87037

CHAVEZ, HARRY
PO BOX 105
NAGEEZI, NM 87037

CHAVEZ, JENITA
120 N MCQUEEN RD
APT 246
CHANDLER, AZ 85225

CHAVEZ, MAGDELINE B
PO BOX 1404
FRUITLAND, NM 87416

CHAVEZ, MICHAEL
715 W BROADWAY
SPACE 45
FARMINGTON, NM 87401

CHAVEZ, NED
PO BOX 252
NAGEEZI, NM 87037

CHAVEZ, RONALD M
PO BOX 3303
CANONCITO, NM 87026

CHAVEZ, STEVEN H
PO BOX 476
FORT HALL, ID 83203

CHAVEZ, VIRGIL J
508 N LINCOLN AVE 1
FARMINGTON, NM 87401

CHIQUITO, GLEN H
PO BOX 184
NAGEEZI, NM 87037-0184

CHIQUITO, JAKE
PO BOX 216
COUNSELOR, NM 87018

CHIQUITO, LEO H
BOX 9
NAGEEZI, NM 87037

COMANCHE, DOROTHY B
HCR 79 BOX 3035
CUBA, NM 87013

CORNFIELDS, CECELIA S
PO BOX 1591
FRUITLAND, NM 87416

CURTIS, ERVIN L
1115 JAMES CIRCLE DR
BLOOMFIELD, NM 87413

CURTIS, LEVI J
PO BOX 1533
KIRTLAND, NM 87417

CURTIS, LORRAINE W
501 OURAY
FARMINGTON, NM 87401

DEMPSEY, PRISCILLA A
PO BOX 984
CHINLE, AZ 86503

DENNISON ESTATE, VERN
#6 ROAD 3945
FARMINGTON, NM 87401

DENNISON JR ESTATE, JOE
PO BOX 3776
GALLUP, NM 87305

DENNISON, SAMPSON
C/O NAVAJO TRADING
126 EAST MAIN
FARMINGTON, NM 87401

DIETRICH JR, GERALD A
2194 NORTH COUGARWAY
MERIDIAN, ID 83646

DISWOOD, BEVERLY G
PO BOX 1892
FARMINGTON, NM 87499

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

DISWOOD, VERLIN L
PO BOX 3287
KIRTLAND, NM 87417

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

FRANCISCO, ANITA S
505 NORTH BEHREND
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
GENERAL DELIVERY
COUNSELOR, NM 87018

GEORGE, MATILDA R
2100 E BLANCO BLVD #80
BLOOMFIELD, NM 87413

GEORGE, MAXINE
PO BOX 1043
CUBA, NM 87013

GLEASON, LENDORA S
PO BOX 2586
BLOOMFIELD, NM 87413

GLEASON, LIONEL L
PO BOX 2586
BLOOMFIELD, NM 87413

GRIFFITH, SAM C
HC 17 BOX 600
CUBA, NM 87013

HACEESA, ELLA M
PO BOX 137
NAGEEZI, NM 87037

HACEESA, NELLIE R
PO BOX 188
NAGEZZI, NM 87037

HARRISON, KATIE J
HCR 79 BOX 3035
CUBA, NM 87013

HARRISON, PATRICIA
4715 GILA ST SP 41
FARMINGTON, NM 87401

HARRISON, PATTY J
PO BOX 1412
CUBA, NM 87013

HARRISON, PAULINE
PO BOX 73
COUNSELOR, NM 87018

HARRISON, ROSE N
PO BOX 524
FARMINGTON, NM 87499

HARRISON, THELMA G
PO BOX 1592
BLOOMFIELD, NM 87413

**HARRISON, THERESA A
TURNEAGATAN #66
KISTA SWED, SWEDEN**

HARRISON, TOMMY
235 2 S DUSTIN RD
FARMINGTON, NM 87401

HARRISON, VAL T
PO BOX 6102
FARMINGTON, NM 87401

HASKIE, PRESTON
PO BOX 822
BLOOMFIELD, NM 87413

HASKIE, SHERALENE L
PO BOX 822
BLOOMFIELD, NM 87413

HASKIE, SHERIDAN P
PO BOX 514
AZTEC, NM 87410

HASKIE, SHERMAN
PO BOX 822
BLOOMFIELD, NM 87413

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

HENRY, VIRGINIA M
23 CR 5584
FARMINGTON, NM 87401

HERRERA SR, BOBBY
BOX 2
COUNSELOR, NM 87018

HERRERA, JIMMY
BOX 4
COUNSELOR, NM 87018

HERRERA, PETE
PO BOX 214
COUNSELOR, NM 87018

HOOD, VICTORIA M
PO BOX 4
AZTEC, NM 87410

JACKSON, EARLENE V
PO BOX 625
BLOOMFIELD, NM 87413

JAMES, BRENDA A
PO BOX 139
RED VALLEY, AZ 86544

JAMES, JASON E
PO BOX 3856
SHIPROCK, NM 87420

JAMES, MARLINDA ANN
2011 TROY KING RD 175
FARMINGTON, NM 87401

JAMES, MOLLY M
WATERFLOW, NM 87421
PO BOX 1352

JAMES, PATRICK E
1016 GLADE LN APT 5
FARMINGTON, NM 87401

JAMES, RONALD EDWARD
PO BOX 7399
SHONTO, AZ 86054

JIM, CECIL
PO BOX 1203
CUBA, NM 87013

JIM, EDITH R
HCR 79 BOX 3082
CUBA, NM 87013

JIM, ESTHER
PO BOX 6696
FARMINGTON, NM 87499

JIM, KEE
HCR 79 BOX 1521
CUBA, NM 87013

JOE, OCIE ROSE
1016 GLADE LANE APT 10
FARMINGTON, NM 87401

JOE, ROSEY N
HCR 79 BOX 3013
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
DULCE, NM 87528

KEETSO, LOIS M
PO BOX 254
NAGEEZI, NM 87037

KELLYWOOD, ARLENE
PO BOX 2093
BLOOMFIELD, NM 87413

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

KNOTCHAPONE, MARLENE
12838 DORADO ST SE #3
ALBUQUERQUE, NM 87123

KOTSEDAKIS, DIANE J
36491 YAMAS DR APT 2908
WILDOMAR, CA 92595-9824

LARGO, BERNA Y
PO BOX 286
NAGEEZI, NM 87037

LARGO, EVA
PO BOX 904
BLOOMFIELD, NM 87413

LARGO, ROSIE M
1710 JUNIPER LANE
BLOOMFIELD, NM 87413

LARVIE, CONRITA
PO BOX 2296
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
GENERAL DELIVERY
COUNSELOR, NM 87018

LOPEZ ESTATE, JASPER
HCR 17 BOX 410
CUBA, NM 87013

LOPEZ, ALBERT
PO BOX 124
NAGEEZI, NM 87037

LOPEZ, BERTHA
PO BOX 64
NAGEEZI, NM 87037

LOPEZ, CAROLINE
PO BOX 236
NAGEEZI, NM 87037

LOPEZ, ELMER
PO BOX 239
COUNSELOR, NM 87018

LOPEZ, EUNICE
PO BOX 107
NAGEEZI, NM 87037

LOPEZ, EVA R
HCR 17 BOX 403
CUBA, NM 87013

LOPEZ, EVELYN C
PO BOX 1411
CUBA, NM 87013

LOPEZ, HERBERT
PO BOX 1717
BLOOMFIELD, NM 87413

LOPEZ, IRENE S
PO BOX 107
NAGEEZI, NM 87037

LOPEZ, JEFFERSON
PO BOX 107
NAGEEZI, NM 87037

LOPEZ, JEROME R
2530 SAN JUAN BOULEVARD
FARMINGTON, NM 87401

LOPEZ, LUCY G
PO BOX 1871
KIRTLAND, NM 87417

LOPEZ, NELSON
PO BOX 107
NAGEEZI, NM 87037

LOPEZ, PAULINE
PO BOX 1531
AZTEC, NM 87410

LOPEZ, PEARL
1200 ROLLOWAY ST
FARMINGTON, NM 87401

LOPEZ, RITA
PO BOX 1544
CUBA, NM 87013

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

LOPEZ, THERESA
HCR 17 BOX 403
CUBA, NM 87013

LOPEZ, TRACY
HCR 17 BOX 410
CUBA, NM 87013

LOPEZ, WAYNE
PO BOX 107
NAGEEZI, NM 87037

LUKEE, RENA RICHELLE
5652 CHERBOURG
COLORADO SPRINGS, CO 80902

MANUEL, VALERIE
PO BOX 171
BLOOMFIELD, NM 87413

MARTIN, JOHNNIE M
PO BOX 272
FT DEFIANCE, AZ 86504

MARTIN, MARY R
PO BOX 147
CROWNPOINT, NM 87313

MARTINEZ ESTATE, AVOE
EASTERN NAVAJO AGENCY
BUREAU OF INDIAN AFFAIRS
P O BOX 328
CROWNPOINT, NM 87313

MARTINEZ SR, FRED C
4633 GILA #30
FARMINGTON, NM 87402

MARTINEZ, ALICE
PO BOX 255
NAGEEZI, NM 87037

MARTINEZ, ANNA C
PO BOX 1411
CUBA, NM 87013

MARTINEZ, CHARLES
PO BOX 22
NAGEEZI, NM 87037

MARTINEZ, CHARLITA
PO BOX 22
NAGEEZI, NM 87037

MARTINEZ, CUSTER
PO BOX 97
FINLEY, OK 74543

MARTINEZ, DAVID V
PO BOX 36
CUBA, NM 87013

MARTINEZ, EARL
14475 C.R. 21
CORTEZ, CO 81321

MARTINEZ, GIBSON
1097 ROAD 44
CENTER, CO 81125

MARTINEZ, HAROLD
PO BOX 305
NAGEEZI, NM 87037

MARTINEZ, HELEN
1016 SAN JUAN AVE
ALAMOSA, CO 81101-3340

MARTINEZ, JOE
PO BOX 1
CAHONE, CO 81320

MARTINEZ, LOLITA ANN
PO BOX 22
NAGEEZI, NM 87037

MARTINEZ, LOUISE M
PO BOX 22
NAGEEZI, NM 87037

MARTINEZ, LUCILLE R
BOX 12
CUBA, NM 87013

MARTINEZ, MARIE
PO BOX 1294
AZTEC, NM 87410

MARTINEZ, PEARL
BOX 255
NAGEEZI, NM 87037

MARTINEZ, ROLAND
PO BOX 1172
CUBA, NM 87013

MARTINEZ, SAM
BOX 5
NAGEEZI, NM 87037

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

MARTINEZ, WILLIE J
PO BOX 81
NAGEEZI, NM 87037

MCCALLISTER, CHARLENE
PO BOX 333
RUIDOSO DOWNS, NM 88346

MCDONALD, TOMMY T
TWO GREY HILLS TP
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
PO BOX 1476
DULCE, NM 87528-1476

MONTOYA, MARONDA
PO BOX 1543
DULCE, NM 87528

MORALES, LENORA MAE
PO BOX 476
KIRTLAND, NM 87417

MURDOCK, RETHA F
PO BOX 44
SHAWNEE, OK 74802

MUSKRAT, BERNICE V
PO BOX 1296
DULCE, NM 87528

NAVAJO NATION
NAVAJO NATION
WINDOW ROCK, AZ 86504

NEPHI, SAMANTHA J
PO BOX 919
FORT DUCHESNE, UT 84026

NEZ, ARLOA S
PO BOX 1781
DULCE, NM 87528

NEZ, KAY R
PO BOX 1573
KIRTLAND, NM 87417

NOCKAI, DEBBY
506 WEST MAPLE
FARMINGTON, NM 87401

NORBERTO JR, KEE
HCR 79 BOX 1559
CUBA, NM 87013

NORBERTO SR, ARNOLD L
PO BOX 753
CROWNPOINT, NM 87313

NORBERTO, ANDY
PO BOX 302
NAGEEZI, NM 87037

NORBERTO, BETTY L
PO BOX 147
CROWNPOINT, NM 87313

NORBERTO, DANIEL
HCR 79 BOX 1523
CUBA, NM 87013

NORBERTO, DOROTHY
PO BOX 35
NAGEEZI, NM 87037

NORBERTO, KENNETH
BOX 973
CHINLE, AZ 86503

NORBERTO, LEE
PO BOX 69
NAGEEZI, NM 87037

NORBERTO, LESTER B
BOX 973
CHINLE, AZ 86503

NORBERTO, LORRAINE
907 DOWNINGTON AVE
SALT LAKE CITY, UT 84105

NORBERTO, MARTIN B
HCR-79 BOX 1557
CUBA, NM 87013

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

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
PO BOX 1425
BLOOMFIELD, NM 87413

PAUL, DONOVAN C
501 OURAY AVE
FARMINGTON, NM 87401

PAUL, VERA J
1115 JAMES CIRCLE
BLOOMFIELD, NM 87413

PERRY, CAROLINE A
PO BOX 88
SMITH LAKE, NM 87365

PINTO ESTATE, JIMMIE
PO BOX 1412
CUBA, NM 87013

PINTO, ELVIRA
PO BOX 803
GALLUP, NM 87305

PINTO, JAKE
PO BOX 803
DULCE, NM 87528

PINTO, JENNIFER
PO BOX 803
DULCE, NM 87528

PINTO, PATRICK
PO BOX 803
DULCE, NM 87528

PINTO, PHILBERT
PO BOX 546
DULCE, NM 87528

PINTO, STEVEN
PO BOX 192
DULCE, NM 87528

PINTO, WAYNE
PO BOX 803
DULCE, NM 87528

PLATERO, EVELYN
PO BOX 794
CROWNPOINT, NM 87313

RAFAEL, ALICE
PO BOX 1097
CUBA, NM 87013

RAFAEL, BENNIE
PO BOX 3998
GALLUP, NM 87305

RAFAEL, EVA
PO BOX 814
CUBA, NM 87013

RAFAEL, JAMES
PUEBLO PINTADO STORE
CUBA, NM 87013

RAFAEL, MARTIN L
1605 FINCH AV
FARMINGTON, NM 87401

RAFAEL, PAUL
HCR 79 BOX 46
CUBA, NM 87013

RAFAEL, PHILLIP
12000 COPPER NE APT B
ALBUQUERQUE, NM 87123

RANDOLPH, MAE C
PO BOX 115
NAGEEZI, NM 87037

RARRICK, CHERYL LYNN
59 CR 3323
AZTEC, NM 87410

REED, ELVARAE D
7300 GEORGETOWN AVE NW
ALBUQUERQUE, NM 87120

RENTZ, EVA
PO BOX 1253
BLOOMFIELD, NM 87413

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

REVAL, BESSIE B
PO BOX 864
DULCE, NM 87528

SAM, HAROLD
506 WEST MAPLE
FARMINGTON, NM 87401

SAM, ROSELYN L
HCR 17 BOX 408
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
PO BOX 341 COUNTY RT 7815
NAGEEZI, NM 87037

SANDOVAL, DIXON K
PO BOX 770
DULCE, NM 87528

SANDOVAL, DUANE
PO BOX 612
DULCE, NM 87528

SANDOVAL, ELMO
PO BOX 633
DULCE, NM 87528

SANDOVAL, HOBSON
BOX 394
DULCE, NM 87528

SANDOVAL, JACQUE H
PO BOX 493
DULCE, NM 87528

SANDOVAL, KURT E
PO BOX 471
DULCE, NM 87528

SANDOVAL, LESTER
PO BOX 412
DULCE, NM 87528

SANDOVAL, MERTON
PO BOX 1118
DULCE, NM 87528

SANDOVAL, MYRA V
BOX 493
DULCE, NM 87528

SANDOVAL, RANDY
PO BOX 2216
BLOOMFIELD, NM 87413

SANDOVAL, RUSTY C
PO BOX 34
NAGEEZI, NM 87037

SANDOVAL, STUART B
PO BOX 937
DULCE, NM 87528

SANDOVAL, WALT J
PO BOX 821
DULCE, NM 87528

SERAFIN, ROBERTA V
612 ORTEGA ROAD NW
ALBUQUERQUE, NM 87114

SHIELDS, MARENA
2011 TROY KING RD #182
FARMINGTON, NM 87401

SHORTY, PAULINE
PO BOX 298
KIRTLAND, NM 87417

SIMMS, HARRISON E
PO BOX 1606
FRUITLAND, NM 87416

SIMS ESTATE, FRANCIS
PO BOX 1597
FRUITLAND, NM 87416

SIMS, BENJAMIN A
PO BOX 1264
SHIPROCK, NM 87420

SIMS, MARIE
10440 W 62ND PL APT 104
ARVADA, CO 80004-4895

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

SIMS, MICHAEL H
PO BOX 2222
KIRTLAND, NM 87417

SLIM, EDISON
PO BOX 1252
TEEC NOS POS, AZ 86514

SLIM, NATASHA
PO BOX 1276
TEEC NOS POS, AZ 86514

SLIM, RITA
PO BOX 4738
SHIPROCK, NM 87420-4738

TILLER, VERONICA V
4833 CHARLOTTE COURT NE
ALBUQUERQUE, NM 87109

TOLEDO, ESTHER C
321 TENNESSEE SE #C
ALBUQUERQUE, NM 87108

TOLEDO, HELEN W
3409 ILES AVE
FARMINGTON, NM 87402

TOLEDO, LUCY C
BOX 187
NAGEEZI, NM 87037

TOMAS, ESTHER H
PO BOX 76
COUNSELOR, NM 87018

TRUJILLO, ALVIN
45A RD 5295
FARMINGTON, NM 87401

TRUJILLO, ARLENE A
PO BOX 403
NAGEEZI, NM 87037

TRUJILLO, ARNOLD
C/O SUPERINTENDENT
PO BOX 328
CROWNPOINT, NM 87313

TRUJILLO, ELENA
3805 S 100 W
NIBLEY, UT 84321

TRUJILLO, ELVINA B
PO BOX 108
NAGEEZI, NM 87037

TRUJILLO, ELVIRA A
PO BOX 108
NAGEEZI, NM 87037

TRUJILLO, ENA H
PO BOX 108
NAGEEZI, NM 87037

TRUJILLO, ERNIE
#18 RD 3935
FARMINGTON, NM 87401

TRUJILLO, ERVIN
2 CR 1738
FARMINGTON, NM 87401

TRUJILLO, KATHY D
PO BOX 82
MOSCA, CO 81146

TRUJILLO, ROSITA W
PO BOX 352
NAGEEZI, NM 87037

TSO, MARY
PO BOX 48
NAGEZZI, NM 87037

TSO, PHYLLIS I
PO BOX 461
FRUITLAND, NM 87416

TSOSIE, BERTHA
3649 CHICAGO AVE S APT 2
MINNEAPOLIS, MN 55407

TSOSIE, BRENDA
COUNTY ROAD 5364 #20
FARMINGTON, NM 87401

TSOSIE, CARLENE
C/O ELVIRA P. TSOSIE
PO BOX 2825
GALLUP, NM 87305

TSOSIE, ERNESTINE
338 W YUMA ST
PHOENIX, AZ 85003

TSOSIE, JERIMIAH -
GUARDIAN
PO BOX 2825
GALLUP, NM 87305

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

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 87037

VICTOR, BRUCE
PO BOX 4
AZTEC, NM 87410

VICTOR, CARLESTON
PO BOX 266
NAGEEZI, NM 87013

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

VICTOR, CAROLINE
600 W BLANCO BLVD #29
BLOOMFIELD, NM 87413

VICTOR, DARLENE
717 RUTH LN, APT 402
BLOOMFIELD, NM 87413

VICTOR, DOROTHY
PO BOX 171
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
PO BOX 4
AZTEC, NM 87410

VICTOR, HARRY
PO BOX 281
NAGEEZI, NM 87037

VICTOR, HERMAN
PO BOX 4
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
PO BOX 112
NAGEEZI, NM 87037

VICTOR, RANDELL
PO BOX 291
BLOOMFIELD, NM 87413

VICTOR, RHETA
3614 W WEBSTER CT
ANTHEM, AZ 85086

VICTOR, SAMUEL
PO BOX 291
BLOOMFIELD, NM 87413

VICTOR, THERESA
PO BOX 2716
BLOOMFIELD, NM 87413

VIGIL, ALICE C
RT 42 PO BOX 57 - TP
SANTA FE, NM 87506

WANOSKIA, LOUDINE V
PO BOX 208
DULCE, NM 87528

WATCHMAN, DARRELL M
PO BOX 1493
KIRTLAND, NM 87417

WATCHMAN, DELBERT K
101 S PARK ST APT 2
FLAGSTAFF, AZ 86001

WATCHMAN, ELVIRA A
2402 W SELDON LANE
PHOENIX, AZ 85021

WATCHMAN, HELEN
PO BOX 1240
CUBA, NM 87013

WELCH, DORAINE
3004 KNUDSEN AVE
FARMINGTON, NM 87401

WERITO JR, GILBERT
PO BOX 5615
FARMINGTON, NM 87499

WERITO, ARTHUR
PO BOX 2046
BLOOMFIELD, NM 87413

WERITO, BESSIE Y
PO BOX 122
NAGEEZI, NM 87037

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

WERITO, BLANCHE J
PO BOX 5615
FARMINGTON, NM 87499

WERITO, CECELIA
PO BOX 1274
FRUITLAND, NM 87416

WERITO, CLIFFORD
113 EAST PINE
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
PO BOX 71
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

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
PO BOX 6429
NAVAJO DAM, NM 87419

WILCOX, DEANNA
622 JEFFERSON ST
WINSLOW, AZ 86047

WILLIE, ALVIN
PO BOX 105
NAGEEZI, NM 87037

WILLIE, MELVIN
PO BOX 1288
TEEC NOS POS, AZ 86514

WILLIE, RENIA L
288 N 800 E
ROOSEVELT, UT 84066

WILSON, ETTA W
PO BOX 66
NAGEEZI, NM 87037

YAZZIE, ALBERT
PO BOX 5235
FARMINGTON, NM 87499

YAZZIE, BETTY
PO BOX 124
NAGEEZI, NM 87037

YAZZIE, EMERSON
PO BOX 356
NAGEEZI, NM 87037

YAZZIE, EVANGELINE
PO BOX 5235
FARMINGTON, NM 87499

YAZZIE, FRANK
7230 CR 24.3
CORTEZ, CO 81321

YAZZIE, IRENE
PO BOX 245
NAGEEZI, NM 87037

YAZZIE, JERILYN A
PO BOX 5235
FARMINGTON, NM 87499

YAZZIE, JOE J
PO BOX 1222
WATERFLOW, NM 87421

YAZZIE, KEE
PO BOX 427
NAGEEZI, NM 87037-0427

**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

7006 2760 0001 6378 1428

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFICE	
MHF/ENCANA BETTONNIE TSOSIE	
Postage \$	68
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	SEP 12 2004
Total Postage & Fees	
Sent	AGNES S FORD.
Street or PO	1186 N ESTHER PKWY
City, S	CAMP VERDE, AZ 86322
PS Form	Instructions

7006 2760 0001 6377 5557

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFICE	
MHF/ENCANA BETTONNIE TSOSIE	
Postage \$	104
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	SEP 12 2004
Total Postage & Fees	
Sent	AHKEAH, PATTY S
Street or PO	PO BOX 1243
City	SHIPROCK, NM 87420
PS Form	Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 1428

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.

1. Article Addressed to:

AHKEAH, PATTY S
PO BOX 1243
SHIPROCK, NM 87420

2. Article Number
(Transfer from service label)

7006 2760 0001 6377 5557

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ACTION ON DELIVERY

A. Signature X <i>Wilson Ford</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Wilson Ford	C. Date of Delivery SEP 12 2004
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

ACTION ON DELIVERY

A. Signature X <i>Patty Hakeah</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Patty Hakeah	C. Date of Delivery SEP 12 2004
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7006 2760 0001 6378 1243

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

For delivery information visit **OFFIC** MHF/ENCANA BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Sent To: ALBERT LOPEZ
 PO BOX 124
 NAGEEZI, NM 87037-0124

PS Form 3811, February 2004

7006 2760 0001 6378 1244

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

For delivery information visit **OFFIC** MHF/ENCANA BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Sent To: ALICE C VIGIL
 RT 42 PO BOX 57 - TP
 SANTA FE, NM 87506

PS Form 3811, February 2004

CERTIFIED MAIL

SENDER: C. ALICE C VIGIL

1. Article Addressed to:
 ALICE C VIGIL
 RT 42 PO BOX 57 - TP
 SANTA FE, NM 87506

2. Article Number (Transfer from service label): 7006 2760 0001 6378 1244

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *Alice C Vigil* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *OP a.23.14* C. Date of Delivery

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

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

1251 8437 0001 2706

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information visit **USPS.com**

OFFICIAL MAIL

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1338

Sent to: **ALVIN TRUJILLO**
45A ROAD 5295
FARMINGTON, NM 87401-1532

Postmark Here: **SEP 12 2014**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
ALVIN TRUJILLO
45A ROAD 5295
FARMINGTON, NM 87401-1532

2. Article Number (Transfer from service label): **7006 2760 0001 6378 1251**

RECIPIENT: COMPLETE THIS SECTION

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

B. Received by (Printed Name): **Lyana Trujillo**
 C. Date of Delivery: **SEP 16 2014**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Return

1251 8437 0001 2706

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information visit **USPS.com**

OFFICIAL MAIL

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total \$ 1338

Sent to: **ALVIN WILLIE**
GENERAL DELIVERY
NAGEEZI, NM 87037

Postmark Here: **SEP 12 2014**

PS Form 3811, February 2004

7006 2760 0001 6378 1275

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)
 For delivery information visit **usps.com**

OFFICIAL

Postage \$ 6.09
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.09
 Total Postage & Fees \$ 18.18

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
AMOS CHAVEZ
PO BOX 240
COUNSELOR, NM 87018

Postmark Here
 SEP 12 2014
 SANTA FE, NM

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)
 For delivery information visit **usps.com**

OFFICIAL

Postage \$ 6.09
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.09
 Total Postage & Fees \$ 18.18

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
AMOS CHAVEZ
PO BOX 240
COUNSELOR, NM 87018

Postmark Here
 SEP 12 2014
 SANTA FE, NM

PS Form 3811, February 2004

7006 2760 0001 6378 1282

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)
 For delivery information visit **usps.com**

OFFICIAL

Postage \$ 6.09
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.09
 Total Postage & Fees \$ 18.18

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
ANDREW A BAKER JR
PO BOX 1703
BLOOMFIELD, NM 87413

Postmark Here
 SEP 12 2014
 SANTA FE, NM

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)
 For delivery information visit **usps.com**

OFFICIAL

Postage \$ 6.09
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.09
 Total Postage & Fees \$ 18.18

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
ANDREW A BAKER JR
PO BOX 1703
BLOOMFIELD, NM 87413

Postmark Here
 SEP 12 2014
 SANTA FE, NM

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AMOS CHAVEZ
 PO BOX 240
 COUNSELOR, NM 87018

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 1275

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ACTION ON DELIVERY

A. Signature

x Angie Harrison
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Angie Harrison

C. Date of Delivery

9-18-14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

ANDREW A BAKER JR
 PO BOX 1703
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 1282

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

x Flouise Baker
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Flouise Baker

C. Date of Delivery

9-15-14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1299

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information, visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 6.95
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1.00
Total Postage & Fees	\$ 13.95

Postmark Here
 SEP 12 2014

ANDREW CHAVEZ
 781 HOPE AVE
 FARMINGTON, NM 87401

For Instructions

7006 2760 0001 6378 1312

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 6.95
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1.00
Total Postage & Fees	\$ 13.95

Postmark Here
 SEP 12 2014

Sent To
 Street, Apt. or PO Box
 City, State
 ANNABELLE ATCITY
 PO BOX 1181
 FARMINGTON, NM 87499

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ANDREW CHAVEZ
 781 HOPE AVE
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 1299

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.

1. Article Addressed to:

ANNABELLE ATCITY
 PO BOX 1181
 FARMINGTON, NM 87499

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 1312

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ACTION ON DELIVERY

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

B. Received by (Printed Name)
 Vanessa Salt

C. Date of Delivery
 9-25-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

ACTION ON DELIVERY

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

B. Received by (Printed Name)
 Annabelle Atcity

C. Date of Delivery
 9-25-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5051 2760 0001 6378 1305

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Sent To: **ANNA C MARTINEZ**
PO BOX 1411
CUBA, NM 87013-1411

PS Form 3811, February 2004

5051 2760 0001 6378 1329

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Sent To: **ANNIE CHAVEZ**
PO BOX 15
NAGEEZI, NM 87037-0015

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
ANNA C MARTINEZ
PO BOX 1411
CUBA, NM 87013-1411

2. Article Number (Transfer from service label): **7006 2760 0001 6378 1305**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: **Enebyn C Lopez**
☐ Agent ☐ Addressee
 B. Received by (Printed Name): **Enebyn C Lopez**
 C. Date of Delivery: **9-17-14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
ANNIE CHAVEZ
PO BOX 15
NAGEEZI, NM 87037-0015

2. Article Number (Transfer from service label): **7006 2760 0001 6378 1329**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: **Annie Chavez**
☐ Agent ☐ Addressee
 B. Received by (Printed Name): **Annie Chavez**
 C. Date of Delivery: **9/16/14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6377 5564

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	669
Sent To	ANTHONY, SIEPHRENO R
Street, or P.O.	PO BOX 54
City, St.	NAGEEZI, NM 87037
PS Form 3811, February 2004 See Reverse for Instructions	

CERTIFIED MAIL™	
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:	
ANTHONY, SIEPHRENO R PO BOX 54 NAGEEZI, NM 87037	
2. Article Number (Transfer from service label)	
7006 2760 0001 6377 5564	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SECTION ON DELIVERY	
A. Signature	
* <i>Pauline Alencio</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
Pauline Alencio	8-16-14
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, enter delivery address below:	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7006 2760 0001 6378 1336

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669
Sent To	APRIL J BROWN
Street, or P.O.	3903 WELLINGTON ST
City, St.	FARMINGTON, NM 87402
PS Form 3811, February 2004 See Reverse for Instructions	

7006 2760 0001 6378 3514

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE

OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 659

Sent To: **ARLINDA BREWER**
 Street, Apt. or PO Box: **2801 TULIPAN LOOP SE**
 City, State: **RIO RANCHO, NM 87124**

PS Form 3811, February 2004

7006 2760 0001 6378 3507

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE

OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 659

Sent To: **ARLENE KELLYWOOD**
 Street, Apt. or PO Box: **PO BOX 2093**
 City, State: **BLOOMFIELD, NM 87413**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ARLENE KELLYWOOD
PO BOX 2093
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

7006 2760 0001 6378 3507

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Anthony Kellywood* ☒ Agent ☐ Addressee

B. Received by (Printed Name): **Anthony Kellywood** C. Date of Delivery: **9/17/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

9955 2269 1000 0942 2700

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
BETTONIE TSOSIE

For delivery information visit **OFFICIAL USE**

Postage	\$	609
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Post		

Sent To: **ARMENTA, PAULINE**
 Street, Apt. or PO Box: **PO BOX 1216**
 City, State: **DURANGO, CO 81302**

PS Form 3811, February 2004

1256 2269 1000 0942 2700

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
BETTONIE TSOSIE

For delivery information visit **OFFICIAL USE**

Postage	\$	609
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	609

Sent To: **ARNOLD TRUJILLO, C/O**
 Street, Apt. or PO Box: **EASTERN NAVAJO AGENCY PO BOX 328**
 City, State: **CROWNPOINT, NM 87313**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ARMENTA, PAULINE
PO BOX 1216
DURANGO, CO 81302

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 5366

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.

1. Article Addressed to:

ARNOLD TRUJILLO, C/O
EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 13521

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ON ON DELIVERY

A. Signature

X *Pauline Armenta*☐ Agent☐ Addressee

B. Received by (Printed Name)

Pauline Armenta

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

ON ON DELIVERY

A. Signature

X *Malinda Smith*☐ Agent☐ Addressee

B. Received by (Printed Name)

Malinda Smith

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 5236

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL**
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 669

Postmark Here
 SEP 12 2014

Sent To
 ARVISO, STEPHANNIE A
 13105 FRUIT AVE APT D
 ALBUQUERQUE, NM 87123

PS Form 3811, February 2004

7006 2760 0001 6378 3538

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL**
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 669

Postmark Here
 SEP 12 2014

Sent To
 AUSTIN VICTOR
 PO BOX 71
 NAGEEZI, NM 87037

PS Form 3811, February 2004

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AUSTIN VICTOR
 PO BOX 71
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Austin Victor ☐ 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: ☐ No

Austin Victor

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 3538

7006 2760 0001 6377 5243

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information
OFFICIAL USE

Postage \$ 0.00
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 6.00

Sent To **BARBER ESTATE, MAY A**
 (MAY ROY)
 PO BOX 64
 WATERFLOW, NM 87421

PS Form 3811, February 2004

7006 2760 0001 6377 5267

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information via
OFFICIAL USE

Postage \$ 0.00
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00

Sent To **BEGAY, ANNIE C**
 PO BOX 431
 SHIPROCK, NM 87420

PS Form 3811, February 2004

CERTIFIED MAIL
 SEND TO THE ADDRESSEE
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE 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:
BEGAY, ANNIE C
PO BOX 431
SHIPROCK, NM 87420

2. Article Number:
 (Transfer from service label) **7006 2760 0001 6377 5267**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
☒ Agent ☐ Addressee
Annie C. Begay
 B. Received by (Printed Name) **Annie C. Begay**
 C. Date of Delivery **09-15-14**
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

7006 2760 0001 6377 5274

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Ins)	
MHF/ENCANA BETTONIE TSOSIE	
For delivery information visit usps.com	
OFFICIAL USE	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark SEP 12 2014	
BEGAY, BERTHA K PO BOX 443 CHURCHROCK, NM 87311	

7006 2760 0001 6377 5250

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Ins)	
MHF/ENCANA BETTONIE TSOSIE	
For delivery information visit usps.com	
OFFICIAL USE	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark SEP 12 2014	
To: BEGAY ESTATE, AMEYA J 2456 MICHAEL RD BELLINGHAM, WA 98226	

CERTIFIED MAIL PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.	
SENDER: COMPLETE THIS SECTION	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	
BEGAY, BERTHA K PO BOX 443 CHURCHROCK, NM 87311	
2. Article Number (Transfer from service label)	
7006 2760 0001 6377 5274	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
SECTION ON DELIVERY	
A. Signature x Bertha K. Begay <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) Bertha K. Begay	
C. Date of Delivery 9-17-14	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7006 2760 0001 6377 5291

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**

OFFICIAL USE

Postage	\$	6
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent: BEGAY, GRANT J
Street or PO: PO BOX 536
City: SHIPROCK, NM 87420

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 5441

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**

OFFICIAL USE

Postage	\$	6
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent: BEGAY, JOE K
Street or PO: PO BOX 981
City: SHIPROCK, NM 87420

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

BEGAY, JOE K
 PO BOX 981
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label): 7006 2760 0001 6377 5441

RECIPIENT: COMPLETE THIS SECTION

A. Signature: *Joe K Begay* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Joe K Begay* Date of Delivery: *9/15/14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 5458

U.S. Postal Service TM	
CERTIFIED MAIL[®]	
(Domestic Mail Only) MHF/ ENCANA	
BETTONIE TSOSIE	
For delivery information, visit usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
BEGAY, JOHNNY PO DRAWER 1228 SHIPROCK, NM 87420	
Postmark Here	
SEP 12 2004	
Instructions	

7006 2760 0001 6377 5465

U.S. Postal Service TM	
CERTIFIED MAIL[®]	
(Domestic Mail Only) MHF/ ENCANA	
BETTONIE TSOSIE	
For delivery information, visit usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
BEGAY, MONICA S PO BOX 5652 FARMINGTON, NM 87499	
Postmark Here	
SEP 15 2004	
Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BEGAY, JOHNNY
PO DRAWER 1228
SHIPROCK, NM 87420

2. Article Number:
(Transfer from service label)

7006 2760 0001 6377 5458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ON: ON DELIVERY

A. Signature

X *John N. Begay*☐ Agent☐ Addressee

B. Received by (Printed Name)

John N. Begay

C. Date of Delivery

SEP 12 2004

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

BEGAY, MONICA S
PO BOX 5652
FARMINGTON, NM 87499

2. Article Number:
(Transfer from service label)

7006 2760 0001 6377 5465

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ACTION ON DELIVERY

A. Signature

X *Monica S. Begay*☐ Agent☐ Addressee

B. Received by (Printed Name)

Monica S. Begay

C. Date of Delivery

SEP 15 2004

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 5472

U.S. Postal Service™
CERTIFIED MAIL™ MHF/ ENCANA
 (Domestic Mail Only) BETTONIE TSOSIE

For delivery information visit usps.com

OFFICIAL USE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here
 SEP 12 2004

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

BEGAY, NOMANITA J
 P.O. BOX 536
 SHIPROCK, NM 87420

PS Form 3811, February 2004 See reverse for instructions

7006 2760 0001 6377 5489

U.S. Postal Service™
CERTIFIED MAIL™ MHF/ ENCANA
 (Domestic Mail Only) BETTONIE TSOSIE

For delivery information visit usps.com

OFFICIAL USE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here
 SEP 12 2004

Sent To
 Street, Apt. or P.O. Box
 City, State

BEGAY, RICHARD L
 PO BOX 3091
 SHIPROCK, NM 87420

PS Form 3811, February 2004 See reverse for instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

BEGAY, NOMANITA J
 P.O. BOX 536
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5472

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Date of Delivery

C. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so 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, RICHARD L
 PO BOX 3091
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5489

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Date of Delivery

C. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No International)
 For delivery information visit usps.com

OFFICE

Postage \$ 3.30

Certified Fee 2.70

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.00

Postmark Here
 SEP 12 2006

Sent to
 Street or P.O. Box
 City, State, ZIP+4[®]

BEGAY, TOMMY C
PO BOX 1191
SHIPROCK, NM 87420

Instructions

2006 2760 0000 6377 5502

MAIL PERMIT NO. 1177 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">BEGAY, TOMMY C PO BOX 1191 SHIPROCK, NM 87420</p> <p>2. Article Number 7006 2760 10001 16377 5496 (Transfer from service label)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p style="text-align: center;"><i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;">ELIZABETH BEGAY 10/18/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

6155 2269 0001 6377 5526

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MHF/ ENCANA**
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 6.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees 12.90

Postmark Here
 SEP 12 2014

Sent To
 Street, or PO Box
 City, St
BENALLY, NORA
PO BOX 526
BLOOMFIELD, NM 87413

PS Form 3811, February 2004

7006 2760 0001 6377 5526

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MHF/ ENCANA**
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 6.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees 12.90

Postmark Here
 SEP 12 2014

Sent To
 Street, or PO Box
 City, St
BENALLY, NORRIS C
PO BOX 226
SANOSTEE, NM 87461-0226

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
BENALLY, NORA
PO BOX 526
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
7006 2760 0001 6377 1551 9111

SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
x Nora Benally

B. Received by (Printed Name) **Nora Benally**
 C. Date of Delivery **9-17-14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
BENALLY, NORRIS C
PO BOX 226
SANOSTEE, NM 87461-0226

2. Article Number (Transfer from service label)
7006 2760 0001 6377 5526

SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
x Norris Benally

B. Received by (Printed Name) **Norris Benally**
 C. Date of Delivery **9/13/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6377 5533

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF/ ENCANA**)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$ 1.00
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	

Postmark Here
SEP 12 2014

BENALLY, TREVA
5 RD 5457
FARMINGTON, NM 87401-1441

Sent by _____
 Street or PO _____
 City, S _____
 PS Form _____ Instructions

7006 2760 0001 6377 5700

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF/ ENCANA** Provided)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$ 1.00
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	

Postmark Here
SEP 12 2014

BENIAH, REX
PO BOX 1645
SHIPROCK, NM 87420

Sent by _____
 Street or PO _____
 City, S _____
 PS Form _____ Instructions

Return

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF/ ENCANA** Provided)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

BENIAH, REX
PO BOX 1645
SHIPROCK, NM 87420

2. Article Number (Transfer from service label)

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Bethy Bayley

B. Received by (Printed Name) **Bethy Bayley** C. Date of Delivery **9-16-14**

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

7006 2760 0001 6377 5700

7006 2760 0001 6377 5717

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins) **MHF/ ENCANA**
 For delivery information visit **BETTONIE TSOSIE**

OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage	

Postmark Here
 SEP 12 2006

Sent To
 BENIOH, SYLVIA A
 313 E 28TH ST APT 333
 FARMINGTON, NM 87401

PS Form 3800, August 2006

255E 8 6378 3552

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins) **MHF/ENCANA**
 For delivery information visit **BETTONIE TSOSIE**

OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here
 SEP 12 2006

Sent To
 BENJAMIN CHARLIE
 PO BOX 164
 CUBA, NM 87013-0164

PS Form 3800, August 2006

Return

7006 2760 0001 6377 5373

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL**
BETTONIE TSOSIE

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total 6.00

Sent To: BENJAMIN, DENNIS, C/O
 ILENE WOODS
 POST OFFICE BOX 2572
 SHIPROCK, NM 87420

Postmark Here: SEP 12 2014

7006 2760 0001 6377 5380

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL**
BETTONIE TSOSIE

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total 6.00

Sent To: BENJAMIN, DONALD
 PO BOX 1366
 SHIPROCK, NM 87420

Postmark Here: SEP 12 2014

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 BENJAMIN, DENNIS, C/O
 ILENE WOODS
 POST OFFICE BOX 2572
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5373

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Ilene Woods ☐ Agent ☐ Addressee

B. Received by (Printed Name) ILENE WOODS C. Date of Delivery 9-18-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 BENJAMIN, DONALD
 PO BOX 1366
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5380

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Donald Benjamin ☐ Agent ☐ Addressee

B. Received by (Printed Name) Donald Benjamin C. Date of Delivery 9-22-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 5724

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance) **MHF/ENCANA**
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 09
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 009
 Total 669

Postmark Here
 SEP 12 2014

Sent To
 BENJAMIN ESTATE, ROSE L, C/O
 EASTERN NAVAJO PROBATE
 POST OFFICE BOX 3538
 SHIPROCK, NM 87420

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6377 5397

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance) **MHF/ENCANA**
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 09
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 009
 Total 669

Postmark Here
 SEP 12 2014

Sent To
 BENJAMIN, JIMMY
 208 WEST 14TH ST #216
 LOS ANGELES, CA 90015

PS Form 3811, February 2004 See Reverse for Instructions

U.S. MAIL
SEND
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

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

1. Article Addressed to:
 BENJAMIN ESTATE, ROSE L, C/O
 EASTERN NAVAJO PROBATE
 POST OFFICE BOX 3538
 SHIPROCK, NM 87420

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 5724

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Signature Bettonie Tsosie ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Bettonie Tsosie C. Date of Delivery 9-7-14
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

U.S. MAIL
SEND
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

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

1. Article Addressed to:
 BENJAMIN, JIMMY
 208 WEST 14TH ST #216
 LOS ANGELES, CA 90015

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 5397

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Signature X ☐ Agent ☐ Addressee
 B. Received by (Printed Name) 9/1/14 C. Date of Delivery 9/1/14
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6377 5403

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$ 09
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1269

Sent To
BENJAMIN, JONES
PO BOX 1366
SHIPROCK, NM 87420

Postmark Here
 SEP 12 2014

PS Form 3811, February 2004

7006 2760 0001 6378 3545

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$ 09
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1269

Sent To
BENJAMIN A SIMS
PO BOX 1264
SHIPROCK, NM 87420-1264

Postmark Here
 SEP 12 2014

PS Form 3811, February 2004

SENDER
 COMPLETE THIS SECTION AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

ACTION ON DELIVERY

1. Article Addressed to:
 BENJAMIN, JONES
 PO BOX 1366
 SHIPROCK, NM 87420

2. Article Number: 7006 2760 0001 6377 5403
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
☒ Agent ☐ Addressee
 B. Received by (Printed Name) *Benjamin Jones*
 C. Date of Delivery *9-27-14*
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

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

7006 2760 0001 6377 5410

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Return Receipt)
 For delivery information visit usps.com

OFFICIAL USE

Postage \$ 1.09
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 1.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage 6.09

Postmark Here
 SEP 12 2014

Sent To **BENJAMIN, STANLEY**
 Street, Apt. or PO Box **PO BOX 3973**
 City, State **SHIPROCK, NM 87420**

PS Form 3811, February 2004

Return

7006 2760 0001 6377 5427

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Return Receipt)
 For delivery information visit usps.com

OFFICIAL USE

Postage \$ 1.09
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total 7.09

Postmark Here
 SEP 12 2014

Sent To **BENJAMIN, TONY**
 Street, Apt. or P.O. **PO BOX 1243**
 City, State **SHIPROCK, NM 87420**

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Return Receipt)
 For delivery information visit usps.com

SENDER'S ACTION 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
SHIPROCK, NM 87420

2. Article Number:
 (Transfer from service label) **7006 2760 0001 6377 5427**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
☒ Agent ☐ Addressee
Tony Benjamin

B. Received by (Printed Name) **Tony Benjamin** Date of Delivery **9/15/14**

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

7006 2760 0001 6378 3569

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance)	
For delivery information visit usps.com	
OFFICIAL	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1669
Sent To: BERTHA LOPEZ Street, Apt. or PO Box: PO BOX 64 City, State: NAGEEZI, NM 87037-0064	
PS Form 3811, February 2004	

7006 2760 0001 6378 3576

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance)	
For delivery information visit usps.com	
OFFICIAL	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1669
Sent To: BERTHA POWE Street, Apt. or PO Box: 3649 CHICAGO AVE APT 2 City, State: MINNEAPOLIS, MN 55407	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BERTHA LOPEZ
PO BOX 64
NAGEEZI, NM 87037-0064

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 3569

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Celestina George** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Celestina George** C. Date of Delivery **9/15/14**

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

BERTHA POWE
3649 CHICAGO AVE APT 2
MINNEAPOLIS, MN 55407

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 3576

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 3583

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/ENCANA	
BETTONNIE TSOSIE	
OFFICE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	669
Postmark Here	
Sent To	
BESSIE B REVAL	
PO BOX 864	
DULCE, NM 87528-0864	
PS Form 3811, February 2004	

7006 2760 0001 6378 3583

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/ENCANA	
BETTONNIE TSOSIE	
OFFICE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	669
Postmark Here	
Sent To	
BETTY YAZZIE	
PO BOX 124	
NAGEEZI, NM 87037-0124	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BESSIE B REVAL
PO BOX 864
DULCE, NM 87528-0864

2. Article Number (Transfer from service label)

7006 2760 0001 6378 3583

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[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:

- ☐ Yes
☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 4153

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

For delivery information visit **OFFICIAL USE**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1069

SEP 12 2014
 Postmark Here

Sent To
BEVERLY G DISWOOD
PO BOX 1892
FARMINGTON, NM 87499

PS Form 3811, February 2004

7006 2760 0001 6378 4160

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

For delivery information visit **OFFICIAL USE**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1069

SEP 12 2014
 Postmark Here

Sent To
BOBBY HERRERA
PO BOX 2
COUNSELOR, NM 87018

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BEVERLY G DISWOOD
PO BOX 1892
FARMINGTON, NM 87499

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4153

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Beverly G. Diswood ☐ Agent ☐ Addressee
- B. Received by (Printed Name) BEVERLY G DISWOOD
- C. Date of Delivery SEP 15 2014 ☐ Yes ☐ No
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

BOBBY HERRERA
PO BOX 2
COUNSELOR, NM 87018

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4160

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Shirley Herrera ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Shirley Herrera
- C. Date of Delivery 09-10-14 ☐ Yes ☐ No
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

5804 92E9 1000 0922 9002

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

For delivery information visit our website at usps.com

OFFICIAL

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 100

Total Postage & Fees \$ 100

Sent To
 Street, Apt. 1 or PO Box
 City, State, ZIP+4®
BRENDA GARNANEZ
COUNTY ROAD 5364 #20
FARMINGTON, NM 87401

PS Form 3811, February 2004

9204 92E9 1000 0922 9002

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

For delivery information visit our website at usps.com

OFFICIAL

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 100

Total Postage & Fees \$ 100

Sent To
 Street, Apt. 1 or PO Box
 City, State, ZIP+4®
BRENDA A JOHNSON
PO BOX 2044
KIRTLAND, NM 87417

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BRENDA GARNANEZ
COUNTY ROAD 5364 #20
FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4085

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Brenda Garnanez
☒ Agent
☒ Addressee

B. Received by (Printed Name)

Brenda Garnanez

C. Date of Delivery

2/15/04

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

BRENDA A JOHNSON
PO BOX 2044
KIRTLAND, NM 87417

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4078

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Brenda Johnson
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 5434

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Ins)		MHF/ENCANA BETTONIE TSOSIE	
For delivery information visit OFFICIAL			
Postage	\$	69	Postmark Here SEP 12 2014
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)		669	
Tot			
Sent	BRYANT, BETTY L 2208 LA PLATA CORTEZ, CO 81321		
Street or P.O. City			
PS Form 3811, February 2004			

SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>BRYANT, BETTY L 2208 LA PLATA CORTEZ, CO 81321</p>		<p>A. Signature X <i>Betty Bryant</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Betty Bryant</i> C. Date of Delivery <i>9/13/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label) 7006 2760 0001 6377 15434</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

7006 2760 0001 6378 4092

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Ins)		MHF/ENCANA BETTONIE TSOSIE	
For delivery information visit OFFICIAL			
Postage	\$	69	Postmark Here SEP 16 2014
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)		669	
Total Postage & Fees	\$		
Sent	BRUCE VICTOR ESTATE PO BOX 4 AZTEC, NM 87410		
Street or P.O. City			
PS Form 3811, February 2004			

SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>BRUCE VICTOR ESTATE PO BOX 4 AZTEC, NM 87410</p>		<p>A. Signature X <i>Herman Victor</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Herman Victor</i> C. Date of Delivery <i>SEP 16 2014</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label) 7006 2760 0001 6378 4092</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

7006 2760 0001 6378 1350

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

For delivery information visit **OFFIC** **BETTONNIE TSOSIE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

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

Bureau of Land Management
 P.O. Box 27115
 Santa Fe, NM 87502

Postmark
 SEP 12 2014
 SANTA FE NM 87504

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bureau of Land Management
 P.O. Box 27115
 Santa Fe, NM 87502

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
 C. Date of Delivery
 SEP 15 2014

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1350

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 4108

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

For delivery information visit **OFFIC** **BETTONNIE TSOSIE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

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

CALVIN CHAVEZ
 4633 GILA ST TRLR 8
 FARMINGTON, NM 87402

Postmark
 SEP 12 2014
 SANTA FE NM 87504

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CALVIN CHAVEZ
 4633 GILA ST TRLR 8
 FARMINGTON, NM 87402

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
 C. Date of Delivery
 SEP 12 2014

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4108

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 5601

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

OFFICIAL USE

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

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 669
Total 1068

Postmark Here
 SEP 12 2004

Sent To: CANTSEE, VINA M
Street, or P.O.: PO BOX 1163
City, St.: WINDOW ROCK, AZ 86515

PS Form 3811, February 2004 See reverse for instructions

7006 2760 0001 6377 5618

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

OFFICIAL USE

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

Postage \$ 104
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 669
Total 1373

Postmark Here
 SEP 12 2004

Sent To: CAPITAN, LENA B
Street, or P.O.: BOX 102
City, St.: MONTEZUMA CREEK, UT 84534

PS Form 3811, February 2004 See reverse for instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 CANTSEE, VINA M
 PO BOX 1163
 WINDOW ROCK, AZ 86515

2. Article Number: 7006 2760 0001 6377 5601
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☒ Agent ☐ Addressee

B. Received by (Printed Name): [Name]
 C. Date of Delivery: 9-18-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 CAPITAN, LENA B
 BOX 102
 MONTEZUMA CREEK, UT 84534

2. Article Number: 7006 2760 0001 6377 5618
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☒ Agent ☐ Addressee

B. Received by (Printed Name): [Name]
 C. Date of Delivery: 9-18-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4115

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

 (Domestic Mail Only; No Ins) MHF/ENCANA
 For delivery information visit o BETTONNIE TSOSIE
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	60
Total Postage & Fees	\$


 Sent 1
 Street or PO
 City, State
 CARLENE TSOSIE, C/O
 ELVIRA P. TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

PS Form

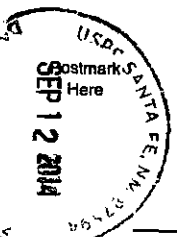
Instructions

7006 2760 0001 6378 4122

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

 (Domestic Mail Only; No Ins) MHF/ENCANA
 For delivery information visit o BETTONNIE TSOSIE
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	60
Total Postage & Fees	\$


 Sent 1
 Street or PO
 City, State
 CARLESTON VICTOR
 PO BOX 266
 NAGEEZI, NM 87037-0266

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 CARLENE TSOSIE, C/O
 ELVIRA P. TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 4115

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.

1. Article Addressed to:

 CARLESTON VICTOR
 PO BOX 266
 NAGEEZI, NM 87037-0266

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 4122

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ON DELIVERY

A. Signature

X [Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/17/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X [Signature: Carlestone Victor]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Carlestone Victor

C. Date of Delivery

9/18/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 4146

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 3.69
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.69
 Total Postage & Fees 16.38

Sent To **CAROLINE CHARLIE**
PO BOX 67
NAGEEZI, NM 87037-0067

Postmark Here

PS Form 3811, February 2004

7006 2760 0001 6378 3811

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 3.69
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.69
 Total Postage & Fees 16.38

Sent To **CAROLINE LOPEZ**
PO BOX 236
NAGEEZI, NM 87037-0236

Postmark Here

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CAROLINE CHARLIE
PO BOX 67
NAGEEZI, NM 87037-0067

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 4146

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.

1. Article Addressed to:

CAROLINE LOPEZ
PO BOX 236
NAGEEZI, NM 87037-0236

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 3811

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Caroline Char ☐ Agent ☐ Addressee

B. Received by (Printed Name) Caroline Char C. Date of Delivery 9/16/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Caroline Lopez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Caroline Lopez C. Date of Delivery 9/16/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4139

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICE	
MHF/ENCANA BETTONNIE TSOSIE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	669
Sent _____ Street or PO _____ City _____ State _____ Zip _____	
CAROLINE A PERRY PO BOX 88 SMITH LAKE, NM 87365	

7006 2760 0001 6378 3798

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICE	
MHF/ENCANA BETTONNIE TSOSIE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	669
Sent _____ Street or P _____ City _____ State _____ Zip _____	
CAROLINE VICTOR PO BOX 356 BLOOMFIELD, NM 87413	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CAROLINE A PERRY
PO BOX 88
SMITH LAKE, NM 87365

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 4139

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DELIVERY

A. Signature

X *Caroline Perry*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Caroline Perry

C. Date of Delivery

9-13-14

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

3. Service Type

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CAROLINE VICTOR
PO BOX 356
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 3798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Caroline Victor*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Caroline Victor

C. Date of Delivery

9/16/14

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

3. Service Type

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

7006 2760 0001 6378 3804

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Ins)	
For delivery information visit usps.com	
OFFICIAL	
Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.00
Total Postage & Fees	\$
Sent To	
CASPER LOPEZ ESTATE	
GENERAL DELIVERY	
COUNSELOR, NM 87018	
PS Form	

7006 2760 0001 6377 5625

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Ins)	
For delivery information visit usps.com	
OFFICIAL	
Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.00
Total Postage & Fees	\$
Sent To	
CASON, RITA M	
801 S PAULINE AVE APT B	
EL RENO, OK 73036	
PS Form	

Return

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Ins)	
For delivery information visit usps.com	
OFFICIAL	
Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.00
Total Postage & Fees	\$
Sent To	
CASON, RITA M	
801 S PAULINE AVE APT B	
EL RENO, OK 73036	
PS Form	

2. Article Number
(Transfer from service label)

7006 2760 0001 6377 5625

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 5632

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL MAIL**
MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 6.90
Certified Fee	3.70
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 13.30

Postmark Here
 SEP 12 2014

Sent To: CASTILLO, RITA
Street or PO Box: PO BOX 4445
City, State, ZIP+4: SHIPROCK, NM 87420

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL MAIL**
MHF/ENCANA
BETTONIE TSOSIE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, RITA
 PO BOX 4445
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label): 7006 2760 0001 6377 5632

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Rita Castillo* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Rita Castillo* C. Date of Delivery: *9-15-14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 3781

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL MAIL**
MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 6.90
Certified Fee	3.50
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 13.10

Postmark Here
 SEP 12 2014

Sent To: CECILIA S CORNFIELDS
Street or PO Box: PO BOX 1591
City, State, ZIP+4: FRUITLAND, NM 87416

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL MAIL**
MHF/ENCANA
BETTONIE TSOSIE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
 CECILIA S CORNFIELDS
 PO BOX 1591
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label): 7006 2760 0001 6378 3781

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cecilia Cornfield* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Cecilia Cornfield* C. Date of Delivery: *9-15-14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

36

7006 2760 0001 6376 7613

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

For delivery information visit **usps.com**

OFFICIAL USE

Postage \$ 0.91

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.91

Postmark Here

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

CHARLENE MCCALLISTER
 PO BOX 333
 RUIDOSO DOWNS, NM 88346

PS Form 3811, February 2004

7006 2760 0001 6377 5649

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

For delivery information visit **usps.com**

OFFICIAL USE

Postage \$ 0.91

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.91

Postmark Here

Sent To
 Street, Apt. or P.O. Box
 City, State

CHARLEY ESTATE, ELEANOR
 P. O. BOX 401
 SANOSTEE, NM 87461

PS Form 3800, August 2000

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CHARLENE MCCALLISTER
 PO BOX 333
 RUIDOSO DOWNS, NM 88346

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
Charlene McCallister

B. Received by (Printed Name) C. Date of Delivery
Charlene McCallister SEP 17 2004

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 5656

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFICIAL** **MHF/ENCANA BETTONIE TSOSIE**

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total P	\$	669

Postmark Here
 SEP 17 2014

Sent To
 Street, A or PO Box
 City, Sta

CHAVEZ, ALICE
 PO BOX 23
 MEXICAN SPRINGS, NM 87320

PS Form 3800, August 2004

7006 2760 0001 6378 1046

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFICIAL** **MHF/ENCANA BETTONIE TSOSIE**

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	669

Postmark
 SEP 17 2014

Sent To
 Street, A or PO Box
 City, Sta

CHARLES MARTINEZ
 PO BOX 22
 NAGEEZI, NM 87037-0022

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CHARLES MARTINEZ
 PO BOX 22
 NAGEEZI, NM 87037-0022

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 1046

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Charles Martinez

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Louise Martinez

C. Date of Delivery

9/17/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

Return

7006 2760 0001 6377 5670

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA Provided)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage	\$ 1.01
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total	6.51

Sent **CHIQUITO, GLEN**
 Street or P.O. **PO BOX 184**
 City **NAGEEZI, NM 87037-0184**

Postmark Here **SEP 12 2004**

PS Form 3811, February 2004 Instructions

7006 2760 0001 6377 5687

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA Provided)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage	\$ 1.01
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total	6.51

Sent **CHIQUITO, JOHNSON**
 Street or P.O. **PO BOX 203**
 City **COUNSELOR, NM 87018**

Postmark Here **SEP 12 2004**

PS Form 3811, February 2004 Instructions

CERTIFIED MAIL™
 SENDER: COMPLETE
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
 ACTION ON DELIVERY

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

1. Article Addressed to:
CHIQUITO, GLEN
PO BOX 184
NAGEEZI, NM 87037-0184

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5670**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature **Elouise Atercio** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Elouise Atercio** C. Date of Delivery **09/20/14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

CERTIFIED MAIL™
 SENDER: COMPLETE
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
 ACTION ON DELIVERY

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

1. Article Addressed to:
CHIQUITO, JOHNSON
PO BOX 203
COUNSELOR, NM 87018

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5687**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature **Alyndra Roshkhai** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Alexander Roshkhai** C. Date of Delivery **9/18/14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6377 5663

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	MHF/ENCANA
OFFICIAL USE	
Postage \$	380
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Postmark Here	
Sent	CHIQUITO SR, BILL
Street or P.O. Box	GENERAL DELIVERY
City, State, ZIP+4	COUNSELOR, NM 87018
PS Form 3811, February 2004	

7006 2760 0001 6377 5694

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Postmark Here	
Sent	CHIQUITO, WILLIE
Street or P.O. Box	GENERAL DELIVERY
City, State, ZIP+4	COUNSELOR, NM 87018
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <u>Bill Chiquito Sr</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Bill Chiquito Sr</u> C. Date of Delivery <u>9-15-14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
CHIQUITO SR, BILL		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <u>Willie Chiquito</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Willie Chiquito</u> C. Date of Delivery <u>9-15-14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
CHIQUITO, WILLIE		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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46

7006 2760 0001 6377 5991

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No International)</i>	
For delivery information visit OFFICIAL USE	
Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.78
Restricted Delivery Fee (Endorsement Required)	0.00
Total	12.08
Postmark Here	
Sent to: CHIQUITO, WILSON J	
Street or PO: GENERAL DELIVERY	
City: COUNSELOR, NM 87018	
PS Form 3800, August 2000 See Reverse for Instructions	

7006 2760 0001 6378 1060

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669

Postmark Here
 SEP 12 2014

Sent To: **CLARA M ANTHONY**
 Street or P.O. Box: **PO BOX 561**
 City, State, ZIP+4: **BLOOMFIELD, NM 87413**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
CLARA M ANTHONY
PO BOX 561
BLOOMFIELD, NM 87413

2. Article Number:
 (Transfer from service label) **7006 2760 0001 6378 1060**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lucian Anthony* ☐ Agent ☒ Addressee

B. Received by (Printed Name): **Lucian Anthony** C. Date of Delivery: **9-13**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 1077

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total P	669

Postmark Here
 SEP 16 2014

Sent To: **CLARENCE BEYALE**
 Street, P.O. Box, or POB: **PO BOX 3308**
 City, State, ZIP+4: **FARMINGTON, NM 87499**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
CLARENCE BEYALE
PO BOX 3308
FARMINGTON, NM 87499

2. Article Number:
 (Transfer from service label) **7006 2760 0001 6378 1077**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Clarence Beyale* ☐ Agent ☒ Addressee

B. Received by (Printed Name): **Clarence Beyale** C. Date of Delivery: **SEP 16 2014**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 6004

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit OFFICIAL MHF/ENCANA BETTONIE TSOSIE	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	169
Restricted Delivery Fee (Endorsement Required)	
Total P&c	
Sent To	CLITSO, CLAUDIA A
Street, Ap or PO Box	PO BOX 832
City, State	TONALEA, AZ 86044
PS Form 3811, February 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		SECTION ON DELIVERY A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Claudia Clitso</i> C. Date of Delivery <i>9-18-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: CLITSO, CLAUDIA A PO BOX 832 TONALEA, AZ 86044		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <i>7006 2760 0001 6377 6004</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6378 1084

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit OFFICIAL MHF/ENCANA BETTONIE TSOSIE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total P&c	169
Sent To	CONRITA LARVIE
Street, Ap or PO Box	PO BOX 2296
City, State	FRUITLAND, NM 87416
PS Form 3811, February 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		SECTION ON DELIVERY A. Signature <i>Conrita Larvie</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>CONRITA LARVIE</i> C. Date of Delivery <i>9-15-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: CONRITA LARVIE PO BOX 2296 FRUITLAND, NM 87416		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <i>7006 2760 0001 6378 1084</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6377 5731

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage	1069

Postmark Here
 SEP 12 2014

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

CURTIS, PHOEBE ANN
PO BOX 1533
KIRTLAND, NM 87417

PS Form 3800, February 2004

7006 2760 0001 6378 1091

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	1069

Postmark Here
 SEP 12 2014

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

CUSTER MARTINEZ
PO BOX 97
FINLEY, OK 74543-0097

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CURTIS, PHOEBE ANN
PO BOX 1533
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5731**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X. Phoebe A. Curtis

B. Received by (Printed Name) **Phoebe A. Curtis** C. Date of Delivery **SEP 19 2014**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CUSTER MARTINEZ
PO BOX 97
FINLEY, OK 74543-0097

2. Article Number (Transfer from service label) **7006 2760 0001 6378 1091**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X. Eugene Martinez

B. Received by (Printed Name) **Eugene Martinez** C. Date of Delivery **9/22/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1107

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit usps.com

OFFIC MHF/ENCANA
 BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 100
 Tot: 669

Postmark Here

Sent To: DARLENE VICTOR
 717 RUTH LN APT 402
 BLOOMFIELD, NM 87413

PS Form 3800, August 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DARLENE VICTOR
 717 RUTH LN APT 402
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

17006 2760 0001 6378 1107

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Charles Victor
- B. Received by (Printed Name) *Charles Victor*
- C. Date of Delivery *9/13/14*
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1114

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit usps.com

OFFIC MHF/ENCANA
 BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 100
 Total Postage & Fees \$ 669

Postmark Here

Sent To: DARRELL M WATCHMAN
 PO BOX 1493
 KIRTLAND, NM 87417

PS Form 3800, August 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DARRELL M WATCHMAN
 PO BOX 1493
 KIRTLAND, NM 87417

2. Article Number
 (Transfer from service label)

17006 2760 0001 6378 1114

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Martha McDonald
- B. Received by (Printed Name) *Martha McDonald*
- C. Date of Delivery *SEP 16 2014*
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1121

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

For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE

OFFIC

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 609

Postmark Here

Sent To
 Street, or PO Box
 City, State
 PS Form

DAVID BELIDITTO
 PO BOX 93
 COUNSELOR, NM 87018

Instructions

7006 2760 0001 6377 5748

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

For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE

OFFIC

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 609

Postmark Here

Sent To
 Street, or PO Box
 City, State
 PS Form

DAVIS, SYLVIA
 PO BOX 1762
 FRUITLAND, NM 87416

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DAVID BELIDITTO
 PO BOX 93
 COUNSELOR, NM 87018

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x David Beliditto ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

DAVID BELIDITTO 9-15-14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DAVIS, SYLVIA
 PO BOX 1762
 FRUITLAND, NM 87416

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Sylvia J. Davis ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Sylvia J. Davis 9-16-14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 5755

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Inland Postage)
 For delivery information visit usps.com

OFFICIAL

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609
 Total Postage & Fees 1069

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

DAWES ESTATE, LUCY J
 POST OFFICE BOX 488
 SHIPROCK, NM 87420-0488

PS Form 3811, February 2004

Return

7006 2760 0001 6378 1138

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Inland Postage)
 For delivery information visit usps.com

OFFICIAL

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609
 Total Postage & Fees 1069

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

DEANNA WILCOX
 622 JEFFERSON ST
 WINSLOW, AZ 86047

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DEANNA WILCOX
 622 JEFFERSON ST
 WINSLOW, AZ 86047

2. Article Number: 7006 2760 0001 6378 1138
 (Transfer from service label)

RECIPIENT: COMPLETE THIS SECTION

A. Signature Deanna Wilcox ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Deanna Wilcox
 C. Date of Delivery 4-15-14
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 0940

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669
DEBBY NOCKAI 506 W MAPLE ST FARMINGTON, NM 87401	
Sent 1 Street, or PO City, St	
PS Form 3811, February 2004	

7006 2760 0001 6378 0957

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	669
DELBERT K WATCHMAN, C/O HARRISON SIMMS PO BOX 1606 FRUITLAND, NM 87416	
Sent To Street, or PO City, St	
PS Form 3800, August 2006	

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 <i>Anna M. Montano</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: DEBBY NOCKAI 506 W MAPLE ST FARMINGTON, NM 87401		B. Received by (Printed Name) <i>Anna M. Montano</i>	
2. Article Number (Transfer from service label) 7006 2760 0001 6378 0940		C. Date of Delivery 9/8/14	
PS Form 3811, February 2004 Domestic Return Receipt		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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 <i>Mary B. Russell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: DELBERT K WATCHMAN, C/O HARRISON SIMMS PO BOX 1606 FRUITLAND, NM 87416		B. Received by (Printed Name) <i>Mary B. Russell</i>	
2. Article Number (Transfer from service label) 7006 2760 0001 6378 0957		C. Date of Delivery SEP 17 2014	
PS Form 3811, February 2004 Domestic Return Receipt		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7006 2760 0001 6378 0964

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

For delivery information visit **OFFICE** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 64
Certified Fee	330
Return Receipt Fee (Endorsement Required)	278
Restricted Delivery Fee (Endorsement Required)	164
Total Postage & Fees	\$ 64

Postmark Here **SEP 12 2014**

Sent To **DELROY CASTILLO**
 Street, Apt. or PO Box **PO BOX 652**
 City, State **CUBA, NM 87013-0652**

PS Form 3811, February 2004

7006 2760 0001 6378 0971

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

For delivery information visit **OFFICE** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 64
Certified Fee	330
Return Receipt Fee (Endorsement Required)	278
Restricted Delivery Fee (Endorsement Required)	164
Total Postage & Fees	\$ 64

Postmark Here **SEP 12 2014**

Sent To **DESWOOD CHAVEZ**
 Street, Apt. or PO Box **PO BOX 398**
 City, State **NAGEEZI, NM 87037-0398**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

DESWOOD CHAVEZ
PO BOX 398
NAGEEZI, NM 87037-0398

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0971**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
Carol Anne

B. Received by (Printed Name) **Carol Anne** C. Date of Delivery **9/15/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6377 5762

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

For delivery information visit **BETTONIE TSOSIE**

OFFICE

Postage \$ 0.9
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 1.60

Postmark Here

To: **DODGE, HELEN**
PO BOX 3462
SHIPROCK, NM 87420

PS Form 3811, February 2004

7006 2760 0001 6378 0988

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

For delivery information visit **BETTONIE TSOSIE**

OFFICE

Postage \$ 0.9
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 1.60

Postmark Here

Sent To: **DOROTHY VICTOR**
PO BOX 171
BLOOMFIELD, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
DODGE, HELEN
PO BOX 3462
SHIPROCK, NM 87420

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5762**

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

ON DELIVERY

A. Signature ☒ Helen B. Dodge ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Helen B. Dodge** C. Date of Delivery **9/15/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
DOROTHY VICTOR
PO BOX 171
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0988**

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

ON DELIVERY

A. Signature ☒ Dorothy Victor ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Dorothy Victor** C. Date of Delivery **9-15-14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

01ST 92E9 T000 0922 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 6.99
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
Total Postage & Fees	\$ 19.68

Postmark Here
 SEP 12 2014

Sent To
 Street, or PO Box
 City, St
 PS Form 3811, February 2004

Dugan Production Company
 709 East Murray Drive
 Farmington, NM 87401

29ET 92E9 T000 0922 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 6.99
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
Total	\$ 19.68

Postmark Here
 SEP 12 2014

Sent To
 Street, or PO Box
 City, St
 PS Form 3811, February 2004

Dugan Production Company
 709 East Murray Drive
 Farmington, NM 87401

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
 Dugan Production Company
 709 East Murray Drive
 Farmington, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6378 1510

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

RECIPIENT: COMPLETE THIS SECTION

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 Dugan Production Company 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
 Dugan Production Company
 709 East Murray Drive
 Farmington, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6378 1367

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

RECIPIENT: COMPLETE THIS SECTION

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 Dugan Production Company 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0643

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

For delivery information visit **OFFICIAL** **MHF/ENCANA BLANCO WASH**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	600

Dugan Production Corp.
 709 East Murray Drive
 Farmington, NM 87401

Postmark: SEP 2 2014

PS Form 3811, February 2004

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Dugan Production Corp.
 709 East Murray Drive
 Farmington, NM 87401

2. Article Number: 7006 2760 0001 6378 0643
 (Transfer from service label)

ON DELIVERY

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

B. Received by (Printed Name): *Anna Bustamante*

C. Date of Delivery: *9-15-14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 1008

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

For delivery information visit **OFFICIAL** **MHF/ENCANA BETTONNIE TSOSIE**

Postage	\$	64
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	464

EARLENE V JACKSON
 PO BOX 625
 BLOOMFIELD, NM 87413

Postmark: SEP 12 2014

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
EARLENE V JACKSON
 PO BOX 625
 BLOOMFIELD, NM 87413

2. Article Number: 7006 2760 0001 6378 1008
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Earlene Jackson* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Earlene Jackson*

C. Date of Delivery: *9-15-14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 0995

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFIC**
MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 100
 Total Postage & Fees \$ 569

Sent To **EARL MARTINEZ**
 Street, or PO Box **3108 CARMEL DR**
 City, State, ZIP+4® **FARMINGTON, NM 87401**

PS Form 3811, February 2004

7006 2760 0001 6378 1015

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFIC**
MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 100
 Total Postage & Fees \$ 569

Sent To **EDDIE VICTOR JR**
 Street, or PO Box **501 N 4TH ST UNIT 2**
 City, State, ZIP+4® **BLOOMFIELD, NM 87413**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
EDDIE VICTOR JR
501 N 4TH ST UNIT 2
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7006 2760 0001 6378 1015**

COMPLETE THIS SECTION DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee
 B. Received by (Printed Name) SANDRA C. GERRAN
 C. Date of Delivery 9-18-14
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7006 2760 0001 6378 3828

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

For delivery information visit **OFFIC** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 SEP 12 2014

Sent To
 Street, or P.O. Box
 City, Sts
 PS Form

EDISON SLIM
 PO BOX 1299
 TEEC NOS POS, AZ 86514

Instructions

Return

7006 2760 0001 6378 1022

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

For delivery information visit **OFFIC** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 SEP 12 2014

Sent To
 Street, or P.O. Box
 City, Sts
 PS Form

EFFIE BEGAY
 PO BOX 19879
 DENVER, CO 80219

Instructions

7006 2760 0001 6378 1039

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 FEB 12 2014
 ALBUQUERQUE, NM 87102

Sent To
 Street or PO Box
 City, State
ELAINE BETONI
PO BOX 134
NAGEEZI, NM 87037

PS Form 3811, February 2004

7006 2760 0001 6378 0841

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 FEB 12 2014
 ALBUQUERQUE, NM 87102

Sent To
 Street or PO Box
 City, State
ELENA M TRUJILLO
3805 S 100 W
NIBLEY, UT 84321-7633

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ELAINE BETONI
PO BOX 134
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 1039

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.

1. Article Addressed to:

ELENA M TRUJILLO
3805 S 100 W
NIBLEY, UT 84321-7633

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 0841

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

N DELIVERY

A. Signature

X Elaine Betoni

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Elaine Betoni

C. Date of Delivery

9/16/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Elena M Trujillo

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Elena M Trujillo

C. Date of Delivery

9/15/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 5779

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL USE**
 MHF/ENCANA
 BETTONIE TSOSIE

Postage	\$	609
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		609
Total Postage & Fees		1469

Postmark Here
 SEP 12 2014

1. Article Addressed to:
 ELLISON, DAISY L
 PO BOX 886
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label)
 7006 2760 0001 6377 5779

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

7006 2760 0001 6378 0858

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL USE**
 MHF/ENCANA
 BETTONIE TSOSIE

Postage	\$	609
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		609
Total Postage & Fees		1469

Postmark Here
 SEP 12 2014

1. Article Addressed to:
 ELMER B VICTOR, C/O
 NAVAJO CURIO SHOP
 126 E MAIN ST
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 0858

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 ELLISON, DAISY L
 PO BOX 886
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label)
 7006 2760 0001 6377 5779

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

SECTION ON DELIVERY

A. Signature
 X Daisy L Ellison ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 Daisy L Ellison

C. Date of Delivery
 09/18/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 ELMER B VICTOR, C/O
 NAVAJO CURIO SHOP
 126 E MAIN ST
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 0858

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Dylene Garfield ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 Dylene Garfield

C. Date of Delivery
 9/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0865

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International Mail)	
MHF/ENCANA	
For delivery information visit BETTONNIE TSOSIE	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1069
Sent To Street, or PO Box City, State, ZIP+4® PS Form 3811, February 2004	
ELLOUISE BAKER PO BOX 1703 BLOOMFIELD, NM 87413	
Postmark Here SEP 12 2014	

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 <i>Elouise Baker</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: ELLOUISE BAKER PO BOX 1703 BLOOMFIELD, NM 87413		B. Received by (Printed Name) <i>Elouise Baker</i>	
2. Article Number (Transfer from service label) 7006 2760 0001 6378 0865		C. Date of Delivery 9-15-14	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6378 0872

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International Mail)	
MHF/ENCANA	
For delivery information visit BETTONNIE TSOSIE	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1069
Sent To Street, or PO Box City, State, ZIP+4® PS Form 3811, February 2004	
ELVARAE D REED 7300 GEORGETOWN AVE NW ALBUQUERQUE, NM 87120	
Postmark Here SEP 12 2014	

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 <i>Elvarae D Reed</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: ELVARAE D REED 7300 GEORGETOWN AVE NW ALBUQUERQUE, NM 87120		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7006 2760 0001 6378 0872		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6378 0902

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE
 SANTA FE, NM 87504

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

ELVIRA PINTO
 PO BOX 2825
 GALLUP, NM 87305

PS Form 3811, February 2004

Return

7006 2760 0001 6378 0889

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE
 SANTA FE, NM 87504

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

ELVIRA A TRUJILLO
 PO BOX 108
 NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 ELVIRA A TRUJILLO
 PO BOX 108
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 0889

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Elvira T.* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Elvira Trujillo

C. Date of Delivery
 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0896

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	10.69
ELVIRA A WATCHMAN 2402 W SELDON LN PHOENIX, AZ 85021	
Sent <input type="checkbox"/> Street or PO Box <input type="checkbox"/> City, State, ZIP+4® PS Form 3811, February 2004	

7006 2760 0001 6378 0919

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	10.69
EMERSON VICTOR 126 E MAIN ST FARMINGTON, NM 87401	
Sent <input type="checkbox"/> Street, Apt. or PO Box <input type="checkbox"/> City, State, ZIP+4® PS Form 3811, February 2004	

SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

ELVIRA A. WATCHMAN
2402 W SELDON LN
PHOENIX, AZ 85021

2. Article Number (Transfer from service label)

7006 2760 0001 6378 0896

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X Elvira Watchman
- B. Received by (Printed Name) **Elvira Watchman**
- C. Date of Delivery **SEP 12 2014**
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

EMERSON VICTOR
126 E MAIN ST
FARMINGTON, NM 87401

2. Article Number (Transfer from service label)

7006 2760 0001 6378 0919

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X Dyrene Garfield
- B. Received by (Printed Name) **Dyrene Garfield**
- C. Date of Delivery **9/10/14**
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0926

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1069

Sent To: **ENA H TRUJILLO**
 Street or PO: **PO BOX 108**
 City, St: **NAGEEZI, NM 87037**

Postmark Here: **SEP 12 2004**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
ENA H TRUJILLO
PO BOX 108
NAGEEZI, NM 87037

2. Article Number: **7006 2760 0001 6378 0926**
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): **ENA TRUJILLO** C. Date of Delivery: **9/13/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1381

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1069

Sent To: **Energen Resources Corporation**
 Street or PO: **605 Richard Arrington Jr. Blvd.**
 City, St: **Birmingham, AL 35203**

Postmark Here: **SEP 12 2004**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Energen Resources Corporation
605 Richard Arrington Jr. Blvd.
Birmingham, AL 35203

2. Article Number: **7006 2760 0001 6378 1381**
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): **[Signature]** C. Date of Delivery: **9/13/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0742

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669

Postmark: SEP 12 2014
 U.S. POSTAL SERVICE
 PHOENIX, AZ 85003

Sent To: **ERNESTINE TSOSIE**
 Street, Apt. or PO Box: **338 W YUMA ST**
 City, State: **PHOENIX, AZ 85003**

PS Form 3811, February 2004

7006 2760 0001 6378 0933

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669

Postmark: SEP 12 2014
 U.S. POSTAL SERVICE
 PHOENIX, AZ 85003

Sent To: **ERNEST VICTOR**
 Street, Apt. or PO Box: **PO BOX 112**
 City, State: **NAGEEZI, NM 87037**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
ERNESTINE TSOSIE
338 W YUMA ST
PHOENIX, AZ 85003

2. Article Number (Transfer from service label): **7006 2760 0001 6378 0742**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Ernestine Tsosie** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Ernestine Tsosie** C. Date of Delivery: **9/15/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
ERNEST VICTOR
PO BOX 112
NAGEEZI, NM 87037

2. Article Number (Transfer from service label): **7006 2760 0001 6378 0933**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Ernest Victor** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Ernest Victor** C. Date of Delivery: **9/15/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0759

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 100

Sent To: **ERNIE TRUJILLO**
 Street, or PO Box: **PO BOX 108**
 City, State: **NAGEEZI, NM 87037**

Postmark: **SEP 12 2004**
 User: **SANTA FE, NM 87501**

PS Form 3811, February 2004

7006 2760 0001 6378 0766

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 100

Sent To: **ERVIN TRUJILLO**
 Street, or PO Box: **2 ROAD 1738**
 City, State: **FARMINGTON, NM 87401**

Postmark: **SEP 12 2004**
 User: **SANTA FE, NM 87501**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
ERNIE TRUJILLO
PO BOX 108
NAGEEZI, NM 87037

2. Article Number (Transfer from service label): **7006 2760 0001 6378 0759**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Ernie Trujillo** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Ernie Trujillo** C. Date of Delivery: **9/15/04**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
ERVIN TRUJILLO
2 ROAD 1738
FARMINGTON, NM 87401

2. Article Number (Transfer from service label): **7006 2760 0001 6378 0766**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Ervin Trujillo** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Ervin Trujillo** C. Date of Delivery: **9/15/04**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0773

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE
OFFICE

Postage	\$ 64
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	100
Total Postage & Fees	\$ 100

Postmark Here: SEP 12 2004

1. Article Addressed to:
 ESTHER C TOLEDO
 321 TENNESSEE SE #C
 ALBUQUERQUE, NM 87108

2. Article Number (Transfer from service label): 7006 2760 0001 6378 0773

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

7006 2760 0001 6378 0760

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE
OFFICE

Postage	\$ 64
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	100
Total Postage & Fees	\$ 100

Postmark Here: SEP 12 2004

1. Article Addressed to:
 ESTHER H TOMAS
 PO BOX 76
 COUNSELOR, NM 87018

2. Article Number (Transfer from service label): 7006 2760 0001 6378 0760

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE
OFFICE

1. Article Addressed to:
 ESTHER C TOLEDO
 321 TENNESSEE SE #C
 ALBUQUERQUE, NM 87108

2. Article Number (Transfer from service label): 7006 2760 0001 6378 0773

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Signature: [Signature]
 B. Received by (Printed Name): [Signature]
 C. Date of Delivery: 9/19/04
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: 24 General Howell Rd, ABQ NM 8723

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE
OFFICE

1. Article Addressed to:
 ESTHER H TOMAS
 PO BOX 76
 COUNSELOR, NM 87018

2. Article Number (Transfer from service label): 7006 2760 0001 6378 0760

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Signature: [Signature]
 B. Received by (Printed Name): Esther H. Thomas
 C. Date of Delivery: 9/19/04
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

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

7006 2760 0001 6378 0797

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1169

Postmark Here
 SEP 2 2014
 USPS SANTA FE, NM 87504

Sent To
 ESTHER VICTOR
 PO BOX 4
 AZTEC, NM 87410

PS Form 3811, February 2004

7006 2760 0001 6377 5588

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 67
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1167

Postmark Here
 SEP 2 2014
 USPS EL RENO, OK 73036

Sent To
 ETCITY, EDWARD
 405 W. Watts, Apt #201
 EL RENO, OK 73036

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 ESTHER VICTOR
 PO BOX 4
 AZTEC, NM 87410

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 0797

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X *Esther Victor* ☐ 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:

SEP 16 2014

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

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

For delivery information visit usps.com

OFFICE

ADDRESSEE
MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 6.14
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 12.14

Postmark Here
 JUN 12 2014

Sender's Address
 Sent To: **ETCITY ESTATE, ROGER**
PO BOX 397
SHIPROCK, NM 87420

Street, or PO, City, S

PS Form 3800, June 2013

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only;) **MHF/ENCANA**
For delivery information **BETTONIE TSOSIE**

OFFICIAL USE

Postage	\$ 69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark
SEP 12 2014
SHIPROCK, NM 87594

Sent
Street
or PO
City:

ETCITY, KEE J
PO BOX 2071
SHIPROCK, NM 87420

PS Form 3800, June 2013 See reverse for instructions

SENDER: COMPLETE THIS SECTION		COMPLIMENTATION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>ETCITY, KEE J PO BOX 2071 SHIPROCK, NM 87420</p>		<p>A. Signature <i>Kee J. Etcitty</i></p> <p>B. Received by (<i>Printed Name</i>) <i>Kee J. Etcitty</i></p> <p>C. Date of Delivery <i>9-17-14</i></p>	
<p>2. Article Number, (Transfer from service label)</p> <p>PS Form 3811, February 2004</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>3. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

7006 2760 0001 6377 5892

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed for Return)
 For delivery information visit **USPS.com**
OFFICIAL USE

Postage \$ 69
 Certified Fee 350
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1248

Postmark Here
 SEP 12 2014

Sent To: ETCITY, LAURA
 Street or P.O. Box: PO BOX 1213
 City, State, ZIP+4: EL RENO, OK 73036

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed for Return)
 For delivery information visit **USPS.com**
OFFICIAL USE

Postage \$ 69
 Certified Fee 350
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1248

Postmark Here
 SEP 12 2014

Sent To: ETCITY, LAURA
 Street or P.O. Box: PO BOX 1213
 City, State, ZIP+4: EL RENO, OK 73036

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 ETCITY, LAURA
 PO BOX 1213
 EL RENO, OK 73036

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5892

SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) [Name] Date of Delivery 9-15-14
 C. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
 D. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 E. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6377 5908

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed for Return)
 For delivery information visit **USPS.com**
OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1248

Postmark Here
 SEP 12 2014

Sent To: ETCITY, LEROY
 Street, or P.O. Box: PO BOX 3284
 City, State, ZIP+4: SHIPROCK, NM 87420

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed for Return)
 For delivery information visit **USPS.com**
OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1248

Postmark Here
 SEP 12 2014

Sent To: ETCITY, LEROY
 Street, or P.O. Box: PO BOX 3284
 City, State, ZIP+4: SHIPROCK, NM 87420

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 ETCITY, LEROY
 PO BOX 3284
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5908

SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Tawana Etcitty Date of Delivery 9/18/14
 C. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
 D. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 E. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 0285

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

For delivery information, visit **OFFICIAL USE**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$	09
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		609
Total		

Postmark Here
 SEP 12 2014

Sent To: ETCITY, PERRYENE R
 PO BOX 1506
 SHIPROCK, NM 87420

PS Form 3811, February 2004

7006 2760 0001 6377 5915

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

For delivery information, visit **OFFICIAL USE**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$	09
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		609
Total		

Postmark Here
 SEP 12 2014

Sent To: ETCITY, PERRENA R
 PO BOX 1506
 SHIPROCK, NM 87420

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ETCITY, PERRYENE R
 PO BOX 1506
 SHIPROCK, NM 87420

2. Article Number: 7006 2760 0001 6378 0285
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Irene Scott* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Irene Scott* C. Date of Delivery: *9-16-14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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.

1. Article Addressed to:

ETCITY, PERRENA R
 PO BOX 1506
 SHIPROCK, NM 87420

2. Article Number: 7006 2760 0001 6377 5915
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Irene Scott* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Irene Scott* C. Date of Delivery: *9-16-14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

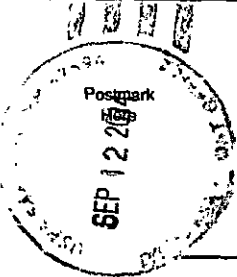
7006 2760 0001 6377 5922

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF/ENCANA**)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **ETCITY, PIERRE**
 Street, Apt. or PO Box: **PO BOX 1506**
 City, State: **SHIPROCK, NM 87420**

PS Form 3811, February 2004



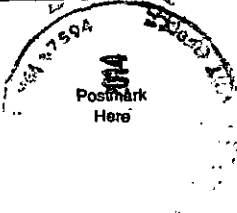
7006 2760 0001 6377 5939

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF/ENCANA**)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

Postage	\$	69
Certified Fee		530
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		669
Total Postage & Fees	\$	

Sent To: **ETCITY, SHAWNA**
 Street, Apt. or PO Box: **440-C MONROE NE APT C**
 City, State: **ALBUQUERQUE, NM 87108**

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
ETCITY, PIERRE
PO BOX 1506
SHIPROCK, NM 87420

2. Article Number (Transfer from service label): **7006 2760 0001 6377 5922**

SECTION ON DELIVERY

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

B. Received by (Printed Name): **Irene Scott**

C. Date of Delivery: **9-16-14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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.

1. Article Addressed to:
ETCITY, SHAWNA
440-C MONROE NE APT C
ALBUQUERQUE, NM 87108

2. Article Number (Transfer from service label): **7006 2760 0001 6377 5939**

SECTION ON DELIVERY

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

B. Received by (Printed Name): **Monica Regal**

C. Date of Delivery: **9/13/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

0180 8439 1000 6378 0810

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information, visit **OFFIC**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 1.09
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1.09
Total Postage & Fees	6.18

Sent To: EVA R LOPEZ
 Street, or PO: HC 17 BOX 403
 City, St: CUBA, NM 87013

Postmark Here: SEP 12 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 EVA R LOPEZ
 HC 17 BOX 403
 CUBA, NM 87013

2. Article Number (Transfer from service label): 7006 2760 0001 6378 0810

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

DELIVERY

A. Signature: *Betty Lopez* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Betty Lopez* C. Date of Delivery: *9/18/14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2006 2760 0001 6378 0827

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information, visit **OFFIC**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 1.09
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1.09
Total Postage & Fees	6.18

Sent To: EVA RENTZ
 Street, or PO: PO BOX 1253
 City, St: BLOOMFIELD, NM 87413

Postmark Here: SEP 12 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 EVA RENTZ
 PO BOX 1253
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): 7006 112760 0001 6378 0827

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

ON DELIVERY

A. Signature: *Ray Rentz* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Ray Rentz* C. Date of Delivery: *9-16-14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0834

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information visit **OFFICIAL**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 100

Total Postage & Fees 569

Postmark Here

Sent To **EVELYN C LOPEZ**
PO BOX 1411
CUBA, NM 87013

PS Form 3811, February 2004

7006 2760 0001 6378 0834

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Ins)

For delivery information visit **OFFICIAL**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 100

Total Postage & Fees 569

Postmark Here

Sent To **EUNICE LOPEZ**
PO BOX 107
NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EVELYN C LOPEZ
PO BOX 1411
CUBA, NM 87013

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 0834

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.

1. Article Addressed to:

EUNICE LOPEZ
PO BOX 107
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 0803

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Evelyn C Lopez ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Evelyn C Lopez *2/9/14*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Eunice Lopez ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Eunice Lopez *2/12/14*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 1541

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Postage Necessary for Delivery Information Visible)	
MHF/ENCANA BETTONNIE TSOSIE	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	169
Total Postage & Fees	\$ 69
Sent To	FRANCIS SIMS ESTATE
Street, Apt. or PO Box	PO BOX 1597
City, State	FRUITLAND, NM 87416
PS Form	Instructions

Return

7006 2760 0001 6378 1558

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Postage Necessary for Delivery Information Visible)	
MHF/ENCANA BETTONNIE TSOSIE	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	169
Total Postage & Fees	\$ 69
Sent To	FRED C MARTINEZ
Street, Apt. or PO Box	4633 GILA ST TRLR 30
City, State	FARMINGTON, NM 87402
PS Form	Instructions

SENDER: COMPLETE THIS SECTION		ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Pamela J. Charley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>FRED C MARTINEZ 4633 GILA ST TRLR 30 FARMINGTON, NM 87402</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 2760 0001 6378 1558</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

7006 2760 0001 6378 1565

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)

For delivery information visit **USPS.com**

OFFICIAL USE

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees \$ 1069

Postmark Here
SEP 12 2014

FREDDIE AUGUSTINE
 PO BOX 405
 BLOOMFIELD, NM 87413

Instructions

7006 2760 0001 6377 5946

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)

For delivery information visit **USPS.com**

OFFICIAL USE

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total \$ 1069

Postmark Here
SEP 12 2014

FOSTER, LORETTA H
 POST OFFICE BOX 603
 WATERFLOW, NM 87421

Sent by Street, or PO City, S

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.

1. Article Addressed to:
 FREDDIE AUGUSTINE
 PO BOX 405
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 1565

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Freddie Augustine ☐ Agent ☒ Addressee

B. Received by (Printed Name)
Freddie Augustine

C. Date of Delivery
9/16/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so 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
 POST OFFICE BOX 603
 WATERFLOW, NM 87421

2. Article Number (Transfer from service label)
 7006 2760 0001 6377 5946

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Loretta Foster ☐ Agent ☒ Addressee

B. Received by (Printed Name)
Loretta Foster

C. Date of Delivery
9/19/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 5953

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 169
 Total 609

Sent To **GEORGE, IRENE K**
GENERAL DELIVERY
COUNSELOR, NM 87018

Street, Ap or PO Box
 City, State

PS Form 3811, August 2006 See Reverse for Instructions

7006 2760 0001 6378 1572

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage \$ 09
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 169
 Total Postage & Fees 609

Sent To **GERALD A DIETRICH JR**
986 N STOLLE WAY
MERIDIAN, ID 83642-6091

Street, Ap or PO Box
 City, State

PS Form 3811, February 2004

CERTIFIED MAIL
 SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
GEORGE, IRENE K
GENERAL DELIVERY
COUNSELOR, NM 87018

2. Article Number
 (Transfer from service label)
7006 2760 0001 6377 5953

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) **Sidbert George**
 C. Date of Delivery **9-15-14**

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

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

CERTIFIED MAIL
 SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
GERALD A DIETRICH JR
986 NISTOLLE WAY
MERIDIAN, ID 83642-6091

2. Article Number
 (Transfer from service label)
7006 2760 0001 6378 1572

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) **JO Dietrich**
 C. Date of Delivery **SEP 26 2014**

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

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

7006 2760 0001 6378 1589

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

(Domestic Mail Only; No Ins.)

For delivery information visit usps.com

MHF/ENCANA

BETTONNIE TSOSIE

OFFICE

Postage	\$ 69
Certified Fee	320
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	109
Total Postage & Fees	\$ 768

 SEP 20 2004
 SANTA FE, NM 87504

Sent To

 Street, Apt.
or PO Box
City, State

 GLEN H CHIQUITO
 PO BOX 184
 NAGEEZI, NM 87037

PS Form

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

(Domestic Mail Only; No Ins.)

For delivery information visit usps.com

MHF/ENCANA

BETTONNIE TSOSIE

OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	109
Total Postage & Fees	\$ 778

 SEP 20 2004
 SANTA FE, NM 87504

Sent To

 Street, Apt.
or PO Box
City, State

 GLORIA CASTILLO
 PO BOX 1188
 CUBA, NM 87013-1188

PS Form 38

7006 2760 0001 6378 1596

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 GLEN H CHIQUITO
 PO BOX 184
 NAGEEZI, NM 87037

2. Article Number:

(Transfer from service label)

7006 2760 0001 6378 1589

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature

X *Gloria Alencio*☐ Agent☐ Addressee

B. Received by (Printed Name)

09/20/94 *Elovis*

C. Date of Delivery

09/20/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

 GLORIA CASTILLO
 PO BOX 1188
 CUBA, NM 87013-1188

2. Article Number:

(Transfer from service label)

7006 2760 0001 6378 1596

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature

X *A. Castillo*☐ Agent☐ Addressee

B. Received by (Printed Name)

Andy Costa

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 5960

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit usps.com

OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage \$ 1069

Postmark Here
 SEP 12 2014

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

GRIFFITH, MAXINE C
 2550 E 16TH BLD 10 APT 101
 FARMINGTON, NM 87401

PS Form 3800, August 2009

7006 2760 0001 6378 1602

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit usps.com

OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 1669
 Total Postage \$ 2669

Postmark Here
 SEP 12 2014

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

HAROLD MARTINEZ
 PO BOX 305
 NAGEEZI, NM 87037

PS Form 3800, August 2009

SENDER: CC

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so 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:

2. Article Number (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X Maxine Griffith ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Maxine Griffith

C. Date of Delivery
SEP 15 2014

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

GRIFFITH, MAXINE C
 2550 E 16TH BLD 10 APT 101
 FARMINGTON, NM 87401

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

SENDER: CC

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so 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:

2. Article Number (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X Harold Martinez ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Harold Martinez

C. Date of Delivery
9-17-2014

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

HAROLD MARTINEZ
 PO BOX 305
 NAGEEZI, NM 87037

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

2760 0001 6377 5984

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here
 SEP 12 2014

Sent **HARRISON SR, ALFRED**
 Street **PO BOX 73**
 or P.O. **COUNSELOR, NM 87018**
 City

PS Form 3811, February 2004

CERTIFIED MAIL™
 SENDER
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE 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:
HARRISON SR, ALFRED
PO BOX 73
COUNSELOR, NM 87018

2. Article Number
 (Transfer from service label) **7006 2760 0001 6377 5984**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
X Shale H. Laro ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Shale H. Laro

C. Date of Delivery
9-16-2014

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

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

7006 2760 0001 6377 5793

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here
 SEP 12 2014

Sent **HARRISON, DONALD**
 Street **PO BOX 345**
 or P.O. **NAGEEZI, NM 87037**
 City

PS Form 3811, February 2004

7006 2760 0001 6377 5809

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No

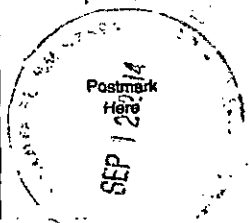
MHF/ENCANA

For delivery information visit

BETTONIE TSOSIE

OFFICIAL USE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$



Sent to
 Street or PO
 City, State
 ZIP+4

HARRISON, FLORENCE
 PO BOX 3694
 FARMINGTON, NM 87499

PS Form

Instructions

7006 2760 0001 6377 5816

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No

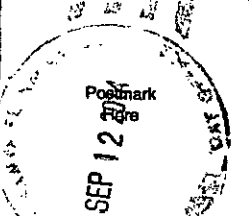
MHF/ENCANA

For delivery information visit

BETTONIE TSOSIE

OFFICIAL USE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$



Sent to
 Street or PO
 City, State
 ZIP+4

HARRISON, HERBERT
 HCR 17 BOX 1000
 CUBA, NM 87013

PS Form

Instructions

SEND

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE 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:

HARRISON, FLORENCE
 PO BOX 3694
 FARMINGTON, NM 87499

A. Signature

Florence Harrison

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Florence Harrison

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 5809

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 5977

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MIH/ENCANA**
BETTONIE TSOSIE
 For delivery information **OFFICIAL USE**

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Postmark
 SEP 12 2014

1. Article Addressed to:
 HARRISON JR, JOHNSON
 PO BOX 111
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5977

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

7006 2760 0001 6377 5823

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MIH/ENCANA**
BETTONIE TSOSIE
 For delivery information **OFFICIAL USE**

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 To

Postmark
 SEP 12 2014

1. Article Addressed to:
 HARRISON, JUDY
 PO BOX 453
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5823

PS Form 3800, August 2005 Instructions

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

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:
 HARRISON JR, JOHNSON
 PO BOX 111
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5977

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

ACTION ON DELIVERY

A. Signature Sarah Harris ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sarah Harris C. Date of Delivery 9-5-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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:
 HARRISON, JUDY
 PO BOX 453
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5823

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

SECTION ON DELIVERY

A. Signature Judy Harrison ☐ Agent ☐ Addressee

B. Received by (Printed Name) Judy Harrison C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 5830

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 609
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609

To: **HARRISON, LARRY**
PO BOX 301
BLOOMFIELD, NM 87413

PS Form 3800, August 2000 See reverse for instructions

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

1. Article Addressed to:
HARRISON, LARRY
PO BOX 301
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5830**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☒ Agent
☒ Addressee
Larry Harrison
 B. Received by (Printed Name) **Larry Harrison** C. Date of Delivery **9/16/14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6377 5847

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 609
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609

To: **HARRISON, NELSON**
PO BOX 1592
BLOOMFIELD, NM 87413

PS Form 3800, August 2000 See reverse for instructions

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

1. Article Addressed to:
HARRISON, NELSON
PO BOX 1592
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5847**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☐ Agent
☒ Addressee
Nelson Harrison
 B. Received by (Printed Name) **Nelson Harrison** C. Date of Delivery **9-13-14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6377 5854

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MHF/ENCANA**
BETTONIE TSOSIE

For delivery information visit **OFFICIAL USE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Price	

Postmark Here

Sent To **HARRISON, SARAH**
 Street, Apt. or PO Box **PO BOX 111**
 City, State **NAGEEZI, NM 87037**

PS Form 3811, February 2004

7006 2760 0001 6378 1619

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance) **MHF/ENCANA**
BETTONIE TSOSIE

For delivery information visit **OFFICIAL USE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Price	

Postmark Here

Sent To **HARRISON E SIMMS**
 Street, Apt. or PO Box **PO BOX 1606**
 City, State **FRUITLAND, NM 87416**

PS Form 3811, February 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HARRISON, SARAH
PO BOX 111
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5854**

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Sarah Harrison

B. Received by (Printed Name) **Sarah Harrison** C. Date of Delivery **9-15-14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HARRISON E SIMMS
PO BOX 1606
FRUITLAND, NM 87416

2. Article Number (Transfer from service label) **7006 2760 0001 6378 1619**

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Mary B. Russell

B. Received by (Printed Name) **Mary B. Russell** C. Date of Delivery **SEP 17 2014**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 5861

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information vis **MHF/ENCANA**
BETTONIE TSOSIE
OFFICIAL USE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1009

Postmark Here

HASUSE, AMOS W
 PO BOX 1607
 SHIPROCK, NM 87420

PS Form 3800, August 2000

SEND TO ADDRESSEE
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SECTION ON DELIVERY

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

A. Signature: *Marjorie Hasuse* ☒ Agent ☐ Addressee
 B. Received by (Printed Name): *Marjorie Hasuse*
 C. Date of Delivery: *9-15-14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

1. Article Addressed to:
 HASUSE, AMOS W
 PO BOX 1607
 SHIPROCK, NM 87420

2. 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 6377 115861
 (Transfer from service label)

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

7006 2760 0001 6378 1626

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information vis **MHF/ENCANA**
BETTONIE TSOSIE
OFFICIAL USE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1009

Postmark Here

HARRY CHAVEZ
 PO BOX 105
 NAGEEZI, NM 87037

PS Form 3800, August 2000

7006 2760 0001 6378 1633

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFIC**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage \$ 0.69
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.69

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

HARRY VICTOR
 PO BOX 281
 NAGEEZI, NM 87037

Postmark Here
 SEP 12 2004
 U.S. POSTAL SERVICE
 NAGEEZI, NM 87037

7006 2760 0001 6378 1657

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFIC**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage \$ 0.69
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.69

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

HELEN W TOLEDO
 3409 ILES AVE
 FARMINGTON, NM 87402

Postmark Here
 SEP 12 2004
 U.S. POSTAL SERVICE
 FARMINGTON, NM 87402

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 HARRY VICTOR
 PO BOX 281
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6378 1633

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

RECEIVER: COMPLETE THIS SECTION

A. Signature X Harry Victor ☐ Agent ☐ Addressee
 B. Received by (Printed Name) HARRY VICTOR C. Date of Delivery 9/14/04
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 HELEN W TOLEDO
 3409 ILES AVE
 FARMINGTON, NM 87402

2. Article Number (Transfer from service label) 7006 2760 0001 6378 1657

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

RECEIVER: COMPLETE THIS SECTION

A. Signature X Helen Toledo ☐ Agent ☐ Addressee
 B. Received by (Printed Name) DAVID E TOLEDO C. Date of Delivery 9/14/04
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

0491 929 0001 6378 1640

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 100
 Total Postage & Fees 669

Postmark Here

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

HELEN C WATCHMAN
PO BOX 1240
CUBA, NM 87013

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HELEN C WATCHMAN
PO BOX 1240
CUBA, NM 87013

2. Article Number: 7006 2760 0001 6378 1640
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Helen Watchman ☒ Agent ☐ Addressee

B. Received by (Printed Name) Helen Watchman C. Date of Delivery 9/17/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

0491 929 0001 6378 1640

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 100
 Total Postage & Fees 669

Postmark Here

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

HERBERT LOPEZ
PO BOX 1717
BLOOMFIELD, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HERBERT LOPEZ
PO BOX 1717
BLOOMFIELD, NM 87413

2. Article Number: 7006 2760 0001 6378 1664
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Herbert Lopez ☐ Agent ☒ Addressee

B. Received by (Printed Name) Herbert Lopez C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 1671

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **OFFIC**
MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	669

Postmark Here
 SEP 12 2004
 SHIPROCK, NM 87420

Sent 1
 Street or PO
 City, State
 ZIP+4®
 PS Form 3811, February 2004

HERMAN BEYALE
PO BOX 4784
SHIPROCK, NM 87420

SENDER: COMPLETE THIS SECTION
 COMPLETE THIS SECTION
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Article Addressed to:
HERMAN BEYALE
PO BOX 4784
SHIPROCK, NM 87420

2. Article Number:
 (Transfer from service label)
7006 2760 0001 6378 1671

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9/22/04*

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

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

7006 2760 0001 6378 1671

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **OFFIC**
MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	669

Postmark Here
 SEP 12 2004
 AZTEC, NM 87410

Sent 1
 Street or PO
 City, State
 ZIP+4®
 PS Form 3811, February 2004

HERMAN VICTOR
PO BOX 4
AZTEC, NM 87410

Return

7006 2760 0001 6377 5878

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance Provided)
 For delivery information visit usps.com

OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
 HOLYAN, ALBERTA
 PO BOX 1674
 CROWNPOINT, NM 87313

PS Form 3811, February 2004

7006 2760 0001 6378 1695

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 For delivery information visit usps.com

OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
 INETH M BEDAH
 605 CIRCLE DR
 FARMINGTON, NM 87401

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 HOLYAN, ALBERTA
 PO BOX 1674
 CROWNPOINT, NM 87313

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5878

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X [Signature]

B. Received by (Printed Name) Alberta Sholz

C. Date of Delivery 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 INETH M BEDAH
 605 CIRCLE DR
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6378 1695

SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X [Signature]

B. Received by (Printed Name) Ineth Bedah

C. Date of Delivery SEP 17 2014

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 1725

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit

OFFIC

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Tot

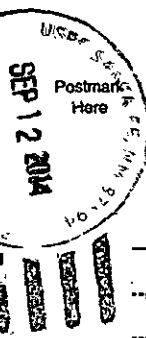
Sent IRENE L ATENCIO

Street or P.O. Box PO BOX 61

City, State, ZIP+4® NAGEEZI, NM 87037

PS Form 3800, August 2000

Instructions



7006 2760 0001 6378 1701

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit

OFFIC

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Tot

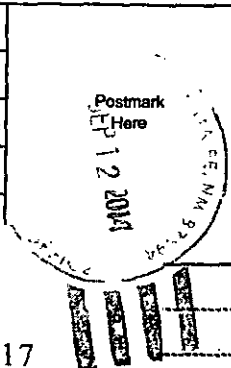
Sent IRENE BEYALE

Street or P.O. Box CR 6485 SP 10

City, State, ZIP+4® KIRTLAND, NM 87417

PS Form

Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

IRENE L ATENCIO
PO BOX 61
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 1725

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jeannette Wilson

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Jeannette Wilson

C. Date of Delivery

Sep 15 14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 1718

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

For delivery information visit **OFFIC** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 699

Postmark Here
 SEP 12 2014

Sent To
 Street, Apt. or PO Box
 City, State
 IRENE CASTILLO
 6720 CAMPFIRE LN NW
 ALBUQUERQUE, NM 87120

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 IRENE CASTILLO
 6720 CAMPFIRE LN NW
 ALBUQUERQUE, NM 87120

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 1718

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

B. Received by (Printed Name)
 Castillo

C. Date of Delivery
 9/13

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 1732

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

For delivery information visit **OFFIC** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 699

Postmark Here
 SEP 12 2014

Sent To
 Street, Apt. or PO Box
 City, State
 IRENE S LOPEZ
 PO BOX 107
 NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 IRENE S LOPEZ
 PO BOX 107
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 1732

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

B. Received by (Printed Name)
 Irene Lopez

C. Date of Delivery
 09/16/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6377 5885

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt)

For delivery information visit usps.com

OFFICIAL USE

Postage \$ 3.30

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 6.00

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 12.00

Sent To **JAKE, LULA**
 GENERAL DELIVERY
 COUNSELOR, NM 87018

Postmark Here
 SEP 12 2014

PS Form 3811, February 2004 See Reverse for Instructions

CERTIFIED MAIL™

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

JAKE, LULA
GENERAL DELIVERY
COUNSELOR, NM 87018

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5885**

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **LULA JAKE** C. Date of Delivery **9/16/14**

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 7070

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt)

For delivery information visit usps.com

OFFICIAL USE

Postage \$ 3.30

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 6.00

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 12.00

Sent To **JAMES, ALBERT**
PO BOX 1509
SHIPROCK, NM 87420

Postmark Here
 SEP 12 2014

PS Form 3811, February 2004 See Reverse for Instructions

CERTIFIED MAIL™

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

JAMES, ALBERT
PO BOX 1509
SHIPROCK, NM 87420

2. Article Number (Transfer from service label) **7006 2760 0001 6377 7070**

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **ALBERT JAMES** C. Date of Delivery **9-16-14**

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 7094

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

Postage	\$	0.00
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		0.99
Total F		

Sent To: JAMES, ANDREW
 Street, Apt. or PO Box: PO BOX 107
 City, State: SANOSTEE, NM 87461

PS Form 3811, February 2004 See Reverse for Instructions.

SEND **CERTIFIED MAILTM** **SECTION ON DELIVERY**

1. Article Addressed to:
 JAMES, ANDREW
 PO BOX 107
 SANOSTEE, NM 87461

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6377 7094

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *Andrew James* ☐ Agent ☒ Addressee
 B. Received by (Printed Name): *Andrew James*
 C. Date of Delivery: *9/15/14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: *ALWAYS USE ZIP*
87461-0107

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

7006 2760 0001 6377 7063

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

Postage	\$	0.00
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		0.99
Total F		

Sent To: JAMES SR, BOBBY
 Street, Apt. or PO Box: PO BOX 161
 City, State: WATERFLOW, NM 87421

PS Form 3811, February 2004 See Reverse for Instructions.

SENDE **CERTIFIED MAILTM** **SECTION ON DELIVERY**

1. Article Addressed to:
 JAMES SR, BOBBY
 PO BOX 161
 WATERFLOW, NM 87421

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6377 7063

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *Bobby A James Sr* ☐ Agent ☒ Addressee
 B. Received by (Printed Name): *Bobby A James Sr*
 C. Date of Delivery: *9-15-14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

7006 2760 0001 6377 7100

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required) 069
 Total Postage & Fees 69

Postmark
 SEP 11 2004
 FRUITLAND, NM

JAMES, ERNIE
PO BOX 563
FRUITLAND, NM 87416

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

7006 2760 0001 6377 7087

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required) 069
 Total Postage & Fees 69

Postmark
 SEP 12 2004
 FRUITLAND, NM

JAMES SR, HAROLD
PO BOX 355
TOHATCHI, NM 87325

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
JAMES, ERNIE
PO BOX 563
FRUITLAND, NM 87416

2. Article Number 7006 2760 0001 6377 7100
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Ernie James ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Evelyn James C. Date of Delivery 9-18-04
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
JAMES SR, HAROLD
PO BOX 355
TOHATCHI, NM 87325

2. Article Number 7006 2760 0001 6377 7087
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Amelia James ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Amelia James C. Date of Delivery 9-18-04
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 7117

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage	\$ 0.09
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.69
Total Postage & Fees	\$ 12.28

Postmark
SEP 12 2014

Sent To
Street, or PO Box
City, St
PS Form

JAMES, HENRY
PO BOX 1144
FRUITLAND, NM 87416

7006 2760 0001 6377 7124

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage	\$ 0.09
Certified Fee	3.38
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
Total Postage & Fees	\$ 12.86

Postmark
SEP 11 2014

Sent To
Street, or PO Box
City, St
PS Form

JAMES, JOE A
PO BOX 3891
SHIPROCK, NM 87420

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
JAMES, HENRY
PO BOX 1144
FRUITLAND, NM 87416

2. Article Number (Transfer from service label): **7006 2760 0001 6377 7117**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Ella James** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **ELLA JAMES** C. Date of Delivery **SEP 11 2014**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
JAMES, JOE A
PO BOX 3891
SHIPROCK, NM 87420

2. Article Number (Transfer from service label): **7006 2760 0001 6377 7124**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Joe A James** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Joe A James** C. Date of Delivery **9-16-14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 7131

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com

OFFICIAL U.S. MAIL

MHF/ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Postmark Here
 SEP 22 2014

JAMES, TIMOTHY
 PO BOX 500
 SANOSTEE, NM 87461

See reverse for instructions

7006 2760 0001 6378 1749

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com

OFFICIAL U.S. MAIL

MHF/ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 1169
 Total Postage & Fees \$

Postmark Here
 SEP 12 2014

Sent To
 Street, or P.O. Box
 City, St.
 ZIP+4

JASPER LOPEZ ESTATE
 HCR 17 BOX 410
 CUBA, NM 87013

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 JAMES, TIMOTHY
 PO BOX 500
 SANOSTEE, NM 87461

2. Article Number: 7006 2760 0001 6377 7131
 (Transfer from service label)

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

ACTION ON DELIVERY

A. Signature: Timothy James
☐ Agent ☒ Addressee

B. Received by (Printed Name): Timothy James C. Date of Delivery: 10/15/14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: ALWAYS USE ZIP+4
87461-0500

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 JASPER LOPEZ ESTATE
 HCR 17 BOX 410
 CUBA, NM 87013

2. Article Number: 7006 2760 0001 6378 1749
 (Transfer from service label)

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

ACTION ON DELIVERY

A. Signature: Betty Lopez
☒ Agent ☐ Addressee

B. Received by (Printed Name): Betty Lopez C. Date of Delivery: 29/18/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1756

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **mhf/encana**
BETTONNIE TSOSIE
OFFICIAL

Postage \$ 64
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees 604

Postmark Here
 SEP 12 2004
 SANTA FE, NM 97594

Sent To
 Street, Apt. or PO Box
 City, State, Zip
JEFFERSON LOPEZ
PO BOX 107
NAGEEZI, NM 87037

PS Form 3811, February 2004

7006 2760 0001 6378 1756

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **mhf/encana**
BETTONNIE TSOSIE
OFFICIAL

Postage \$ 64
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees 604

Postmark Here
 SEP 12 2004
 SANTA FE, NM 97594

Sent To
 Street, Apt. or PO Box
 City, State, Zip
JENITA CHAVEZ
PO BOX 2701
KIRTLAND, NM 87417

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
JEFFERSON LOPEZ
PO BOX 107
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7006 2760 0001 6378 1756**

ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) [Signature] C. Date of Delivery 09/16/14
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
JENITA CHAVEZ
PO BOX 2701
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **7006 2760 0001 6378 1756**

ON DELIVERY

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

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

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

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

(Domestic Mail Only; No Insurance Coverage)
MHF/ENCANA
BETTONNIE TSOSIE

For delivery information visit **OFFICIAL**

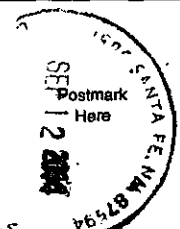
Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)

Total Price

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

JERIMIAH TSOSIE, ELVIRA PINTO
PARENT FOR JERIMIAH TSOSIE
PO BOX 2825
GALLUP, NM 87305

PS Form



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JERIMIAH TSOSIE, ELVIRA PINTO
PARENT FOR JERIMIAH TSOSIE
PO BOX 2825
GALLUP, NM 87305

2. Article Number

(Transfer from service label)

A. Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-17-04

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

(Domestic Mail Only; No Insurance Coverage)
MHF/ENCANA
BETTONNIE TSOSIE

For delivery information visit **OFFICIAL**

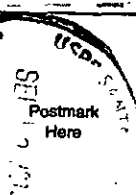
Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)

Total Price

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

JEROME R LOPEZ
2530 SAN JUAN BLVD
FARMINGTON, NM 87401

PS Form



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JEROME R LOPEZ
2530 SAN JUAN BLVD
FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

A. Signature

[Signature]

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Amy Henke

9/13

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 1794

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFICIAL	
MHF/ENCANA BETTONNIE TSOSIE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
JIMMIE CHARLIE 1496 E-8N RD MONTE VISTA, CO 81144	
Postmark Here SEP 12 2004	
Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JIMMIE CHARLIE
1496 E-8N RD
MONTE VISTA, CO 81144

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 1794

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *Calandra Charlie* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Calandra Charlie* C. Date of Delivery *9-15-14*
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1800

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFICIAL	
MHF/ENCANA BETTONNIE TSOSIE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
JIMMY HERRERA PO BOX 4 COUNSELOR, NM 87018	
Postmark Here SEP 12 2004	
Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JIMMY HERRERA
PO BOX 4
COUNSELOR, NM 87018

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 1800

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *Jimmy Herrera Jr* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Jimmy Herrera Jr* C. Date of Delivery *9/17/14*
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1817

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 For delivery information visit **USPS.com**

OFFICE **MHF/ENCANA**
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 69
 Total Postage & Fees \$

Postmark Here
 SEP 13 2014
 FARMINGTON, NM 87401

JOANNE T BARBER
 126 E MAIN ST
 FARMINGTON, NM 87401

Instructions

CERTIFIED MAIL™
 SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 JOANNE T BARBER
 126 E MAIN ST
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6378 1817

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Dyrene Garfield

B. Received by (Printed Name) Dyrene Garfield C. Date of Delivery 9/13

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1824

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 For delivery information visit **USPS.com**

OFFICE **MHF/ENCANA**
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 69
 Total Postage & Fees \$

Postmark Here
 SEP 13 2014
 GALLUP, NM 87305

JODY TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

Instructions

CERTIFIED MAIL™
 SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 JODY TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number (Transfer from service label) 7006 2760 0001 6378 1824

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Jody Tsosie

B. Received by (Printed Name) Jody Tsosie C. Date of Delivery 9-17

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Return

Return

7006 2760 0001 6377 7148

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 0.00
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	600

SEP 12 2014
 U.S. POSTAL SERVICE
 GALLUP, NM 87305

Sent To: JOE DENNISON ESTATE
 Street, or P.O.: PO BOX 3776
 City, State: GALLUP, NM 87305

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7148

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 0.00
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	600

SEP 12 2014
 U.S. POSTAL SERVICE
 WATERFLOW, NM 87421

Sent To: JOE ESTATE, CURTIS E
 Street, or P.O.: BOX 1261
 City, State: WATERFLOW, NM 87421

PS Form 3800, August 2006 See Reverse for Instructions

5512 2269 1000 0922 7006

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

For delivery information visit **MHF/ENCANA**
OFF BETTONIE TSOSIE

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		669
Total Postage & Fees	\$	

Postmark Here
 SEP 12 2014

JOE, JIMMIE E
 PO BOX 452
 FRUITLAND, NM 87416

Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

JOE, JIMMIE E
 PO BOX 452
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label)

7006 2760 0001 6377 7155

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
 Jimmie E. Doe Sr.

B. Received by (Printed Name) C. Date of Delivery
 Jimmie Doe Sr. 9/9/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

8491 2269 1000 0922 7006

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

For delivery information visit **MHF/ENCANA**
OFFIC BETTONIE TSOSIE

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		669
Total Postage & Fees	\$	

Postmark Here
 SEP 12 2014

JOE MARTINEZ
 PO BOX 1
 CAHONE, CO 81320

Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

JOE MARTINEZ
 PO BOX 1
 CAHONE, CO 81320

2. Article Number (Transfer from service label)

7006 2760 0001 6378 18481

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 Joe Martinez

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1855

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

For delivery information visit **MHF/ENCANA**
OFFICE BETTONNIE TSOSIE

Postage	\$ 6.91
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
Total Postage & Fees	\$ 19.60

Postmark Here
 SEP 2 2014
 ENCANA, NM 87404

Sent To
 Street, Apt or PO Box
 City, State, ZIP+4®
JOSEPHINE B CASTILLO
56 ROAD 5580
FARMINGTON, NM 87401

PS Form 3811, February 2004

7006 2760 0001 6378 1862

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

For delivery information visit **MHF/ENCANA**
OFFICE BETTONNIE TSOSIE

Postage	\$ 6.91
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
Total	\$ 19.60

Postmark Here
 SEP 2 2014
 ENCANA, NM 87404

Sent To
 Street, Apt or PO Box
 City, State, ZIP+4®
KATHLEEN VICTOR
600 W BLANCO BLVD
APT 19
BLOOMFIELD, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
KATHLEEN VICTOR
600 W BLANCO BLVD
APT 19
BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)
7006 2760 0001 6378 1862

COMPLETE THIS SECTION ON DELIVERY.

A. Signature
☒ Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Kathleen Victor

C. Date of Delivery
9/13/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7322 6377 0001 0000 2760 2706

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information visit www.usps.com

OFFICIAL USE

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Sent ☒ Street or PO City, State ZIP+4®

KAYE, JANET
PO BOX 522
PINON, AZ 86510

PS Form 3811, February 2004

1879 6378 0001 0000 2760 2706

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International)
 For delivery information visit www.usps.com

OFFICIAL USE

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.00

Sent ☒ Street or PO City, State ZIP+4®

KAY R NEZ
PO BOX 1573
KIRTLAND, NM 87417

PS Form 3811, February 2004

SEND CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY:

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

1. Article Addressed to:

KAYE, JANET
PO BOX 522
PINON, AZ 86510

2. Article Number (Transfer from service label) **7322 6377 0001 0000 2760 2706**

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

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
 3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KAY R NEZ
PO BOX 1573
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **1879 6378 0001 0000 2760 2706**

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

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
 3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1886

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.00

Sent To: **KEE BEYALE**
 Street, or PO Box: **PO BOX 4303**
 City, State, ZIP+4: **SAN FELIPE, NM 87001**

Postmark Here: **SEP 12 2004**

PS Form 3811, February 2004

7006 2760 0001 6378 1893

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 12.00

Sent To: **KEE C BELIDITTO**
 Street, or PO Box: **PO BOX 172**
 City, State, ZIP+4: **DULCE, NM 87528**

Postmark Here: **SEP 12 2004**

PS Form 3811, February 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
KEE BEYALE
PO BOX 4303
SAN FELIPE, NM 87001

2. Article Number (Transfer from service label): **7006 2760 0001 6378 1886**

PS Form 3811, February 2004

Domestic Return Receipt
 102595-02-M-1540

ON ON DELIVERY

A. Signature: **X Erica Beyale** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Erica Beyale**

C. Date of Delivery: **09/29/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
KEE C BELIDITTO
PO BOX 172
DULCE, NM 87528

2. Article Number (Transfer from service label): **7006 2760 0001 6378 1893**

PS Form 3811, February 2004

Domestic Return Receipt
 102595-02-M-1540

ON ON DELIVERY

A. Signature: **X KEE C BELIDITTO** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **David Beliditto**

C. Date of Delivery: **9/17/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 7339

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 169
 Total

Postmark Here
 SEP 12 2014

Sent To
 Street, A or PO Box
 City, State, ZIP+4®
 KEETSO, WILLIE
 GENERAL DELIVERY
 COUNSELOR, NM 87018

PS Form 3811, February 2004

7006 2760 0001 6378 1909

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 169
 Total Postage & Fees \$

Postmark Here
 SEP 12 2014

Sent To
 Street, A or PO Box
 City, State, ZIP+4®
 KENDRICK TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 KEETSO, WILLIE
 GENERAL DELIVERY
 COUNSELOR, NM 87018

2. Article Number (Transfer from service label)
 7006 2760 0001 6377 7339

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

RECEIVED BY ADDRESSEE: COMPLETE THIS SECTION

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Siebert George C. Date of Delivery 9-15-14
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 KENDRICK TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 1909

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

RECEIVED BY ADDRESSEE: COMPLETE THIS SECTION

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) [Signature] C. Date of Delivery 9-17-14
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

7006 2760 0001 6378 1411

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Santa Fe, N.M.
SEP 12 2004

Sent To: Key Production Co.
 1700 Lincoln Street
 Suite 3200
 Denver, CO 80203

PS Form 3811, February 2004

7006 2760 0001 6377 7346

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Santa Fe, N.M.
SEP 12 2004

Sent To: KING, GERTRUDE H
 PO BOX 3445
 SHIPROCK, NM 87420

PS Form 3811, February 2004

U.S. MAIL CERTIFIED MAIL

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:
 Key Production Co.
 1700 Lincoln Street
 Suite 3200
 Denver, CO 80203

2. Article Number: 11700612760 0001 6378 1411
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

ACTION ON DELIVERY:
 A. Signature: *[Signature]*
☒ Agent
☐ Addressee
 B. Received by (Printed Name):
 C. Date of Delivery: 9/15/04
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

U.S. MAIL CERTIFIED MAIL

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:
 KING, GERTRUDE H
 PO BOX 3445
 SHIPROCK, NM 87420

2. Article Number: 70061276010001 6377 7346
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

ACTION ON DELIVERY:
 A. Signature: *[Signature]*
☒ Agent
☐ Addressee
 B. Received by (Printed Name):
 C. Date of Delivery: 09/15/04
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6377 7360

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; MHF/ENCANA)	
For delivery information: BETTONIE TSOSIE	
OFFICIAL USE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent LAMEMAN, BETTY Street or PO PO BOX 884 City, State SHIPROCK, NM 87420	
PS Form	Instructions

7006 2760 0001 6377 7360

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; MHF/ENCANA)	
For delivery information: BETTONIE TSOSIE	
OFFICIAL USE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent LEE, FRANCES J Street or PO 445 LYELL ST City, State MONTE VISTA, CO 81144	
PS Form	Instructions

CERTIFIED MAIL	
PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE	
SECTION ON DELIVERY	
1. Article Addressed to: LAMEMAN, BETTY PO BOX 884 SHIPROCK, NM 87420	
2. Article Number (Transfer from service label) 7006 2760 0001 6377 7360	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee Betty Lameman	
B. Received by (Printed Name) C. Date of Delivery Betty Lameman 09-16-14	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6377 7025

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) **MHE/ENCANA**
BETTONIE TSOSIE
 For delivery information **OFFICIAL USE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here
 SEP 2014

Sent 1
 Street or PO
 City, S
 LEE, LEONARD J
 PO BOX 1025
 SHIPROCK, NM 87420

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) **MHE/ENCANA**
BETTONIE TSOSIE
 For delivery information **OFFICIAL USE**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
 LEE, LEONARD J
 PO BOX 1025
 SHIPROCK, NM 87420

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 7025

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Bertha Matthes Agent Addressee

B. Received by (Printed Name)
 BERTHA MATTHES Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes No

7006 2760 0001 6377 7049

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) **MHE/ENCANA**
BETTONIE TSOSIE
 For delivery information **OFFICIAL USE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here
 SEP 2014

Sent 1
 Street or PO
 City, S
 LEE, LINUS J
 PO BOX 3526
 SHIPROCK, NM 87420

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) **MHE/ENCANA**
BETTONIE TSOSIE
 For delivery information **OFFICIAL USE**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
 LEE, LINUS J
 PO BOX 3526
 SHIPROCK, NM 87420

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 7049

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Emma Lee Agent Addressee

B. Received by (Printed Name)
 Emma Lee Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes No

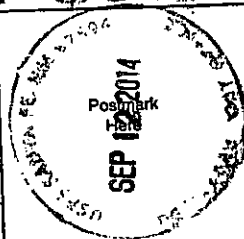
7006 2760 0001 6377 7032

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **MHF/ENCANA**)
BETTONIE TSOSIE
 For delivery information visit **OFFICIAL**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Sent **1**
 Street or PO **LEE SR, REX**
 City, State **PO BOX #4115**
SHIPROCK, NM 87420

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
LEE SR, REX
PO BOX #4115
SHIPROCK, NM 87420

2. Article Number (Transfer from service label) **7006 2760 0001 6377 7032**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X Damián Sandoval** ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Damián Sandoval** C. Date of Delivery **9-16-14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

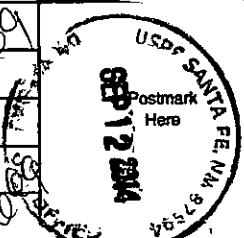
7006 2760 0001 6378 1916

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF/ENCANA** postage provided)
BETTONIE TSOSIE
 For delivery information visit **OFFICIAL**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Sent **1**
 Street or PO **LEO JOHNSON**
 City, State **PO BOX 482**
NAVAJO, NM 87328

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
LEO JOHNSON
PO BOX 482
NAVAJO, NM 87328

2. Article Number (Transfer from service label) **7006 2760 0001 6378 1916**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X Leo Johnson** ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 7056

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only) MHF/ENCANA	
For delivery information visit BETTONIE TSOSIE	
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To	LEWIS, JEFFERSON
Street, Apt. or P.O. Box	PO BOX 241
City, State, Zip	NAGEEZI, NM 87037
PS Form	Instructions

7006 2760 0001 6378 3125

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance) MHF/ENCANA	
For delivery information visit BETTONIE TSOSIE	
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	LEWIS, ROBINSON
Street, Apt. or P.O. Box	PO BOX 31
City, State, Zip	NAGEEZI, NM 87037
PS Form	Instructions

CERTIFIED MAIL™ PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	
LEWIS, JEFFERSON PO BOX 241 NAGEEZI, NM 87037	
2. Article Number 1111 1111 1111 1111 7006 2760 0001 6377 7056 (Transfer from service label)	
ACTION ON DELIVERY	
A. Signature	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
JEFFERSON LEWIS	9-15-14
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004		Domestic Return Receipt		102595-02-M-1540	
CERTIFIED MAIL™ PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE					
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:					
LEWIS, ROBINSON PO BOX 31 NAGEEZI, NM 87037					
2. Article Number 1111 1111 1111 1111 7006 2760 0001 6378 3125 (Transfer from service label)					
ACTION ON DELIVERY					
A. Signature	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee				
B. Received by (Printed Name)	C. Date of Delivery				
ROBINSON LEWIS	9/26/14				
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No					
3. Service Type					
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.				
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes					

7006 2760 0001 6378 3347

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit OFFIC	
MHF/ ENCANA BETTONIE TSOSIE	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To Street, Apt. or PO Box City, State	
LEWIS, SUSAN PO BOX 785 CUBA, NM 87013	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LEWIS, SUSAN
PO BOX 785
CUBA, NM 87013

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 3347

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Serefin Castillo* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Serefin Castillo C. Date of Delivery *9/15/14*

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 3330

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit OFFIC	
MHF/ ENCANA BETTONIE TSOSIE	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To Street, Apt. or PO Box City, State	
LEWIS, THOMAS PO BOX 314 NAGEEZI, NM 87037	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LEWIS, THOMAS
PO BOX 314
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 3330

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Thomas Lewis* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Thomas Lewis C. Date of Delivery *9/15/14*

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 1930

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 6.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
Total Postage & Fees	\$ 19.38

Postmark Here
 SEP 12 2014
 USPS SANTA FE, NM 87501

Sent To
LINDA M ABEYTA
PO BOX 738
PINE RIDGE, SD 57770

PS Form 3811, February 2004

7006 2760 0001 6378 1930

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 6.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
Total Postage & Fees	\$ 19.38

Postmark Here
 SEP 12 2014
 USPS SANTA FE, NM 87501

Sent To
LINDA J VICTOR
PO BOX 17
NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
LINDA M ABEYTA
PO BOX 738
PINE RIDGE, SD 57770

2. Article Number
 (Transfer from service label)
7006 2760 0001 6378 1930

RECEIVED BY ADDRESSEE

ON DELIVERY

A. Signature
Linda M. Abeyta
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Linda M. Abeyta

C. Date of Delivery
SEP 19 2014

D. Is delivery address different from the address on the label?
 If YES, enter delivery address below: ☐ Yes
☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 1947

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit usps.com
**MHF/ENCANA
BETTONNIE TSOSIE**
OFFICE

Postage	\$ 0.94
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 6.94

**LOIS M KEETSO
PO BOX 254
NAGEEZI, NM 87037**

 SEP 12 2014
Postmark Here


See reverse for instructions

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit usps.com
**MHF/ENCANA
BETTONNIE TSOSIE**
OFFICE

Postage	\$ 0.94
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 6.94

**LORENZO CASTILLO
4300 BRYN MAWR DR NE
APT 49
ALBUQUERQUE, NM 87107**

 SEP 12 2014
Postmark Here

Instructions

7006 2760 0001 6378 1954

CERTIFIED MAIL**SENDER: COMPLETE THIS SECTION**

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

IN 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:

**LOIS M KEETSO
PO BOX 254
NAGEEZI, NM 87037**

 2. Article Number
(Transfer from service label)

7006 2760 0001 6378 1947

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *Lois Keetso*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lois Keetso

C. Date of Delivery

9-16-14
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 1978

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Provided)	
For delivery information visit OFFICIAL	
Postage	\$ 1.9
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	6.9
Sent to: LORRAINE TSOSIE Street or PO: PO BOX 2592 City, State, ZIP: KIRTLAND, NM 87417	
PS Form	Instructions

7006 2760 0001 6378 1961

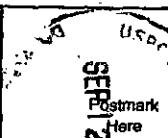
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Provided)	
For delivery information visit OFFICIAL	
Postage	\$ 1.9
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	6.9
Sent to: LORRAINE M VICTOR Street or PO: PO BOX 2716 City, State, ZIP: BLOOMFIELD, NM 87413	
PS Form	Instructions

CERTIFIED MAIL™	
SENDER: COMPLETE	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:	
LORRAINE M VICTOR PO BOX 2716 BLOOMFIELD, NM 87413	
2. Article Number (Transfer from service label)	
7006 2760 0001 6378 1961	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

A. Signature		<input type="checkbox"/> Agent
<i>[Signature]</i>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
<i>Gene Hansen</i>	<i>9-10-14</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2006 2760 0001 6378 1992

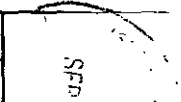
U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; Not for International Business Reply Mail)	
For delivery information	MHF/ENCANA BETTONNIE TSOSIE
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	109
Total Postage & Fees \$	10



Sent To
 LOUISE M MARTINEZ
 PO BOX 22
 NAGEEZI, NM 87037

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

PS Form 3800,

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	MHF/ENCANA BETTONNIE TSOSIE
OFFICE	
Postage	\$ 1.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1.00
Total Postage & Fees	6.69
	

<div style="display: flex; justify-content: space-between;"> SENDER: CO CERTIFIED MAIL ON ON DELIVERY </div>							
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p style="font-size: small; text-align: center;">PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>A. Signature</p> <p><i>Louise Martinez</i></p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </td> </tr> <tr> <td style="border: none; vertical-align: top;"> <p>B. Received by (Printed Name)</p> <p><i>Louise Martinez</i></p> </td> <td style="border: none; vertical-align: top;"> <p>C. Date of Delivery</p> <p><i>9/17/14</i></p> </td> </tr> <tr> <td colspan="2" style="border: none; vertical-align: top;"> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> </td> </tr> </table>	<p>A. Signature</p> <p><i>Louise Martinez</i></p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name)</p> <p><i>Louise Martinez</i></p>	<p>C. Date of Delivery</p> <p><i>9/17/14</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>A. Signature</p> <p><i>Louise Martinez</i></p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>						
<p>B. Received by (Printed Name)</p> <p><i>Louise Martinez</i></p>	<p>C. Date of Delivery</p> <p><i>9/17/14</i></p>						
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>							
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p>LOUISE M MARTINEZ PO BOX 22 NAGEEZI, NM 87037</p> </div>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> </td> </tr> </table>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>				
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>						
<p>2. Article Number</p> <p>(Transfer from service label)</p>	<p>11700612760 0001 6378 1985</p>						

7006 2760 0001 6378 2005

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State
MAE C RANDOLPH
PO BOX 115
NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
MAE C RANDOLPH
PO BOX 115
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7006 2760 0001 6378 2005**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Mae C. Randolph** ☒ Agent ☐ Addressee
 B. Received by (Printed Name) **Mae C. Randolph** C. Date of Delivery **9/16/14**
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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

7006 2760 0001 6378 3132

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State
MANYGOAT, ANNA M
PO BOX 1213
EL RENO, OK 73036

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
MANYGOAT, ANNA M
PO BOX 1213
EL RENO, OK 73036

2. Article Number (Transfer from service label) **7006 2760 0001 6378 3132**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Anna M. Manygoat** ☒ Agent ☐ Addressee
 B. Received by (Printed Name) **Anna M. Manygoat** C. Date of Delivery **9-15-14**
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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

7006 2760 0001 6378 3156

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

For delivery information visit **OFFICIAL**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 3.50

Certified Fee 2.20

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To
 Street, Ap or PO Box
 City, State

MANYGOAT, BARBARA J
PO BOX 115
KIRTLAND, NM 87417

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MANYGOAT, BARBARA J
PO BOX 115
KIRTLAND, NM 87417

2. Article Number
(Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Barbara Manygoat

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 3163

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

For delivery information visit **OFFICIAL**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 3.30

Certified Fee 2.20

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To
 Street, Ap or PO Box
 City, State

MANYGOATS, MARY A
PO BOX 327
SHIPROCK, NM 87420

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MANYGOATS, MARY A
PO BOX 327
SHIPROCK, NM 87420

2. Article Number
(Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Mary Ann Manygoat

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 2012

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	

Postmark Here

Sent **MARENA SHIELDS**
 2011 TROY KING RD
 TRLR 182
 FARMINGTON, NM 87401

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6378 2028

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	

Postmark Here

Sent **MARIE MARTINEZ**
 PO BOX 1294
 AZTEC, NM 87410

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

MARIE MARTINEZ
PO BOX 1294
AZTEC, NM 87410

2. Article Number

(Transfer from service label)

A. Signature

Marie Martinez Agent ☐ Addressee

B. Received by (Printed Name)

Marie Martinez Date of Delivery *9/15/14*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 2036

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

For delivery information visit **MHF/ENCANA**
OFFICE BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	69
Total	438

Sent MARIE SIMS
 10440 W 62ND PL APT 104
 ARVADA, CO 80004

PS Form 3800, August 2000

7006 2760 0001 6378 2050

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

For delivery information visit **MHF/ENCANA**
OFFICE BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	69
Total	438

Sent MARLENE L BEGAY
 PO BOX 1707
 AZTEC, NM 87410

PS Form 3800, August 2000

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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:

MARLENE L BEGAY
 PO BOX 1707
 AZTEC, NM 87410

2. Article Number (Transfer from service label)

7006 2760 0001 6378 2050

SECTION ON DELIVERY

A. Signature
 X Marlene Begay ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 MARLENE L BEGAY

C. Date of Delivery
 SEP 15 2014

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

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

F. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 2042

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 64

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 600

Total Postage & Fees \$ 1264

Sent To **MARLENE KNOTCHAPONE**
 12838 DORADO DR SE APT 3
 ALBUQUERQUE, NM 87123

Postmark Here
 SEP 12 2014

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:
MARLENE KNOTCHAPONE
 12838 DORADO DR SE APT 3
 ALBUQUERQUE, NM 87123

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 2043

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
x Marlene Knotchapone

B. Received by (Printed Name)
Marlene Knotchapone

C. Date of Delivery
SEP 18 2014

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 3194

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 64

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 600

Total Postage & Fees \$ 1264

Sent To **MARK, DAVID J**
 BOX 334
 SANOSTEE, NM 87461

Postmark Here
 SEP 12 2014

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:
MARK, DAVID J
BOX 334
SANOSTEE, NM 87461

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 3194

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
x David J. Mark

B. Received by (Printed Name)
David J. Mark

C. Date of Delivery
SEP 19 2014

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 3149

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Ins)	
MHF/ENCANA	
For delivery information visit our	
OFFICIAL USE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	2700
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
SEP 11 2004	
MARK, DELVIS	
5640 S THOMPSON STREET	
TACOMA, WA 98408	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <i>Deborah A. Perkins</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) Deborah A. Perkins C. Date of Delivery 9-11-04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
MARK, DELVIS		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
5640 S THOMPSON STREET		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
TACOMA, WA 98408			
2. Article Number (Transfer from service label)		7006 2760 0001 6378 3149	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6378 3170

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Ins)	
MHF/ENCANA	
For delivery information visit our	
OFFICIAL USE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	2700
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
SEP 11 2004	
MARK ESTATE, PAUL J	
PO BOX 193	
SANOSTEE, NM 87461	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <i>Paul J. Mark</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Paul J. Mark C. Date of Delivery 09-15-04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
MARK ESTATE, PAUL J		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PO BOX 193		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
SANOSTEE, NM 87461			
2. Article Number (Transfer from service label)		7006 2760 0001 6378 3170	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6378 3187

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only) MHF/ ENCANA	
For delivery information visit BETTONIE TSOSIE	
OFFICIAL	
Postage \$	1.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	1.00
Total Postage & Fees \$	
Postmark Here	
SEP 15 2014	
SHIPROCK, NM 87420	
MARTIN, CHERYL JANE	
PO BOX 1569	
SHIPROCK, NM 87420	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARTIN, CHERYL JANE
PO BOX 1569
SHIPROCK, NM 87420

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 3187

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Cheryl Martin

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Cheryl Martin

C. Date of Delivery

9-15-14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 3323

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only) MHF/ ENCANA	
For delivery information visit BETTONIE TSOSIE	
OFFICIAL	
Postage \$	1.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
SEP 11 2014	
NAGEEZI, NM 87037	
MARTINEZ, ALICE	
PO BOX 255	
NAGEEZI, NM 87037	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARTINEZ, ALICE
PO BOX 255
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 3323

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Alice Martinez

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Alice Martinez

C. Date of Delivery

9/15/14

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

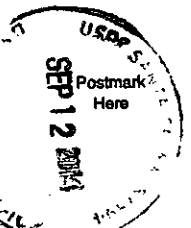
3. Service Type

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

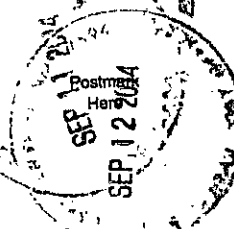
4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 2067

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/ENCANA	
OFFIC BETTONNIE TSOSIE	
Postage \$	689
Certified Fee	300
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	109
Total Postage & Fees	
	
MARTINEZ ANN LOLITA PO BOX 22 NAGEEZI, NM 87037	
Sent _____ Street or PO _____ City, S _____ PS Form 3811, February 2004 See Reverse for Instructions	

7006 2760 0001 6378 3309

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/ENCANA	
OFFIC BETTONNIE TSOSIE	
Postage \$	689
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	109
	
MARTINEZ, DAVID V PO BOX 36 CUBA, NM 87013	
Sent _____ Street or PO _____ City, _____ PS Form 3811, February 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		IN 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Louise Martinez</i>	
1. Article Addressed to: MARTINEZ ANN LOLITA PO BOX 22 NAGEEZI, NM 87037		B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Louise Martinez</i>	
2. Article Number (Transfer from service label) 7006 2760 0001 6378 2067		C. Date of Delivery 9/17/14	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>David V. Martinez</i>	
1. Article Addressed to: MARTINEZ, DAVID V PO BOX 36 CUBA, NM 87013		B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>David V. Martinez</i>	
2. Article Number (Transfer from service label) 7006 2760 0001 6378 3309		C. Date of Delivery 9-16-14	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7006 2760 0001 6378 3316

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information: **MHF/ENCANA**
BETTONIE TSOSIE

OFFICIAL

Postage \$ 09
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 00
 Total Postage 630

Sent To: MARTINEZ ESTATE, AVOE, C/O
 EASTERN NAVAJO AGENCY
 P O BOX 328
 CROWNPOINT, NM 87313

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 MARTINEZ ESTATE, AVOE, C/O
 EASTERN NAVAJO AGENCY
 P O BOX 328
 CROWNPOINT, NM 87313

2. Article Number
 (Transfer from service label) 7006 2760 0001 6378 3316

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Matilda Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name) Matilda Smith C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 3293

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information: **MHF/ENCANA**
BETTONIE TSOSIE

OFFICIAL

Postage \$ 09
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 00
 Total Postage 630

Sent To: MARTINEZ, GIBSON
 1097 ROAD 44
 CENTER, CO 81125

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 MARTINEZ, GIBSON
 1097 ROAD 44
 CENTER, CO 81125

2. Article Number
 (Transfer from service label) 7006 2760 0001 6378 3293

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Gibson Martinez ☐ Agent ☒ Addressee

B. Received by (Printed Name) Gibson Martinez C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 3286

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit OFFIC	MHF/ ENCANA BETTONIE TSOSIE
Postage \$	1.01
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.01
Sent	MARTINEZ, HELEN
Street or P.O.	1016 SAN JUAN AVE
City	ALAMOSA, CO 81101-3340
PS Form 3811, February 2004	Instructions

7006 2760 0001 6378 3279

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit OFFIC	MHF/ ENCANA BETTONIE TSOSIE
Postage \$	1.01
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.01
Sent	MARTINEZ, LUCILLE R
Street or P.O.	BOX 12
City	CUBA, NM 87013
PS Form 3811, February 2004	Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARTINEZ, HELEN
1016 SAN JUAN AVE
ALAMOSA, CO 81101-3340

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 3286

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Helen Martinez

☐ Agent☐ Addressee

B. Received by (Printed Name)

Helen Martinez

C. Date of Delivery

9-19-14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, LUCILLE R
BOX 12
CUBA, NM 87013

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 3279

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Harley Martinez

☐ Agent☒ Addressee

B. Received by (Printed Name)

Harley Martinez

C. Date of Delivery

9/26/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 3248

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit our **OFFICIAL** website

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.00

Sent by MARTINEZ, ROLAND
 Street or PO PO BOX 1172
 City, State & ZIP+4® CUBA, NM 87013

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARTINEZ, ROLAND
PO BOX 1172
CUBA, NM 87013

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 3248

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
Roland Martinez

B. Received by (Printed Name) Date of Delivery
Roland Martinez 9/16/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 2098

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International Mail)
MHF/ENCANA
For delivery information visit **BETTONNIE TSOSIE**
OFFICIAL

Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
Total Postage & Fees	\$ 18.69

Sent To: **MATILDA M BEGAY**
PO BOX 583
BLOOMFIELD, NM 87413

Postmark: SEP 12 2004

PS Form 3811, February 2004

7006 2760 0001 6378 2098

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International Mail)
MHF/ENCANA
For delivery information visit **BETTONNIE TSOSIE**
OFFICIAL

Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
Total Postage & Fees	\$ 18.69

Sent To: **MATILDA R GEORGE**
2100 E BLANCO BLVD
TRLR 80
BLOOMFIELD, NM 87413

Postmark: SEP 12 2004

PS Form 3811, February 2004

CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
MATILDA M BEGAY
PO BOX 583
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7006 2760 0001 6378 2098**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *[Signature]* ☐ Agent ☐ Addressee
B. Received by (Printed Name): **MATILDA BEGAY**
C. Date of Delivery: **9-13-14**
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

7006 2760 0001 6378 2074

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 For delivery information visit **USPS.com**
OFFICIAL MHF/ENCANA BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	169
Total	\$ 798

Postmark Here
 SEP 12 2004

Sent **MARY TSO**
 Street or PO Box **PO BOX 48**
 City, State, ZIP+4® **NAGEEZI, NM 87037**

PS Form 3811, February 2004

7006 2760 0001 6378 2081

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 For delivery information visit **USPS.com**
OFFICIAL MHF/ENCANA BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	169
Total Postage & Fees	\$ 798

Postmark Here
 SEP 12 2004

Sent **MARY W VICTOR**
 Street, A or PO Box **PO BOX 112**
 City, State, ZIP+4® **NAGEEZI, NM 87037**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARY TSO
 PO BOX 48
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 2074

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mary C. TSO

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Mary C. TSO

C. Date of Delivery

9/15/14

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

3. Service Type

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARY W VICTOR
 PO BOX 112
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 2081

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Elvin B. TSO

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Elvin B. TSO

C. Date of Delivery

9/15/14

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

3. Service Type

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

7006 2760 0001 6378 2111

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail Permitted)
 For delivery information visit **USPS.com**
OFFICIAL

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609
 Total Postage & Fees \$ 1609

Postmark Here
 SEP 12 2014

MAXINE GEORGE
 PO BOX 1043
 CUBA, NM 87013

Instructions

7006 2760 0001 6378 3255

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail Permitted)
 For delivery information visit **USPS.com**
OFFICIAL

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609
 Total Postage & Fees \$ 1609

Postmark Here
 SEP 12 2014

MCDONALD, TOMMY T
 TWO GREY HILLS TP
 TOHATCHI, NM 87325

Instructions

RECEIVED MAIL
 SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 MAXINE GEORGE
 PO BOX 1043
 CUBA, NM 87013

2. Article Number (Transfer from service label): 7006 2760 0001 6378 2111

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X Maranda Otero ☐ Agent ☐ Addressee

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

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

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

7006 2760 0001 6378 2128

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage \$ 3.69
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 1.00
 Total 10.69

Postmark Here
 SEP 12 2004
 TUCSON, AZ 85705

Sent
 Street or PO
 City
 MELISSA BILIDITTO
 3150 N FLOWING WELLS
 RD APT 2
 TUCSON, AZ 85705

PS Form 3811, February 2004

7006 2760 0001 6378 2135

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage \$ 0.09
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 1.00
 Total 5.09

Postmark Here
 SEP 12 2004
 CROWNPOINT, NM 87313

Sent
 Street or PO
 City
 MELVIN C SANDOVAL ESTATE
 C/O EASTERN NAVAJO PROBATE
 PO BOX 328
 CROWNPOINT, NM 87313

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage \$ 3.69
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 1.00
 Total 10.69

Postmark Here
 SEP 12 2004
 TUCSON, AZ 85705

Sent
 Street or PO
 City
 MELISSA BILIDITTO
 3150 N FLOWING WELLS
 RD APT 2
 TUCSON, AZ 85705

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage \$ 0.09
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 1.00
 Total 5.09

Postmark Here
 SEP 12 2004
 CROWNPOINT, NM 87313

Sent
 Street or PO
 City
 MELVIN C SANDOVAL ESTATE
 C/O EASTERN NAVAJO PROBATE
 PO BOX 328
 CROWNPOINT, NM 87313

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MELISSA BILIDITTO
 3150 N FLOWING WELLS
 RD APT 2
 TUCSON, AZ 85705

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

A. Signature

Melissa Biliditto ☐ Agent ☒ Addressee

B. Received by (Printed Name)

M. Biliditto ☐ Agent ☒ Addressee

C. Date of Delivery
09/23/04

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

3. Service Type

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

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

1. Article Addressed to:

MELVIN C SANDOVAL ESTATE,
 C/O EASTERN NAVAJO PROBATE
 PO BOX 328
 CROWNPOINT, NM 87313

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

A. Signature

Matilda Smith ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Matilda Smith ☐ Agent ☒ Addressee

C. Date of Delivery
9-15-04

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 2142

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Provided)	
For delivery information visit OFFICE MHF/ENCANA BETTONNIE TSOSIE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total F	1008
Sent To MELVIN WILLIE PO BOX 1288 TEEC NOS POS, AZ 86514	
PS Form 3811, February 2004	

7006 2760 0001 6378 2159

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Provided)	
For delivery information visit OFFICE MHF/ENCANA BETTONNIE TSOSIE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total F	1008
Sent To MICHAEL CHAVEZ, CATHOLIC CHARITIES 119 W BROADWAY FARMINGTON, NM 87401	
PS Form 3811, February 2004	

SENDER: COMPLETE THESE ITEMS PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE		ACTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <i>Reggie Sandford</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Reggie Sandford</i> C. Date of Delivery <i>9/20/04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: MELVIN WILLIE PO BOX 1288 TEEC NOS POS, AZ 86514		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7006 2760 0001 6378 2142		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

9912 9269 1000 0942 9006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N) **MHF/ENCANA**
 For delivery information v **BETTONNIE TSOSIE**
OFFICIAL

Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	12.00

SEP 12 2014
 Postmark Here

Sent To: **MICHAEL H SIMS**
 Street or PO: **PO BOX 2222**
 City, State: **KIRTLAND, NM 87417**

PS Form 3811, February 2004

9912 9269 1000 0942 9006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N) **MHF/ENCANA**
 For delivery information v **BETTONNIE TSOSIE**
OFFICIAL

Postage	\$ 6.00
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	12.00

SEP 12 2014
 Postmark Here

Sent To: **MILTON BAKER**
 Street or PO: **PO BOX 135**
 City, State: **KIRTLAND, NM 87417**

PS Form 3811, February 2004

CERTIFIED MAIL
 SENDER: COMPLETE

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

1. Article Addressed to:
MICHAEL H SIMS
PO BOX 2222
KIRTLAND, NM 87417

2. Article Number:
 (Transfer from service label) **7006 2760 0001 6378 2166**

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

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

LIVERY

A. Signature
X Michael Sims ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL
 SENDER: COMPLETE

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

1. Article Addressed to:
MILTON BAKER
PO BOX 135
KIRTLAND, NM 87417

2. Article Number:
 (Transfer from service label) **7006 2760 0001 6378 2173**

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

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

ON DELIVERY

A. Signature
X Adellene Baker ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 3262

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N) MHF/ ENCANA
 For delivery information v BETTONIE TSOSIE
OFFIC...

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To: MITCHELL, ROLAND B
 Street or PO: PO BOX 34
 City, St: SHIPROCK, NM 87420
 PS Form 3811, February 2004

Postmark Here SEP 11 2004 SEP 12 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MITCHELL, ROLAND B
 PO BOX 34
 SHIPROCK, NM 87420

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature M. F. Litchell ☐ Agent ☒ Addressee
- B. Received by (Printed Name) Mildred F. Litchell C. Date of Delivery 9-17-14
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 5311

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N) MHF/ ENCANA
 For delivery information v BETTONIE TSOSIE
OFFIC...

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total F

Sent To: MORNINGOWL, ERNESTINE
 Street, / or PO B: 3220 1/2 NE RIVERSIDE AVE
 City, St: PENDLETON, OR 97801
 PS Form 3800, August 2006

Postmark Here SEP 12 2014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

MORNINGOWL, ERNESTINE
 3220 1/2 NE RIVERSIDE AVE
 PENDLETON, OR 97801

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature A. Kindness ☐ Agent ☒ Addressee
- B. Received by (Printed Name) A. Kindness C. Date of Delivery 9-16-14
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 5304

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

For delivery information visit **OFFICIAL USE**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 10
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66
Total	

Postmark Here
 SEP 11 2004
 SEP 12 2014

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

MONTOYA, BERDINA
PO BOX 370
DULCE, NM 87528

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MONTOYA, BERDINA
PO BOX 370
DULCE, NM 87528

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 5304

102595-02-M-1540

7006 2760 0001 6378 3231

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

For delivery information visit **OFFICIAL USE**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 10
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
 SEP 11 2004
 SEP 12 2014

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

MONTOYA, CHERISH S
C/O MELANIE LEVATO PARENT
P O BOX 781
DULCE, NM 87528

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MONTOYA, CHERISH S
C/O MELANIE LEVATO PARENT
P O BOX 781
DULCE, NM 87528

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 3231

102595-02-M-1540

7006 2760 0001 6377 5328

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **MHF/ ENCANA**)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 338
 Certified Fee 278
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 616

Sent To
 Street, Apt., or PO Box #
 City, State, ZIP+4®
MONTOYA, DONNA
PO BOX 1476
DULCE, NM 87528-1476

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6377 5298

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance) **MHF/ ENCANA**
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 330
 Certified Fee 278
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total P 608

Sent To
 Street, Apt., or PO Box #
 City, State, ZIP+4®
MONTOYA ESTATE, EARL DEAN
C/O EASTERN NAVAJO PROBATE
PO BOX 328
CROWNPOINT, NM 87313

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
MONTOYA, DONNA
PO BOX 1476
DULCE, NM 87528-1476

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5328**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X Donna Montoya ☐ Agent ☒ Addressee

B. Received by (Printed Name) Donna Montoya C. Date of Delivery 9/17/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
MONTOYA ESTATE, EARL DEAN,
C/O EASTERN NAVAJO PROBATE
PO BOX 328
CROWNPOINT, NM 87313

2. Article Number (Transfer from service label) **7006 2760 0001 6377 5298**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X Matilda Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name) Matilda Smith C. Date of Delivery 9-18-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 5335

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; MHF/ENCANA)	
For delivery information visit our OFFICIAL website	
Postage \$	338
Certified Fee	270
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	270
To:	
Sent to: MONTOYA, MARONDA Street or PO Box: PO BOX 1543 City, State, ZIP+4: DULCE, NM 87528	
PS Form 3811, February 2004	Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MONTOYA, MARONDA
PO BOX 1543
DULCE, NM 87528

2. Article Number
(Transfer from service label)

7006 2760 0001 6377 5335

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *[Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery *SEP 12 2014*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

Mulberry Partners II, LP
105 South Fourth Street
Artesia, NM 88210

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 1404

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- A. Signature **X** *[Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9/15/14*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1404

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insu MHF/ENCANA)	
For delivery information visit our OFFICIAL website	
Postage \$	609
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	270
Total Postage & Fees	609
Sent To:	
Street, PO Box, or City, State, ZIP+4: Mulberry Partners II, LP 105 South Fourth Street Artesia, NM 88210	
PS Form 3811, February 2004	Instructions

7006 2760 0001 6377 5359

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **OFFIC**
7006 2760 0001 6377 5359

MHF/ ENCANA
BETTONIETSOSIE

Postage \$ 330
 Certified Fee 270
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State
MUSKRAT, BERNICE V
PO BOX 1296
DULCE, NM 87528

Postmark Here
 SEP 12 2014

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MUSKRAT, BERNICE V
PO BOX 1296
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 5359

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Bernice Muskrat ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Bernice Muskrat

C. Date of Delivery

9/16/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 5342

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **OFFIC**
7006 2760 0001 6377 5342

MHF/ ENCANA
BETTONIETSOSIE

Postage \$ 330
 Certified Fee 270
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State
NARANJO, JOHN M
PO BOX 1403
ALBUQUERQUE, NM 87103

Postmark Here
 SEP 12 2014

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NARANJO, JOHN M
PO BOX 1403
ALBUQUERQUE, NM 87103

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 5342

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John M. Naranjo ☐ Agent
☒ Addressee

B. Received by (Printed Name)

JOHN M. NARANJO

C. Date of Delivery

9/19/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 2624

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **usps.com**

OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 600
 Total Postage and Fees \$ 1069

Postmark Here
 SEP 11 2014
 SEP 12 2014

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

NARANJO, LILI M
PO BOX 90344
ALBUQUERQUE, NM 87109

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NARANJO, LILI M
PO BOX 90344
ALBUQUERQUE, NM 87109

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 2624

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lili M Naranjo*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lili M Naranjo

C. Date of Delivery

9-19-14
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

0912 9269 1000 0922 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **usps.com**

OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 600
 Total Postage and Fees \$ 1069

Postmark Here
 SEP 12 2014

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

NATASHA SLIM
PO BOX 2562
SHIPROCK, NM 87420

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NATASHA SLIM
PO BOX 2562
SHIPROCK, NM 87420

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 2180

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Natasha Slim*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Natasha Slim

C. Date of Delivery

9-19-14
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 2197

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609

To: **NAVAJO NATION**
NAVAJO NATION MINERALS
DEPT.
PO BOX 1910
WINDOW ROCK, AZ 86515

PS Form 3811, February 2004

7006 2760 0001 6378 2203

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total Postage & Fees	\$ 1278

Sent To: **NED CHAVEZ**
PO BOX 252
NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE **CERTIFIED MAIL** **ON ON DELIVERY**

1. Article Addressed to:
NAVAJO NATION
NAVAJO NATION MINERALS
DEPT.
PO BOX 1910
WINDOW ROCK, AZ 86515

2. Article Number:
 (Transfer from service label) **7006 2760 0001 6378 2197**

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

SENDER: COMPLETE **CERTIFIED MAIL** **SECTION ON DELIVERY**

1. Article Addressed to:
NED CHAVEZ
PO BOX 252
NAGEEZI, NM 87037

2. Article Number:
 (Transfer from service label) **7006 2760 0001 6378 2203**

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

7006 2760 0001 6378 2210

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit	MHF/ENCANA BETTONNIE TSOSIE
OFFICIAL	
Postage	\$ 6.90
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.90
Sent	NELSON LOPEZ
Street or P.O. Box	PO BOX 107
City	NAGEEZI, NM 87037
PS Form	Instructions

7006 2760 0001 6377 5540

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit	MHF/ENCANA BETTONNIE TSOSIE
OFFICIAL	
Postage	\$ 6.90
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.90
Sent	NELSON, THELMA J
Street or P.O. Box	126 EAST MAIN
City	FARMINGTON, NM 87401
PS Form	Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>NELSON LOPEZ PO BOX 107 NAGEEZI, NM 87037</p>		<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>[Signature]</i> C. Date of Delivery: <i>9/14/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number: <i>7006 2760 0001 6378 2210</i></p> <p>(Transfer from service label)</p>		<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>NELSON, THELMA J 126 EAST MAIN FARMINGTON, NM 87401</p>		<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Dyrene Garfield</i> C. Date of Delivery: <i>9/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number: <i>7006 2760 0001 6377 5540</i></p> <p>(Transfer from service label)</p>		<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6377 2648

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No	
For delivery information visit	MHF/ENCANA BETTONIE TSOSIE
OFFIC	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total F	
Sent To	NEZ, ARLOA S PO BOX 1781 DULCE, NM 87528
Street, or P.O. Box, City, St.	
PS Form	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NEZ, ARLOA S
PO BOX 1781
DULCE, NM 87528

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Betty Tsosie*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/20/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 2227

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No	
For delivery information visit	MHF/ENCANA BETTONIE TSOSIE
OFFIC	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	NORMA L BAKER PO BOX 1703 BLOOMFIELD, NM 87413
Street, or P.O. Box, City, St.	
PS Form	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NORMA L BAKER
PO BOX 1703
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

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

IN ON DELIVERY

A. Signature

X *Norma L Baker*

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Norma L Baker

C. Date of Delivery

9-15-14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

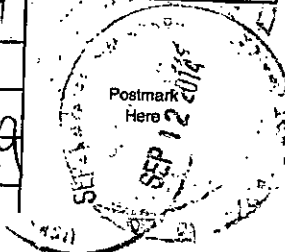
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

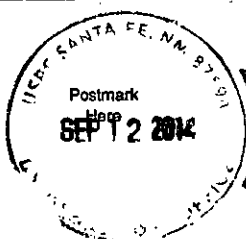
7006 2760 0001 6377 2631

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No)	
MHF/ENCANA	
For delivery information visit: BETTONIE TSOSIE	
OFFICE	
Postage \$	79
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	
Sent To: O'JOHN, VERA	
Street or PO, PO BOX 842	
City, S. IGNACIO, CO 81137	
PS Form 3811, February 2004	



7006 2760 0001 6378 1527

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No In)	
MHF/ENCANA	
For delivery information visit: BETTONIE TSOSIE	
OFFICE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	
Sent To: OXY Y-1 Company	
Street or PO, 5 Greenway Plaza, Suite 110	
City, Houston, TX 77046	
PS Form 3811, February 2004	



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

O'JOHN, VERA
PO BOX 842
IGNACIO, CO 81137

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Vera O'John

☐ Agent
☒ Addressee

B. Received by (Printed Name)

VERA O'JOHN

C. Date of Delivery

9/19/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 2631

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Genaro M

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Genaro M

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

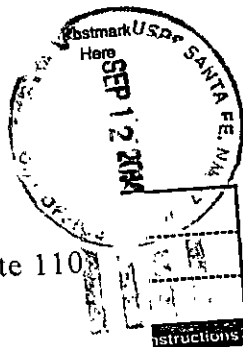
☐ Yes

7006 2760 0001 6378 1527

7006 2760 0001 6378 1374

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF/ENCANA
 For delivery information visit **BETTONNIE TSOSIE**
OFFICIAL

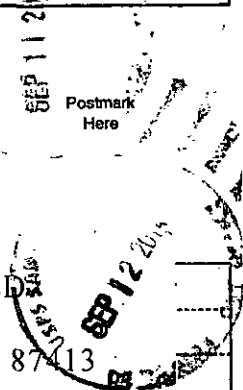
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$



Sent To
 Street, Apt. or PO Box
 City, State
OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF/ENCANA
 For delivery information visit **BETTONNIE TSOSIE**
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$



Sent To
 Street, Apt. or PO Box
 City, State
PACHECO, HAROLD
PO BOX 2021
BLOOMFIELD, NM 87413

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 1374

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

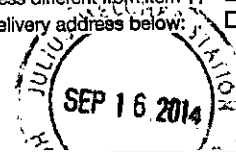
A. Signature

X *Danny*☐ Agent☐ Addressee

B. Received by (Printed Name)

Genaro Uy

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

PACHECO, HAROLD
PO BOX 2021
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 3859

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bessie Pacheco*☒ Agent☐ Addressee

B. Received by (Printed Name)

Bessie Pacheco

C. Date of Delivery

9-16-14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 3842

U.S. Postal Service TM		CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only, No Insurance)		MHI/ENCANA	
For delivery information visit usps.com		BETTONIE TSOSIE	
OFFICIAL USE			
Postage	\$	69	SEP 11 2014 Postmark Here
Certified Fee		338	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)		669	
Total Postage & Fees	\$		
Sent To			
Street, Apt. or PO Box			
City, State			
PACHACO KENNETH, EVA M			
42 ROAD 5580			
FARMINGTON, NM 87407			
PS Form 3811, February 2004			

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PACHACO KENNETH, EVA M
42 ROAD 5580
FARMINGTON, NM 87407

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Eva Pacheco Kennel* ☐ Agent
EVA M Pacheco ☒ Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 3842

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 3835

U.S. Postal Service TM		CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only, No Insurance)		MHI/ENCANA	
For delivery information visit usps.com		BETTONIE TSOSIE	
OFFICIAL USE			
Postage	\$	69	SEP 11 2014 Postmark Here
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)		669	
Total P	\$		
Sent To			
Street, Apt. or PO Box			
City, State			
PACHECO SR, LEO J			
PO BOX 281			
BLOOMFIELD, NM 87413			
PS Form 3811, February 2004			

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PACHECO SR, LEO J
PO BOX 281
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Leo Pacheco* ☐ Agent
Leo Pacheco ☒ Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 3835

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 2234

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **For delivery information**)

OFFICIAL

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 6.00
 Certified Fee 3.50
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.00
 Total Postage & Fees \$ 18.20

PAULINE H HARRISON
BX 73
COUNSELOR, NM 87018

SEP 12 2014
 SANTA FE, NM 87501

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PAULINE H HARRISON
BX 73
COUNSELOR, NM 87018

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 2234

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Shirley H Largo*☐ Agent☐ Addressee

B. Received by (Printed Name)

Shirley H Largo

C. Date of Delivery

9-16-2014

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 2241

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **For delivery information**)

OFFICIAL

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 6.00
 Certified Fee 3.00
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.00
 Total Postage & Fees \$ 17.70

PAULINE LOPEZ
PO BOX 1531
AZTEC, NM 87410

SEP 12 2014
 SANTA FE, NM 87501

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PAULINE LOPEZ
PO BOX 1531
AZTEC, NM 87410

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 2241

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Pauline Lopez*☐ Agent☒ Addressee

B. Received by (Printed Name)

Pauline Lopez

C. Date of Delivery

09/16/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 2258

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage \$ 0.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.60
 Total Postage & Fees \$ 6.90

PAULINE MURPHY
 PO BOX 32
 NAGEEZI, NM 87037

SEP 12 2014
 SANTA FE, NM

Instructions

7006 2760 0001 6378 2265

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage \$ 0.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.60
 Total Postage & Fees \$ 6.90

PEARL LOPEZ
 1200 ROLLOWAY ST
 FARMINGTON, NM 87401

SEP 12 2014
 SANTA FE, NM

Instructions

U.S. Postal Service™
CERTIFIED MAIL™

SENDER **SECTION ON DELIVERY**

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

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

1. Article Addressed to:

PEARL LOPEZ
 1200 ROLLOWAY ST
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7006 2760 0001 6378 2265**

3. Service Type
☒ Certified Mail®
☐ Registered
☐ Insured Mail
☐ Priority Mail Express™
☐ Return Receipt for Merchandise
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

B. Received by (Printed Name) Charles Lopez
 C. Date of Delivery SEP 12 2014

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6378 2272

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

For delivery information visit **OFFICIAL** **MHF/ENCANA BETTONNIE TSOSIE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total Postage & Fees	\$ 1008

Sent To: **PEARL MARTINEZ**
PO BOX 255
NAGEEZI, NM 87037

Postmark Here: **SEP 12 2014**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- PEARL MARTINEZ**
PO BOX 255
NAGEEZI, NM 87037
2. Article Number (Transfer from service label) **7006 2760 0001 6378 2272**

PS Form 3811, July 2013

Domestic Return Receipt

A. Signature

X

Rosal Martinez
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Rosal Martinez

C. Date of Delivery

9/15/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 2289

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

For delivery information visit **OFFICIAL** **MHF/ENCANA BETTONNIE TSOSIE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total Postage & Fees	\$ 1008

Sent To: **PETE HERRERA ESTATE**
PO BOX 214
COUNSELOR, NM 87018

Postmark Here: **SEP 12 2014**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- PETE HERRERA ESTATE**
PO BOX 214
COUNSELOR, NM 87018
2. Article Number (Transfer from service label) **7006 2760 0001 6378 2289**

PS Form 3811, July 2013

Domestic Return Receipt

A. Signature

X

Rita Herrera
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Rita Herrera

C. Date of Delivery

9/19/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4801

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International Mail)	
For delivery information visit BETTONIE TSOSIE	
OFFICIAL MAIL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	1269
Sent To	PETER, LAWRENCE
Street, Apt or PO Box	PO BOX 384
City, State	SANOSTEE, NM 87461
PS Form 3811	SEP 11 2014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

PETER, LAWRENCE
PO BOX 384
SANOSTEE, NM 87461

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 4801

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lawrence Peter* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Lawrence Peter C. Date of Delivery *9/13/14*

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

ALWAYS USE ZIP+4

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 4795

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International Mail)	
For delivery information visit BETTONIE TSOSIE	
OFFICIAL MAIL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	1269
Sent To	PETER, MURPHY R
Street, Apt or PO Box	HC 63 BOX 6013
City, State	WINSLOW, AZ 86047
PS Form 3811	SEP 11 2014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

PETER, MURPHY R
HC 63 BOX 6013
WINSLOW, AZ 86047

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 4795

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melanie James* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Melanie James C. Date of Delivery *9/15/14*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 4818

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

For delivery information visit **OFFICIAL** **BETTONIE TSOSIE**

Postage \$ 69
 Certified Fee 33.8
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Postmark Here
 SEP 11 2014

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

PETER, RAYMOND
 PO BOX 219
 SANOSTEE, NM 87461

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PETER, RAYMOND
 PO BOX 219
 SANOSTEE, NM 87461

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 4818

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Calvin F. Lee ☐ Agent ☒ Addressee

B. Received by (Printed Name) Calvin F. Lee C. Date of Delivery 9/19/14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: ALWAYS USE ZIP 87461-0219

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4825

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

For delivery information visit **OFFICIAL** **BETTONIE TSOSIE**

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Postmark Here
 SEP 11 2014

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

PETER, REGINALD
 PO BOX 1055
 SHEEP SPRINGS, NM 87364-1055

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PETER, REGINALD
 PO BOX 1055
 SHEEP SPRINGS, NM 87364-1055

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 4825

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Alvina Begay ☐ Agent ☒ Addressee

B. Received by (Printed Name) Alvina Begay C. Date of Delivery 9/16

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4832

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL MAIL**
BETTONIE TSOSIE

Postage \$ 66
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 170
 Restricted Delivery Fee (Endorsement Required) 609
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
PETERS, DONNY R
HC 63 BOX 361
WINSLOW, AZ 86047

PS Form 3811, February 2004

7006 2760 0001 6378 4849

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL MAIL**
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 170
 Restricted Delivery Fee (Endorsement Required) 609
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
PETERS, LAVERNA
HC 63 BOX 6041
WINSLOW, AZ 86047

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PETERS, LAVERNA
HC 63 BOX 6041
WINSLOW, AZ 86047

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 4849

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Laverne James ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Melanie James

C. Date of Delivery

9/15/14D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

7006 2760 0001 6378 4672

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information, visit usps.com	
MHF/ ENCANA BETTONIE TSOSIE	
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
PETERS, LENORA HC 63 BOX 6020 WINSLOW, AZ 86047	
Postmark Here SEP 11 2014	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

PETERS, LENORA
HC 63 BOX 6020
WINSLOW, AZ 86047

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 4672

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Melanie James

C. Date of Delivery

9/15/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

PETERS, LORRAINE
HC 63 BOX 6041
WINSLOW, AZ 86047

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 4665

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Melanie James

C. Date of Delivery

9/15/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 4665

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information, visit usps.com	
MHF/ ENCANA BETTONIE TSOSIE	
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To PETERS, LORRAINE HC 63 BOX 6041 WINSLOW, AZ 86047	
Postmark Here SEP 11 2014	

7006 2760 0001 6378 4856

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance)	
For delivery information, visit OFFIC MHF/ ENCANA BETTONIE TSOSIE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	
PETTIGREW, DOROTHEA PO BOX 6481 NAVAJO DAM, NM 87419 SEP 11 2014 Postmark Here SEP 12 2014 PS Form 3811, February 2004	

7006 2760 0001 6378 4689

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance)	
For delivery information, visit OFFIC MHF/ ENCANA BETTONIE TSOSIE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	
PETTIGREW, JOHN PO BOX 3154 SHIPROCK, NM 87420 SEP 11 2014 Postmark Here SEP 12 2014 PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PETTIGREW, DOROTHEA
PO BOX 6481
NAVAJO DAM, NM 87419

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4856

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rozin Defuss*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Rozin Defuss

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- No

3. Service Type

- ☒
- Certified Mail
-
- ☐
- Registered
-
- ☐
- Insured Mail
-
- ☐
- Express Mail
-
- ☒
- Return Receipt for Merchandise
-
- ☐
- 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:

PETTIGREW, JOHN
PO BOX 3154
SHIPROCK, NM 87420

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4689

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Sadie Pettigrew

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

7006 2760 0001 6378 2296

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

For delivery information visit **MHF/ENCANA**
BETTONIE TSOSIE

OFFICE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 100
 Total Postage & Fees 669

SEP 12 2014
 Postmark Here

Sent To: **PHIL JOHNSON, C/O FRANK F JOHNSON**
 Street, P.O. Box: **15 ROAD 6115**
 City, State: **KIRTLAND, NM 87417**

PS Form 3811, July 2013

7006 2760 0001 6378 4900

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

For delivery information visit **MHF/ENCANA**
BETTONIE TSOSIE

OFFICE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees 669

SEP 12 2014
 Postmark Here

Sent To: **PHILLIPS ESTATE, NELLIE, C/O SHIPROCK AGENCY**
 Street, P.O. Box: **P O BOX 3538**
 City, State: **SHIPROCK, NM 87420**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PHIL JOHNSON, C/O FRANK F JOHNSON
15 ROAD 6115
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **7006 2760 0001 6378 2296**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X Forest Johnson

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 Mail ☐ Collect on Delivery

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:

PHILLIPS ESTATE, NELLIE, C/O SHIPROCK AGENCY
P O BOX 3538
SHIPROCK, NM 87420

2. Article Number (Transfer from service label) **7006 2760 0001 6378 4900**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X Selena Winn

B. Received by (Printed Name) C. Date of Delivery
Selena Winn 9-7-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 2302

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

For delivery information visit **OFFICE**

PHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 09
Certified Fee	330
Return Receipt Fee (Endorsement Required)	278
Restricted Delivery Fee (Endorsement Required)	009
Total Postage & Fees	\$

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

PHYLLIS I TSO
 PO BOX 5567
 FARMINGTON, NM 87499

Postmark Here
 SEP 12 2014

PS Form 3811, July 2013

7006 2760 0001 6378 4917

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

For delivery information visit **OFFICE**

PHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 09
Certified Fee	330
Return Receipt Fee (Endorsement Required)	278
Restricted Delivery Fee (Endorsement Required)	009
Total P	\$

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

PINTO ESTATE, JIMMIE
 PO BOX 1412
 CUBA, NM 87013

Postmark Here
 SEP 11 2014

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

PHYLLIS I TSO
 PO BOX 5567
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label)

7006 2760 0001 6378 2302

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Phyllis Tso* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Phyllis Tso

C. Date of Delivery
 SEP 15 2014

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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:

PINTO ESTATE, JIMMIE
 PO BOX 1412
 CUBA, NM 87013

2. Article Number (Transfer from service label)

7006 2760 0001 6378 4917

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Pinto Estate* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Pinto Estate

C. Date of Delivery
 9/16/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6378 4948

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

For delivery information: **OFFICE**

MHF/ENCANA
 BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Sent To: PINTO, JAKE
 Street, Apt. or PO Box: PO BOX 803
 City, State: DULCE, NM 87528

Postmark Here: SEP 12 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 PINTO, JAKE
 PO BOX 803
 DULCE, NM 87528

2. Article Number (Transfer from service label): 7006 2760 0001 6378 4948

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): [Signature]

C. Date of Delivery: SEP 15 2004

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 4931

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

For delivery information: **OFFICE**

MHF/ENCANA
 BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Sent To: PINTO, JENNIFER
 Street, Apt. or PO Box: PO BOX 803
 City, State: DULCE, NM 87528

Postmark Here: SEP 11 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 PINTO, JENNIFER
 PO BOX 803
 DULCE, NM 87528

2. Article Number (Transfer from service label): 7006 2760 0001 6378 4931

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): [Signature]

C. Date of Delivery: SEP 15 2004

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 4924

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL** **BETTONIE TSOSIE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Sent To: **PINTO, PATRICK**
 Street, Apt or PO Box: **PO BOX 803**
 City, State: **DULCE, NM 87528**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PINTO, PATRICK
PO BOX 803
DULCE, NM 87528

2. Article Number: **7006 2760 0001 6378 4924**
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☒ Agent ☐ Addressee
 B. Received by (Printed Name): *[Signature]* Date of Delivery: **SEP 13 2014**
 C. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6378 4764

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL** **BETTONIE TSOSIE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Sent To: **PINTO, PHILBERT**
 Street, Apt or PO Box: **PO BOX 546**
 City, State: **DULCE, NM 87528**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PINTO, PHILBERT
PO BOX 546
DULCE, NM 87528

2. Article Number: **7006 2760 0001 6378 4764**
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☒ Agent ☐ Addressee
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **9/18/14**
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6378 4771

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; MHF/ ENCANA)	
For delivery information visit BETTONIE TSOSIE	
OFFICIAL	
Postage	\$ <u>69</u>
Certified Fee	<u>330</u>
Return Receipt Fee (Endorsement Required)	<u>270</u>
Restricted Delivery Fee (Endorsement Required)	<u>669</u>
Total Postage & Fees	\$
Sent	
Street or PO	PINTO, STEVEN
City	PO BOX 192
	DULCE, NM 87528
PS Form	Instructions

Postmark Here
SEP 11 2014
SEP 12 2014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, STEVEN
PO BOX 192
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4771

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Steven Pinto☐ Agent☐ Addressee

B. Received by (Printed Name)

Steven Pinto

C. Date of Delivery

9/16/14D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, WAYNE
PO BOX 803
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4757

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Wayne Pinto☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/16/14D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 4757

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance) MHF/ ENCANA	
For delivery information visit BETTONIE TSOSIE	
OFFICIAL	
Postage	\$ <u>69</u>
Certified Fee	<u>330</u>
Return Receipt Fee (Endorsement Required)	<u>270</u>
Restricted Delivery Fee (Endorsement Required)	<u>669</u>
Total Postage & Fees	\$
Sent	
Street or PO	PINTO, WAYNE
City	PO BOX 803
	DULCE, NM 87528
PS Form	Instructions

Postmark Here
SEP 11 2014
SEP 12 2014

7006 2760 0001 6378 2319

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service)
OFFICIAL
 For delivery information visit **usps.com**
BETTONNIE TSOSIE

Postage \$ 6.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 1.60
 Total Postage 14.50

Sent To **PRESTON HASKIE**
PO BOX 822
BLOOMFIELD, NM 87413

PS Form 3800, August 2008

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service)
OFFICIAL
 For delivery information visit **usps.com**
BETTONNIE TSOSIE

Postage \$ 6.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 1.60
 Total Postage 14.50

Sent To **PRESTON HASKIE**
PO BOX 822
BLOOMFIELD, NM 87413

PS Form 3800, August 2008

SENDER: COMPLETE
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Article Addressed to:
PRESTON HASKIE
PO BOX 822
BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label) **7006 2760 0001 6378 2319**

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
☒ **Preston Haskie** ☐ Agent
☒ Addressee

B. Received by (Printed Name)
Preston Haskie

C. Date of Delivery
9-15-14

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6378 2326

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service)
OFFICIAL
 For delivery information visit **usps.com**
BETTONNIE TSOSIE

Postage \$ 6.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.00
 Total Postage 18.90

Sent To **PRISCILLA A DEMPSEY**
PO BOX 984
CHINLE, AZ 86503

PS Form 3800, August 2008

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service)
OFFICIAL
 For delivery information visit **usps.com**
BETTONNIE TSOSIE

Postage \$ 6.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.00
 Total Postage 18.90

Sent To **PRISCILLA A DEMPSEY**
PO BOX 984
CHINLE, AZ 86503

PS Form 3800, August 2008

SENDER: COMPLETE
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Article Addressed to:
PRISCILLA A DEMPSEY
PO BOX 984
CHINLE, AZ 86503

2. Article Number
 (Transfer from service label) **7006 2760 0001 6378 2326**

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
☒ **Priscilla Dempsey** ☐ Agent
☒ Addressee

B. Received by (Printed Name)
Priscilla Dempsey

C. Date of Delivery
9-15-14

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6378 2333

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE
OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Price	

Postmark Here
 SEP 12 2014

Sent To
 RACHEL J TSOSIE, C/O
 ELVIRA P. TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

PS Form 3811, July 2013

7006 2760 0001 6378 2340

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/ENCANA**
BETTONNIE TSOSIE
OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
 SEP 12 2014

Sent To
 RAE WERITO
 PO BOX 71
 BLOOMFIELD, NM 87413

PS Form 3811, July 2013

SENDER: COMPLETE **DELIVERY**

1. Article Addressed to:
 RACHEL J TSOSIE, C/O
 ELVIRA P. TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number
 (Transfer from service label) 7006 2760 0001 6378 2333

PS Form 3811, July 2013 Domestic Return Receipt

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE **ON ON DELIVERY**

1. Article Addressed to:
 RAE WERITO
 PO BOX 71
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label) 7006 2760 0001 6378 2340

PS Form 3811, July 2013 Domestic Return Receipt

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4993

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

For delivery information visit **OFFICIAL**

MHF/ ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	1339

Postmark Here
 SEP 11 2011

Sent To
 RAFAEL, ALICE
 PO BOX 1097
 CUBA, NM 87013

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RAFAEL, ALICE
 PO BOX 1097
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Eddie Lopez

☐ Agent☐ Addressee

B. Received by (Printed Name)

Eddie Lopez

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 4061

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

For delivery information visit **OFFICIAL**

MHF/ ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	1339

Postmark Here
 SEP 12 2011

Sent To
 RAFAEL, BENNIE
 PO BOX 3998
 GALLUP, NM 87305

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RAFAEL, BENNIE
 PO BOX 3998
 GALLUP, NM 87305

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Gwen Bennett

☐ Agent☐ Addressee

B. Received by (Printed Name)

Gwen Bennett

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 4863

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
MHF/ ENCANA
BETTONIE TSOSIE

Postage	\$ 67
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total Postage & Fees	\$

Sent To: **RAFAEL, EVA**
 Street or PO: **PO BOX 814**
 City, St: **CUBA, NM 87013**

PS Form 3800, June 2012 Instructions

Return

7006 2760 0001 6378 4740

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
MHF/ ENCANA
BETTONIE TSOSIE

Postage	\$ 67
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total	\$

Sent To: **RAFAEL, JAMES**
 Street or PO: **PUEBLO PINTADO STORE**
 City, St: **CUBA, NM 87013**

PS Form 3800, June 2012 Instructions

Return

7006 2760 0001 6378 4955

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information visit OFFIC	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$
RAFAEL, MARTIN L 1605 FINCH AV FARMINGTON, NM 87401	

Postmark Here SEP 12 2014

Instructions

7006 2760 0001 6378 4788

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$
RAFAEL, PAUL HCR 79 BOX 46 CUBA, NM 87013	

Postmark Here SEP 11 2014

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RAFAEL, PAUL
 HCR 79 BOX 46
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x B. Buckman

☒ Agent☐ Addressee

B. Received by (Printed Name)

B. Buckman

C. Date of Delivery

9-15-14

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

4169 A E. R+9 PM 115
 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

7006 2760 0001 6378 4788

7006 2760 0001 6378 4986

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MHF/ENCANA**
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 276
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1284

Sent ☒ **RAFAEL, PHILLIP**
 Street or PO **12000 COPPER NE ART B**
 City, St. **ALBUQUERQUE, NM 87123**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
RAFAEL, PHILLIP
12000 COPPER NE ART B
ALBUQUERQUE, NM 87123

2. Article Number (Transfer from service label) **7006 2760 0001 6378 4986**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Philip Kickingbear*

B. Received by (Printed Name) **Philip Kickingbear**
 C. Date of Delivery **SEP 17 2014**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 2357

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International) **MHF/ENCANA**
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage \$ 69
 Certified Fee 339
 Return Receipt Fee (Endorsement Required) 276
 Restricted Delivery Fee (Endorsement Required) 669
 Total \$ 1284

Sent ☒ **RANDELL VICTOR**
 Street or PO **PO BOX 291**
 City, St. **BLOOMFIELD, NM 87413**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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:
RANDELL VICTOR
PO BOX 291
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7006 2760 0001 6378 2357**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
Randall Victor

B. Received by (Printed Name) **Randall Victor**
 C. Date of Delivery **9-15-14**

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 2364

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA provided)
 For delivery information visit **BETTONNIE TSOSIE**

OFFICIAL

Postage	\$ 69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

SEP 12 2014
 Postmark Here

Sent To: **RENA CASTILLO**
 Street, A or PO Box: **PO BOX 1353**
 City, State, ZIP+4: **CUBA, NM 87013**

PS Form 3811, July 2013

7006 2760 0001 6378 4177

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ENCANA provided)
 For delivery information visit **BETTONNIE TSOSIE**

OFFICIAL

Postage	\$ 69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

SEP 12 2014
 Postmark Here

Sent To: **RENIA L THOMPSON**
 Street, A or PO Box: **288 N 800 E (113-16)**
 City, State, ZIP+4: **ROOSEVELT, UT 84066**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SIDE **CERTIFIED MAIL™** **ON DELIVERY**

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

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

1. Article Addressed to:

RENA CASTILLO
PO BOX 1353
CUBA, NM 87013

2. Article Number (Transfer from service label): **7006 2760 0001 6378 2364**

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature: **X Marcus Showalter** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Marcus Showalter**

C. Date of Delivery: **9/16/14**

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SIDE **CERTIFIED MAIL™** **ON DELIVERY**

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

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

1. Article Addressed to:

RENIA L THOMPSON
288 N 800 E (113-16)
ROOSEVELT, UT 84066

2. Article Number (Transfer from service label): **7006 2760 0001 6378 4177**

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature: **X Renia Thompson** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Renia Thompson**

C. Date of Delivery: **9/16/14**

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4184

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

For delivery information visit **OFFICIAL** **MHF/ENCANA BETTONNIE TSOSIE**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees \$ 1069

Sent To **RETHA F MURDOCK**
 Street, Apt. No. or PO Box No. **PO BOX 44**
 City, State, ZIP **SHAWNEE, OK 74802**

PS Form 3800

7006 2760 0001 6378 4184

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

For delivery information visit **OFFICIAL** **MHF/ENCANA BETTONNIE TSOSIE**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees \$ 1069

Sent To **RHETA VICTOR**
 Street, Apt. No. or PO Box No. **3614 W WEBSTER CT**
 City, State, ZIP **ANTHEM, AZ 85086**

PS Form 3800

CERTIFIED MAIL

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF 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.

CTION ON DELIVERY:

A. Signature x J. Murdock ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jim Murdock C. Date of Delivery 9-18-14

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

1. Article Addressed to:
RETHA F MURDOCK
PO BOX 44
SHAWNEE, OK 74802

2. Article Number (Transfer from service label) 7006 2760 0001 6378 4184

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 Return Receipt

7006 2760 0001 6378 4207

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Sent To: **RICHARDSON CASTILLO**
 Street, Apt. or PO Box: **PO BOX 3822**
 City, State: **SHIPROCK, NM 87420**

PS Form 3811, July 2013

SENDER: Complete (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

ION 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:
RICHARDSON CASTILLO
PO BOX 3822
SHIPROCK, NM 87420

2. Article Number (Transfer from service label): **7006 2760 0001 6378 4207**

3. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: **X [Signature]** ☐ Agent ☐ Addressee
 B. Received by (Printed Name): **ELANDA CASTILLO** C. Date of Delivery: **9/15/14**
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6378 4214

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Sent To: **RICKIE BEYALE**
 Street, Apt. or PO Box: **PO BOX 478**
 City, State: **NAGEEZI, NM 87037**

PS Form 3811, July 2013

7006 2760 0001 6378 4221

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information: **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$	6.00
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	11.99

SEP 12 2014
 Postmark Here

Sent To
 RITA BARBOA
 PO BOX 3303
 CANONCITO, NM 87026

PS Form 3811, July 2013

7006 2760 0001 6378 4238

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information: **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$	6.00
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	11.99

SEP 12 2014
 Postmark Here

Sent To
 RITA LOPEZ
 PO BOX 263
 NAGEEZI, NM 87037

PS Form 3811, July 2013

SENDER: CC

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE 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:

RITA BARBOA
 PO BOX 3303
 CANONCITO, NM 87026

A. Signature

X *Trane Pios*☐ Agent☐ Addressee

B. Received by (Printed Name)

Trane Pios

C. Date of Delivery

9/22/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4221

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: CC

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE 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:

RITA LOPEZ
 PO BOX 263
 NAGEEZI, NM 87037

A. Signature

X *Rita Lopez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Rita Lopez

C. Date of Delivery

9-15-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4238

PS Form 3811, July 2013

Domestic Return Receipt

7006 2760 0001 6378 4245

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

For delivery information visit **OFFICIAL USE**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

Postmark Here
 SEP 12 2014

Sent To
 Rita SLIM
 PO BOX 4738
 SHIPROCK, NM 87420

PS Form 3811, July 2013

7006 2760 0001 6378 4962

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

For delivery information visit **OFFICIAL USE**

MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

Postmark Here
 SEP 11 2014

Sent To
 ROBERTSON, ELIZABETH C
 PO BOX 7726
 MYRTLE BEACH, SC 29572

PS Form 3811, February 2004

SENDER: COMP

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

RITA SLIM
 PO BOX 4738
 SHIPROCK, NM-87420

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 4245

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:

ROBERTSON, ELIZABETH C
 PO BOX 7726
 MYRTLE BEACH, SC 29572

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 4962

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery SEP 15 2014

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

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 THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery SEP 20 2014

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6378 4979

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFIC**
MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here: SEP 11 2004

Send to:
 ROGERS, CAROL M
 PO BOX 4402
 SHIPROCK, NM 87420

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROGERS, CAROL M
 PO BOX 4402
 SHIPROCK, NM 87420

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4979

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Carol Rogers

☐ Agent☐ Addressee

B. Received by (Printed Name)

Carol Rogers

C. Date of Delivery

9/11/04

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

RONALD M CHAVEZ
 PO BOX 3303
 CANONCITO, NM 87026

2. Article Number:

(Transfer from service label)

7006 2760 0001 6378 4252

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Ronald Chavez

☐ Agent☐ Addressee

B. Received by (Printed Name)

Ronald Chavez

C. Date of Delivery

9/22/04

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 Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 4252

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFF**
MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	300
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark Here: SEP 12 2004

Send to:
 RONALD M CHAVEZ
 PO BOX 3303
 CANONCITO, NM 87026

PS Form 3811, August 2000

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **MHF/ENCANA**
OFFICE BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent 7
 Street, or P.O. ROSE M ARMSTRONG
 City, St. PO BOX 1715
BLOOMFIELD, NM 87413

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
ROSE M ARMSTRONG
PO BOX 1715
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 16378 4269

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Rose M. Armstrong ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Rose M. Armstrong C. Date of Delivery 9-15-14
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail[®] ☐ Priority Mail Express[™]
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **MHF/ENCANA**
OFFICE BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent 7
 Street, or P.O. ROSELYN L SAM
 City, St. HC 17 BOX 408
CUBA, NM 87013

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
ROSELYN L SAM
HC 17 BOX 408
CUBA, NM 87013

2. Article Number (Transfer from service label) 7006 2760 0001 16378 4276

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Eva N. Yezie ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Eva N. Yezie C. Date of Delivery 9/19/14
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail[®] ☐ Priority Mail Express[™]
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

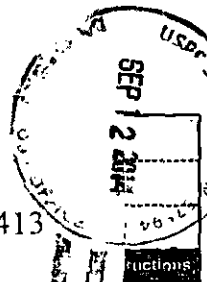
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4283

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here



Sent to:
 Street, or PO
 City, ST
 PS Form 3811, July 2013

ROSIE M LARGO
 1710 JUNIPER ST
 BLOOMFIELD, NM 87413

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROSIE M LARGO
 1710 JUNIPER ST
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 4283

PS Form 3811, July 2013

Domestic Return Receipt

ON DELIVERY

A. Signature *Rosie M. Largo* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) *Rosie M. Largo* C. Date of Delivery *9-15-14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

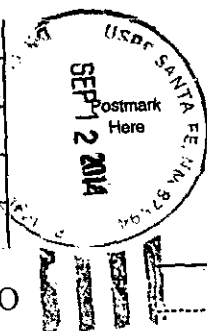
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4290

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here



ROSITA W TRUJILLO
 PO BOX 352
 NAGEEZI, NM 87037

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROSITA W TRUJILLO
 PO BOX 352
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 4290

PS Form 3811, July 2013

Domestic Return Receipt

ON DELIVERY

A. Signature *Jack Trujillo* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) *Jack Trujillo* C. Date of Delivery *9-15-14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4887

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

For delivery information visit **MHF/ ENCANA**

OFFIC BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	600
Total Postage & Fees	\$

Postmark
SEP 1 2014 here

SEP 12 2014

ROY, DANIELLE L
PO BOX 249
RED VALLEY, AZ 86544

Instructions

7006 2760 0001 6378 4894

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

For delivery information visit **MHF/ ENCANA**

OFFI BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	600
Total Postage & Fees	\$

Postmark
SEP 1 2014 Here

SEP 12 2014

ROY, DELVIN M
PO BOX 249
RED VALLEY, AZ 86544

Instructions

7006 2760 0001 6378 4870

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

For delivery information visit **OFFICIAL**
MHF/ ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Sent To
 Street, A
 or PO Box
 City, Sta

ROY SR, LEE B
 PO BOX 1972
 SHIPROCK, NM 87420

PS Form 3811, February 2004

7006 2760 0001 6378 3477

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

For delivery information visit **OFFICIAL**
MHF/ ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Sent To
 Street, A
 or PO Box
 City, Sta

ROY, NATALIE K
 557 TRAMWAY BLVD NE APT 10
 ALBUQUERQUE, NM 87123-2153

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

ROY, NATALIE K
 557 TRAMWAY BLVD NE APT 10
 ALBUQUERQUE, NM 87123-2153

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 3477

SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6378 3453

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service Provided)
 For delivery information visit **OFFICIAL MAIL SERVICE**
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Sent To: **ROY, NATHANIEL S**
 Street, Apt or PO Box: **4201 ATRISCO NW, APT 30**
 City, State: **ALBUQUERQUE, NM 87120**

PS Form 3849, November 2010



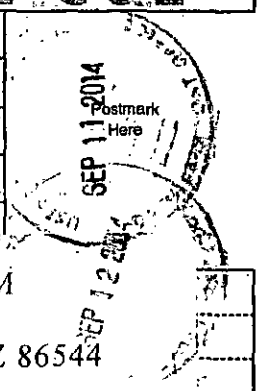
7006 2760 0001 6377 2516

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service Provided)
 For delivery information visit **OFFICIAL MAIL SERVICE**
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Sent To: **ROY, ROSELYN M**
 Street, Apt or PO Box: **PO BOX 249**
 City, State: **RED VALLEY, AZ 86544**

PS Form 3849, November 2010



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

(Domestic Mail Only; No Insurance) **MHF/ENCANA**
For delivery information visit **BETTONNIE TSOSIE**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	



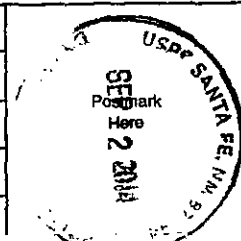
Sent To: **R&R Royalty Ltd.**
Street, or P.O. Box: **500 N. Shoreline Blvd., Suite 322**
City, State, ZIP+4: **Corpus Christi, TX 78401**

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

(Domestic Mail Only; No Insurance) **MHF/ENCANA**
For delivery information visit our **BETTONNIE TSOSIE**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	



Sent To: **RUSSELL SANDOVAL ESTATE**
Street, or P.O. Box: **EASTERN NAVAJO PROBATE**
City, State, ZIP+4: **PO BOX 328 CROWNPOINT, NM 87313**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

R&R Royalty Ltd.
500 N. Shoreline Blvd., Suite 322
Corpus Christi, TX 78401

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X [Signature]
- B. Received by (Printed Name) **SONILAH [Signature]**
- C. Date of Delivery **9/16/14**
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 1343

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

RUSSELL SANDOVAL ESTATE,
EASTERN NAVAJO PROBATE
PO BOX 328
CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
X [Signature]
- B. Received by (Printed Name) **Maulda Smith**
- C. Date of Delivery **9-15-14**
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 4306

7006 2760 0001 6378 4313

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66
Total Postage & Fees	\$

Sent To: **RUSTY C SANDOVAL**
 Street, or PO: **2011 TROY KING RD**
 City, State: **TRLR 225 FARMINGTON, NM 87401**

Postmark Here: **SEP 12 2014**

PS Form 3811, July 2013

7006 2760 0001 6378 4320

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

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66
Total Postage & Fees	\$

Sent To: **RUTH H ATENCIO**
 Street, or PO: **PO BOX 101**
 City, State: **NAGEEZI, NM 87037**

Postmark Here: **SEP 12 2014**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

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

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4313

PS Form 3811, July 2013

Domestic Return Receipt

ACTION ON DELIVERY

A. Signature

Rusty Sandoval
9/20/14

☐ 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 Mail☐ Collect on Delivery

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:

RUTH H ATENCIO
PO BOX 101
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 4320

PS Form 3811, July 2013

Domestic Return Receipt

ACTION ON DELIVERY

A. Signature

Ruth H Atencio
9/16/14

☐ 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 Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 1152

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Coverage Provided)
 For delivery information: **MHF/ENCANA**
BETTONNIE TSOSIE

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	1338

Postmark Here
 SEP 12 2014
 USA - SANTA FE, NM

Sent To: **SAMANTHA J NEPHI**
 Street, Apt., or PO Box: **PO BOX 919**
 City, State, ZIP+4: **FORT DUCHESNE, UT 84026**

PS Form 3811, July 2013

7006 2760 0001 6378 4351

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Coverage Provided)
 For delivery information: **MHF/ENCANA**
BETTONNIE TSOSIE

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	1338

Postmark Here
 SEP 12 2014
 USA - SANTA FE, NM

Sent To: **SAM, HUXLEY LEO**
 Street, Apt., or PO Box: **PO BOX 1087**
 City, State, ZIP+4: **CUBA, NM 87013**

PS Form 3811, July 2013

CERTIFIED MAIL™
 SENDER: CO/ **IN ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF 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:
SAMANTHA J NEPHI
PO BOX 919
FORT DUCHESNE, UT 84026

2. Article Number:
 (Transfer from service label)
7006 2760 0001 6378 1152

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

B. Received by (Printed Name): **MARTHA NEPHI**
 C. Date of Delivery:
☐ Agent ☐ Addressee

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6378 3460

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

For delivery information visit **MHF/ ENCANA**
OFFICE BETTONIE TSOSIE

Postage	\$ 107
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1069

Sent To: **SAM, EDITH A**
 Street, Apt. or PO Box: **PO BOX 26703**
 City, State: **ALBUQUERQUE, NM 87125**

PS Form 3811, February 2004

7006 2760 0001 6378 4344

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

For delivery information visit **MHF/ ENCANA**
OFFICE BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1368

Sent To: **SAM, FREDDIE**
 Street, Apt. or PO Box: **PO BOX 1822**
 City, State: **BLOOMFIELD, NM 87413**

PS Form 3811, February 2004

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

For delivery information visit **MHF/ ENCANA**
OFFICE BETTONIE TSOSIE

SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
1. Article Addressed to: SAM, FREDDIE PO BOX 1822 BLOOMFIELD, NM 87413		A. Signature X [Signature]	
2. Article Number (Transfer from service label) 11117006 2760 0001 6378 4344		B. Received by (Printed Name) IDA SAM	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	

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

7006 2760 0001 6378 4375

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MHF/ ENCANA**
 For delivery information **BETTONIE TSOSIE**
OFFICIAL

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 66
 Total Postage & Fees \$ 669

Sent To **SAM, IRVIN**
 Street, Apt. or PO Box **434 N 3RD**
 City, State **BLOOMSFELD, NM 87413**

PS Form 3811, February 2004



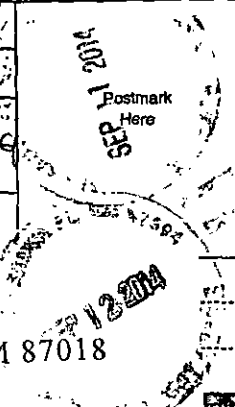
7006 2760 0001 6378 4368

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MHF/ ENCANA**
 For delivery information **BETTONIE TSOSIE**
OFFICIAL

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 66
 Total Postage & Fees \$ 669

Sent To **SAM, JESSIE M**
 Street, Apt. or PO Box **PO BOX 212**
 City, State **COUNSELOR, NM 87018**

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SAM, IRVIN
434 N 3RD
BLOOMSFELD, NM 87413

2. Article Number, (Transfer from service label) **7006 2760 0001 6378 4375**

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **IRVIN, SAM** C. Date of Delivery **9/13/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, JESSIE M
PO BOX 212
COUNSELOR, NM 87018

2. Article Number, (Transfer from service label) **7006 2760 0001 6378 4368**

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

SECTION ON DELIVERY

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

B. Received by (Printed Name) **JESSIE M SAM** C. Date of Delivery **9/16/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4382

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; MHF/ ENCANA)	
For delivery information BETTONIE TSOSIE	
OFFICIAL USE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To	SAM, JONES L
Street, Ap or PO Box	HCR 79 BOX 1602
City, State	CUBA, NM 87013
PS Form	Instructions

7006 2760 0001 6378 3361

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; MHF/ ENCANA)	
For delivery information BETTONIE TSOSIE	
OFFICIAL USE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To	SAM, JULIAN
Street, Ap or PO Box	PO BOX 221
City, State	COUNSELOR, NM 87018
PS Form	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.		SECTION ON DELIVERY A. Signature X <u>James Lee Sam</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>James Lee Sam</u> C. Date of Delivery <u>9/17/14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: SAM, JONES L HCR 79 BOX 1602 CUBA, NM 87013		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2760 0001 6378 4382 Domestic Return Receipt	
PS Form 3811, February 2004		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.		SECTION ON DELIVERY A. Signature X <u>Janell Sen</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: SAM, JULIAN PO BOX 221 COUNSELOR, NM 87018		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2760 0001 6378 3361 Domestic Return Receipt	
PS Form 3811, February 2004		102595-02-M-1540	

7006 2760 0001 6378 3354

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 669

Sent To: **SAM, MARGARET R**
 Street, Apt. or PO Box: **PO BOX 1087**
 City, State: **CUBA, NM 87013**

PS Form 3811, July 2013

7006 2760 0001 6378 4337

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 669

Sent To: **SAM MARTINEZ**
 Street, Apt. or PO Box No.: **PO BOX 5**
 City, State, Zi: **NAGEEZI, NM 87037**

PS Form 3811, July 2013

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

ACTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature: **X Kath Martinez** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Katherine Martinez** C. Date of Delivery: **9/15/14**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

1. Article Addressed to:
SAM MARTINEZ
PO BOX 5
NAGEEZI, NM 87037

2. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

3. Restricted Delivery? (Extra Fee) ☐ Yes

4. Article Number (Transfer from service label): **7006 2760 0001 6378 4337**

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6378 4399

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No MHF/ ENCANA)	
For delivery information visit BETTONIE TSOSIE	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$
Sent To	SAM, MELVIN
Street, Apt. or PO Box	#14 COUNTY ROAD 4903
City, State	BLOOMFIELD, NM 87413
PS Form	Instructions

7006 2760 0001 6378 3385

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No MHF/ ENCANA)	
For delivery information visit BETTONIE TSOSIE	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$
Sent To	SAM, NASBAN
Street, Apt. or PO Box	BOX 212
City, State	COUNSELOR, NM 87018
PS Form	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.		COMPLETE THIS SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Ken Rayburn</i> B. Received by (Printed Name) <i>Ken Rayburn</i> C. Date of Delivery <i>9/19/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: SAM, MELVIN #14 COUNTY ROAD 4903 BLOOMFIELD, NM 87413		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7006 2760 0001 6378 4399		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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.		SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Jessie M. Sam</i> B. Received by (Printed Name) <i>Jessie Sam</i> C. Date of Delivery <i>9/16/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: SAM, NASBAN BOX 212 COUNSELOR, NM 87018		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7006 2760 0001 6378 3385		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6378 3408

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No MF/ENCANA Provided)	
For delivery information visit BETTONIE TSOSIE	
OFFICE	
Postage	\$ <u>66</u>
Certified Fee	<u>330</u>
Return Receipt Fee (Endorsement Required)	<u>270</u>
Restricted Delivery Fee (Endorsement Required)	<u>66</u>
Total Postage & Fees	\$
Sent To	SAM, OSMUND
Street, or PO Box	PO BOX 234
City, State	NAGEEZI, NM 87037
PS Form	Instructions

Postmark Here
SEP 11 2014
SEP 12 2014

7006 2760 0001 6378 3392

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No MF/ENCANA Provided)	
For delivery information visit BETTONIE TSOSIE	
OFFICE	
Postage	\$ <u>66</u>
Certified Fee	<u>330</u>
Return Receipt Fee (Endorsement Required)	<u>270</u>
Restricted Delivery Fee (Endorsement Required)	<u>66</u>
Total Postage & Fees	\$
Sent To	SAM, OSMUND
Street, or PO Box	PO BOX 234
City, State	NAGEEZI, NM 87037
PS Form	Instructions

Postmark Here
SEP 11 2014

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>X Frank Sam</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>SAM, OSMUND PO BOX 234 NAGEEZI, NM 87037</p>		<p>B. Received by (Printed Name) <u>Frank Sam</u></p> <p>C. Date of Delivery <u>9-12-14</u></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7006 2760 0001 6378 3392</p>		<p>102595-02-M-1540</p>	

7006 2760 0001 6378 3422

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To	SAM, TOM
Street, Apt. or PO Box	PO BOX 7589
City, State	NEWCOMB, NM 87455
PS Form	actions.

5415 7006 2760 0001 6378 1145

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To	SAM WESLEY, C/O EASTERN
Street, Apt. or PO Box	NAVAJO AGENCY
City, State	P O BOX 328
PS Form	CROWNPOINT, NM 87313

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		SECTION ON DELIVERY A. Signature X <u>Tom Sam</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>Tom Sam</u> C. Date of Delivery <u>9-15-14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: SAM, TOM PO BOX 7589 NEWCOMB, NM 87455		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 11 17006 2760 0001 6378 3422			
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.		SECTION ON DELIVERY A. Signature X <u>Matilda Smith</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>Matilda Smith</u> C. Date of Delivery <u>9-15-14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: SAM WESLEY, C/O EASTERN NAVAJO AGENCY P O BOX 328 CROWNPOINT, NM 87313		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 11 7006 2760 0001 6378 1145			
PS Form 3811, July 2013		Domestic Return Receipt	

7006 2760 0001 6378 1169

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) Coverage Provided

For delivery information: **MHF/ENCANA**
BETTONNIE TSOSIE

OFF

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total P	

Sent To: **SAMPSON DENNISON, C/O**
NAVAJO TRADING
126 E MAIN ST
FARMINGTON, NM 87401

Postmark Here: **SEP 12 2014**

PS Form 3811, July 2013

SENDER **CERTIFIED MAIL™** **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:
SAMPSON DENNISON, C/O
NAVAJO TRADING
126 E MAIN ST
FARMINGTON, NM 87401

2. Article Number (Transfer from service label): **7006 2760 0001 6378 1169**

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature: **X Dyrene Garfield** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Dyrene Garfield**

C. Date of Delivery: **9/13**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☒ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1176

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) Coverage Provided

For delivery information: **MHF/ENCANA**
BETTONNIE TSOSIE

OFF

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: **SAMUEL VICTOR**
PO BOX 291
BLOOMFIELD, NM 87413

Postmark Here: **SEP 12 2014**

PS Form 3811, July 2013

SENDER **CERTIFIED MAIL™** **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:
SAMUEL VICTOR
PO BOX 291
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7006 2760 0001 6378 1176**

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature: **Randolph Victor** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Randolph Victor**

C. Date of Delivery: **9-15-14**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 3439

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
For delivery information visit usps.com

OFFICIAL

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1269

Postmark Here **SEP 12 2014**

Sent **SANCHEZ, MARY S**
 Street or PO **PO BOX 234**
 City, State, ZIP+4® **NAGEEZI, NM 87037**

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
SANCHEZ, MARY S
PO BOX 234
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7006 2760 0001 6378 3439**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Francis Sam

B. Received by (Printed Name) **Francis Sam** C. Date of Delivery **9-17-14**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0261

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
For delivery information visit usps.com

OFFICIAL

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1269

Postmark Here **SEP 12 2014**

Sent **SANDOVAL, AURELIA J**
 Street or PO **PO BOX 205**
 City, State, ZIP+4® **COUNSELOR, NM 87018**

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
SANDOVAL, AURELIA J
PO BOX 205
COUNSELOR, NM 87018

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0261**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Aurelia W. Sandoval

B. Received by (Printed Name) **Aurelia W. Sandoval** C. Date of Delivery **9/16/14**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3378

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No MF/ENCANA)	
For delivery information visit BETTONIE TSOSIE	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66
Total Postage & Fees	
Sent To: SANDOVAL, DIXON K PO BOX 770 DULCE, NM 87528	
PS Form 3811, February 2004 See Reverse for Instructions	

7006 2760 0001 6378 3415

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; MF/ENCANA Coverage Provided)	
For delivery information visit BETTONIE TSOSIE	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66
Total Postage & Fees	\$
Sent To: SANDOVAL, DUANE PO BOX 612 DULCE, NM 87528	
PS Form 3811, February 2004 See Reverse for Instructions	

SENDER'S SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		SECTION ON DELIVERY A. Signature x <i>Theresa Sandoval</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Theresa Sandoval</i> C. Date of Delivery <i>SEP 17 2004</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: SANDOVAL, DUANE PO BOX 612 DULCE, NM 87528		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2760 0001 6378 3415	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6378 3620

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **usps.com**

OFFICIAL

MHF/ ENCANA
ETTONIE TSOSIE

Postage \$ 1.07
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.69
 Total Postage & Fees \$ 11.76

Sent To
 Street, Apt. or PO Box
 City, State
SANDOVAL, ELMO
PO BOX 633
DULCE, NM 87528

PS Form 3811, February 2004

Return

7006 2760 0001 6378 3446

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **usps.com**

OFFICIAL

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 6.69
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.69
 Total Postage & Fees \$ 19.38

Sent To
 Street, Apt. or PO Box
 City, State
SANDOVAL ESTATE, RUSSELL
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
SANDOVAL ESTATE, RUSSELL,
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

2. Article Number: 4
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matilda Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Matilda Smith

C. Date of Delivery
9-15-14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3613

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **OFFICIAL**
MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 660

To: **SANDOVAL, HOBSON**
BOX 394
DULCE, NM 87528

PS Form 3800, August 2005

7006 2760 0001 6378 3606

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **OFFICIAL**
MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 660

Total Postage & Fees 1329

Sent To: **SANDOVAL, JACQUE H**
PO BOX 493
DULCE, NM 87528

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
SANDOVAL, HOBSON
BOX 394
DULCE, NM 87528

2. Article Number (Transfer from service label) **7006 2760 0001 6378 3613**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X John Sandoval** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **John Sandoval** C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
SANDOVAL, JACQUE H
PO BOX 493
DULCE, NM 87528

2. Article Number (Transfer from service label) **7006 2760 0001 6378 3606**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X Jacquie H Sandoval** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Jacquie H Sandoval** C. Date of Delivery **SEP 13 2014**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

1596 9269 1001 6378 3651

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit usps.com

OFFICIAL MHF/ ENCANA
 BETTONIE TSOSIE

Postage \$ 4.99
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total 11.00

Sent 7
 Street or PO City, State ZIP+4®
 SANDOVAL, KURT E
 PO BOX 471
 DULCE, NM 87528

PS Form 3800, August 2003

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANDOVAL, KURT E
 PO BOX 471
 DULCE, NM 87528

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 3651

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Rhonda Sandoval ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rhonda Sandoval C. Date of Delivery 9/17/14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 3644

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit usps.com

OFFICIAL MHF/ ENCANA
 BETTONIE TSOSIE

Postage \$ 4.99
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees 11.00

Sent 7
 Street or PO City, State ZIP+4®
 SANDOVAL, LESTER
 PO BOX 412
 DULCE, NM 87528

PS Form 3800, August 2003

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANDOVAL, LESTER
 PO BOX 412
 DULCE, NM 87528

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 3644

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature X Lester Sandoval ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lester Sandoval C. Date of Delivery 9/18/2014

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 3637

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL MAIL™**
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required) 609

SANDOVAL, LULA
 PO BOX 3445
 SHIPROCK, NM 87420

SEP 11 2004

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6378 3675

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL MAIL™**
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required) 609

SANDOVAL, MERTON
 PO BOX 1118
 DULCE, NM 87528

SEP 11 2004

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANDOVAL, LULA
 PO BOX 3445
 SHIPROCK, NM 87420

2. Article Number:
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Lula Sandoval ☐ Agent ☒ Addressee
- B. Received by (Printed Name) Lula Sandoval C. Date of Delivery 09-11-04
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 3668

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFICIAL**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 6.69

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required) 6.69

Total Postage & Fees \$ 19.38

Sent ☒ Street, or P.O. City, S

SANDOVAL, MYRA V
BOX 493
DULCE, NM 87528

PS Form 3811, February 2004 Instructions

7006 2760 0001 6378 3668

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFICIAL**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 6.69

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required) 6.69

Total Postage & Fees \$ 19.38

Sent ☒ Street, or P.O. City, S

SANDOVAL, RANDY
PO BOX 2216
BLOOMFIELD, NM 87413

PS Form 3811, February 2004 Instructions

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF 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:

SANDOVAL, MYRA V
BOX 493
DULCE, NM 87528

2. Article Number (Transfer from service label) **7006 2760 0001 6378 3668**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ACTION ON DELIVERY

A. Signature **X Myra V. Sandoval**

B. Received by (Printed Name) **Myra V. Sandoval**

C. Date of Delivery **SEP 12 2014**

D. Is delivery address different from item 1? ☒ Yes ☐ No
 If YES, enter delivery address below

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7006 2760 0001 6378 0162

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$ 6.00
Certified Fee	3.38
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.60
Total	

Postmark Here
 SEP 12 2014

Send To: SANDOVAL, STUART B
 PO BOX 937
 DULCE, NM 87528

PS Form 3800, August 2008

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$ 6.00
Certified Fee	3.38
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.60
Total Postage & Fees	

Postmark Here
 SEP 12 2014

Send To: SANDOVAL, WALT J
 PO BOX 821
 DULCE, NM 87528

PS Form 3800, August 2008

7006 2760 0001 6378 0179

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SANDOVAL, STUART B
 PO BOX 937
 DULCE, NM 87528

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0162

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) STUART SANDOVAL C. Date of Delivery 9/17/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SANDOVAL, WALT J
 PO BOX 821
 DULCE, NM 87528

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0179

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Jason Sandoval C. Date of Delivery 9/17/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 1183

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	MHF/ENCANA BETTONIE TSOSIE
OFFICIAL USE	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	600
Sent to	SARAH YAZZIE
Street or P.O.	PO BOX 1031
City, S	AZTEC, NM 87410
PS Form	Instructions

7006 2760 0001 6378 0186

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	MHF/ENCANA BETTONIE TSOSIE
OFFICIAL USE	
Postage \$	330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	600
Sent to	SERAFIN, ROBERTA V
Street or P.O.	612 ORTEGA ROAD NW
City, S	ALBUQUERQUE, NM 87114
PS Form	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SARAH YAZZIE
PO BOX 1031
AZTEC, NM 87410

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 1183

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bettonie Tsosie*

Agent

☐ Addressee

B. Received by (Printed Name)

X *Bettonie Tsosie*

C. Date of Delivery

9/13/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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:

SERAFIN, ROBERTA V
612 ORTEGA ROAD NW
ALBUQUERQUE, NM 87114

2. Article Number
(Transfer from service label)

7006 2760 0001 6378 0186

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 1190

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed for Return)

For delivery information visit **usps.com**

OFFICIAL MAIL™

Postage \$ 3.38

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

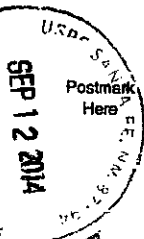
Total 6.08

Sent To **SHERALENE L HASKIE**

Street or PO Box **PO BOX 822**

City, State, ZIP+4® **BLOOMFIELD, NM 87413**

PS Form 3811, July 2013



CERTIFIED MAIL™

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHERALENE L HASKIE
PO BOX 822
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7006 2760 0001 6378 1190**

PS Form 3811, July 2013 Domestic Return Receipt

ON DELIVERY

A. Signature **X Sheralene L Haskie** ☐ Agent ☒ Addressee

B. Received by (Printed Name) **Sheralene L Haskie** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1206

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed for Return)

For delivery information visit **usps.com**

OFFICIAL MAIL™

Postage \$ 3.38

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

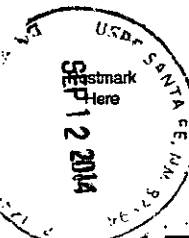
Total Postage & Fees 6.08

Sent To **SHERIDAN P HASKIE**

Street or PO Box **PO BOX 514**

City, State, ZIP+4® **AZTEC, NM 87410**

PS Form 3811, July 2013



CERTIFIED MAIL™

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHERIDAN P HASKIE
PO BOX 514
AZTEC, NM 87410

2. Article Number (Transfer from service label) **7006 2760 0001 6378 1206**

PS Form 3811, July 2013 Domestic Return Receipt

ON DELIVERY

A. Signature **X Sheridan P Haskie** ☐ Agent ☒ Addressee

B. Received by (Printed Name) **Sheridan Haskie** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1213

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt)

For delivery information visit **usps.com**

OFFICIAL

Postage \$ 6.00
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.69
 Total Postage & Fees \$ 18.69

Postmark Here
 SEP 12 2014

Sender
 Sherman Haskie
 PO BOX 822
 BLOOMFIELD, NM 87413

PS Form 3811, July 2013 Instructions

7006 2760 0001 6378 0216

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt)

For delivery information visit **usps.com**

OFFICIAL

Postage \$ 6.00
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.69
 Total Postage & Fees \$ 18.69

Postmark Here
 SEP 11 2014

Sender
 SHORTY, PAULINE
 PO BOX 298
 KIRTLAND, NM 87417

PS Form 3811, August 2004 Instructions

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SHERMAN HASKIE
 PO BOX 822
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label) 7006 2760 0001 6378 1213

SECTION ON DELIVERY

A. Signature
 X Sherman Haskie Agent

B. Received by (Printed Name)
 Sherman Haskie

C. Date of Delivery
 9-15-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SHORTY, PAULINE
 PO BOX 298
 KIRTLAND, NM 87417

2. Article Number
 (Transfer from service label) 7006 2760 0001 6378 0216

SECTION ON DELIVERY

A. Signature
 X Pauline Shorty Agent

B. Received by (Printed Name)
 Pauline Shorty

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; Not for International Mail)</i>	
For delivery information visit usps.com	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
SLOAN, AMOS HC 61 BOX 38-612 TEEC NOS POS, AZ 86514	
PS Form 3800, August 2009	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance) **MHF/ ENCANA**
BETTONIE TSOSIE

For delivery information visit usps.com

OFFICIAL


Postage	\$ 6.90
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 12.90

SEP 11 2014
Postmark Here

Sent to:
Street or PO:
City, State:

SPECK, ROSALIE M
6501 W MONTE VISTA RD
PHOENIX, AZ 85035

PS Form 3800, June 2013

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so 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  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
B. Received by (Printed Name) <i>Amos Sloan</i>		C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px;"> SLOAN, AMOS HC #1 BOX 38-612 TEEC NOS POS, AZ 86514 </div>			
2. Article Number: (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
5. Tracking Number: 111 1111		6. Barcode: 7006 2760 0001 6378 0209	

7006 2760 0001 6378 0247

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 64
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	600
Total	

Postmark Here
 SEP 12 2014

Sent To
 Street, or PO Box
 City, State

STALLINGS, DEBORAH M
971 E MONTEREY ST
CHANDLER, AZ 85225

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STALLINGS, DEBORAH M
971 E MONTEREY ST
CHANDLER, AZ 85225

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 0247

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Deborah Stallings* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 J. Stallings

C. Date of Delivery
 9-15-14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

0221 1220 7006 2760 0001 6378 0247

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	600
Total Postage & Fees	

Postmark Here
 SEP 12 2014

Sent To
 Street, or PO Box
 City, State

STANLEY CASTILLO
60 E 200 N APT 4
WELLSVILLE, UT 84339

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

STANLEY CASTILLO
60 E 200 N APT 4
WELLSVILLE, UT 84339

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 1220

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Stanley Castillo* ☐ 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1237

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

 (Domestic Mail Only; N) MHF/ENCANA
 For delivery information: BETTONNIE TSOSIE

OFFICIAL

Postage	\$ 1.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 5.69


 Sent To:
 Street or P.O. Box:
 City, State, ZIP+4®:
**STEVEN H CHAVEZ
PO BOX 476
FORT HALL, ID 83203**

PS Form

See reverse for instructions.

SENDER: COMPLETE

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**STEVEN H CHAVEZ
PO BOX 476
FORT HALL, ID 83203**

 2. Article Number:
 (Transfer from service label)

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 Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1237

PS Form 3811, July 2013

Domestic Return Receipt

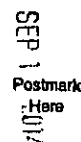
7006 2760 0001 6378 1442

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

 (Domestic Mail Only; N) MHF/ENCANA
 For delivery information: BETTONNIE TSOSIE

OFFICIAL

Postage	\$ 1.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 5.69


 Sent To:
 Street, or P.O. Box:
 City, State, ZIP+4®:
**TANYA LISTER
PO BOX 1106
FRUITLAND, NM 87416**

PS Form

See reverse for instructions.

SENDER: COMPLETE

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**TANYA LISTER
PO BOX 1106
FRUITLAND, NM 87416**

 2. Article Number:
 (Transfer from service label)

A. Signature

X Tanya Lister

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Mari Lister

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 Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 1442

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only) MHF/ENCANA
For delivery information BETTONNIE TSOSIE

OFFICIAL

Postage \$ 6.90
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required) 6.69
Total P 19.59

Sent To THELMA G HARRISON
Street, or PO B PO BOX 1592
City, St BLOOMFIELD, NM 87413

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only) MHF/ENCANA
For delivery information BETTONNIE TSOSIE

OFFICIAL

Postage \$ 6.90
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required) 6.69
Total Postage & Fees 19.59

Sent To THERESA LOPEZ
Street, or PO B HC 17 BOX 403
City, St CUBA, NM 87013

SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

THELMA G HARRISON
PO BOX 1592
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

THERESA LOPEZ
HC 17 BOX 403
CUBA, NM 87013

2. Article Number (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

SECTION ON DELIVERY

A. Signature *Thelma Harrison* ☐ Agent ☒ Addressee
B. Received by (Printed Name) *Thelma Harrison* C. Date of Delivery *9-13-14*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature *Betty Lopez* ☒ Agent ☐ Addressee
B. Received by (Printed Name) *Betty Lopez* C. Date of Delivery *9/18/14*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6378 1473

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
For delivery information	MHF/ENCANA BETTONNIE TSOSIE
OFF	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	600
Total Postage & Fees \$	
Sent To	THERESA VICTOR
Street, Apt. or PO Box	PO BOX 2716
City, State	BLOOMFIELD, NM 87413
PS Form	

7006 2760 0001 6378 1480

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
For delivery information	MHF/ENCANA BETTONNIE TSOSIE
OFF	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	600
Total Postage & Fees \$	
Sent To	THOMAS VICTOR JR
Street, Apt. or PO Box	PO BOX 171
City, State	BLOOMFIELD, NM 87413
PS Form	

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
THERESA VICTOR PO BOX 2716 BLOOMFIELD, NM 87413		Gail H... 9-16-14	
2. Article Number (Transfer from service label)		C. Date of Delivery	
2006 2760 0001 6378 1473		9-16-14	
3. Service Type		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
THOMAS VICTOR JR PO BOX 171 BLOOMFIELD, NM 87413		Dorothy Victor 9/15/14	
2. Article Number (Transfer from service label)		C. Date of Delivery	
2006 2760 0001 6378 1480		9-15-14	
3. Service Type		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

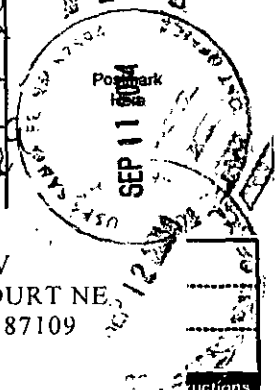
7006 2760 0001 6378 0230

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No **MHF/ENCANA**)
For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		66
Total Postage & Fees	\$	

Sent To: TILLER, VERONICA V
Street or PO: 4833 CHARLOTTE COURT NE
City, St: ALBUQUERQUE, NM 87109

PS Form 3811, February 2004



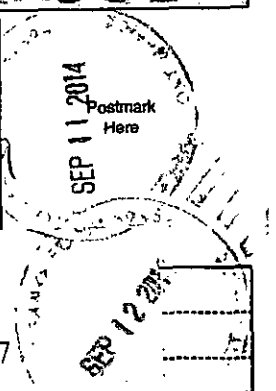
7006 2760 0001 6378 0233

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No **MHF/ENCANA**)
For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		66
Total Postage & Fees	\$	

Sent To: TOLEDO, LUCY C
Street or P: BOX 187
City: NAGEEZI, NM 87037

PS Form 3811, February 2004



CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, LUCY C
BOX 187
NAGEEZI, NM 87037

2. Article Number (Transfer from service label)

7006 2760 0001 6378 0223

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X *Lucy C. Toledo*

B. Received by (Printed Name) *Lucy C. Toledo*

C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0254

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 69

Total Postage & Fees 438

Postmark SEP 11 2014

Sent TOLEDO, ROSIE K
PO BOX 75
COUNSELOR, NM 87018

PS Form 3811, February 2004 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 69

Total Postage & Fees 438

Postmark SEP 11 2014

Sent TOLEDO, ROSIE K
PO BOX 75
COUNSELOR, NM 87018

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 TOLEDO, ROSIE K
 PO BOX 75
 COUNSELOR, NM 87018

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0254

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Rosie K. Toledo ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rosie K. Toledo C. Date of Delivery 9-15-14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 1497

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 69

Total Postage & Fees 438

Postmark SEP 11 2014

Sent TOMMY HARRISON
235 S DUSTIN RD
FARMINGTON, NM 87401

PS Form 3811, February 2004 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 69

Total Postage & Fees 438

Postmark SEP 11 2014

Sent TOMMY HARRISON
235 S DUSTIN RD
FARMINGTON, NM 87401

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 TOMMY HARRISON
 235 S DUSTIN RD
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6378 1497

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Tommy Harrison ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tommy Harrison C. Date of Delivery 9-16-14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 1503

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1338

Sent to: **TRACY LOPEZ**
 Street or PO: **HC 17 BOX 410**
 City, St: **CUBA, NM 87013**

Postmark Here: **SEP 12 2004**

PS Form 3811, February 2004 See Reverse for Instructions

CERTIFIED MAIL™
 SENDER: C

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TRACY LOPEZ
HC 17 BOX 410
CUBA, NM 87013

2. Article Number: **7006 2760 0001 6378 1503**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: **Betty Lopez** ☒ Agent ☐ Addressee
 B. Received by (Printed Name): **Betty Lopez**
 C. Date of Delivery: **9/29/04**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

7006 2760 0001 6378 0339

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit **OFFICIAL** **MHF/ENCANA**
BETTONNIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 069
 Total Postage & Fees \$ 738

Sent to: **TRUJILLO, ARLENE A**
 Street or PO: **PO BOX 403**
 City, St: **NAGEEZI, NM 87037**

Postmark Here: **SEP 11 2004**

PS Form 3811, February 2004 See Reverse for Instructions

CERTIFIED MAIL™
 SENDER: C

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TRUJILLO, ARLENE A
PO BOX 403
NAGEEZI, NM 87037

2. Article Number: **7006 2760 0001 6378 0339**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: **Ella T Antonio** ☐ Agent ☐ Addressee
 B. Received by (Printed Name): **Ella T Antonio**
 C. Date of Delivery: **9/24/04**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

7006 2760 0001 6378 0018

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFICIAL USE** **BETTONIE TSOSIE**

Postage \$ 3.30

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total 6.00

Sent TRUJILLO, KATHY D
PO BOX 82
MOSCA, CO 81146

Postmark Here SEP 12 2014

PS Form 3800, August 2005

7006 2760 0001 6378 0117

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFICIAL USE** **BETTONIE TSOSIE**

Postage \$ 3.30

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 6.00

Sent TSOSIE, BETTY D
PO BOX 3826
WINDOW ROCK, AZ 86515

Postmark Here SEP 12 2014

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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, KATHY D
PO BOX 82
MOSCA, CO 81146

2. Article Number 7006 2760 0001 6378 0018
 (Transfer from service label)

SECTION ON DELIVERY

A. Signature Kathy Trujillo ☐ Agent ☒ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below: _____

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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:
TSOSIE, BETTY D
PO BOX 3826
WINDOW ROCK, AZ 86515

2. Article Number 7006 2760 0001 6378 0117
 (Transfer from service label)

SECTION ON DELIVERY

A. Signature Betty Tsosie ☐ Agent ☒ Addressee

B. Received by (Printed Name) Betty Tsosie C. Date of Delivery SEP 16 2014

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below: _____

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 669

Sent 1
 Street or PO
 City, State, ZIP+4®
 VALERIE MANUEL
 PO BOX 171
 BLOOMFIELD, NM 87413

Postmark Here
 SEP 12 2014

Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

OFFICIAL USE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 669

Sent 1
 Street or PO
 City, State, ZIP+4®
 VELARDE, ALBERTA
 PO BOX 994
 DULCE, NM 87528

Postmark Here
 SEP 12 2014

Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VALERIE MANUEL
 PO BOX 171
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 3774

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Dorothy Victor ☒ Agent ☐ Addressee

B. Received by (Printed Name)
Dorothy Victor

C. Date of Delivery
9-15-14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VELARDE, ALBERTA
 PO BOX 994
 DULCE, NM 87528

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 0100

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Alberta Velarde ☒ Agent ☐ Addressee

B. Received by (Printed Name)
Alberta Velarde

C. Date of Delivery
9-15-14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0131

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NMF/ENCANA Provided)
 For delivery information **BETTONIE TSOSIE**
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	60

Postmark Here
 SEP 11 2014

To
 VELARDE, BOB C
 HC 74 BOX 5
 REGINA, NM 87046

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6378 0124

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NMF/ENCANA Provided)
 For delivery information **BETTONIE TSOSIE**
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	60

Total Po

Postmark Here
 SEP 11 2014

Sent To
 VELARDE, DANIEL G
 PO BOX 490
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VELARDE, BOB C
 HC 74 BOX 5
 REGINA, NM 87046

2. Article Number
 (Transfer from service label)
 7006 2760 0001 6378 0131

3. Service Type 6-9998

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECIPIENT: COMPLETE THIS SECTION

A. Signature
 X Bob Velarde ☐ Agent ☐ Addressee

B. Received by (Printed Name) **C. Date of Delivery**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

SEP 16 2014

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0094

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NMF/ ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

Postage	\$ 69	Postmark Here SEP 11 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent by **VELARDE, DARREEL O**
 Street or PO **PO BOX 745**
 City, S **LOS LUNAS, NM 87031**

PS Form 3811, February 2004 See reverse for instructions

7006 2760 0001 6378 0391

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NMF/ ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

Postage	\$ 69	Postmark Here SEP 11 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent by **VELARDE, DAVID**
 Street or PO **PO BOX 295**
 City, S **DULCE, NM 87528-0295**

PS Form 3811, February 2004 See reverse for instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NMF/ ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, DARREEL O
PO BOX 745
LOS LUNAS, NM 87031

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0094**

SECTION ON DELIVERY

A. Signature **Phyllis Nez** ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Phyllis Nez** C. Date of Delivery **9-16-14**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NMF/ ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, DAVID
PO BOX 295
DULCE, NM 87528-0295

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0391**

SECTION ON DELIVERY

A. Signature **David Velarde** ☒ Agent ☐ Addressee

B. Received by (Printed Name) **David Velarde** C. Date of Delivery **SEP 15 2014**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0155

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/ ENCANA**
BETTONIE TSOSIE

OFFICE

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		669
Tot		

Sent **VELARDE, DOROTHY M**
PO BOX 58
DULCE, NM 87528

PS Form 3800, August 2006

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER COMPLETE THESE ITEMS
 PLACE STICKER AT TOP OF ENVELOPE, 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:

VELARDE, DOROTHY M
PO BOX 58
DULCE, NM 87528

2. Article Number 17006 2760 0001 6378 0155
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SECTION ON DELIVERY

A. Signature **Clement Veneno** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Clement Veneno** C. Date of Delivery **9/18/14**

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0148

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/ ENCANA**
BETTONIE TSOSIE

OFFICE

Postage	\$	67
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		669
Tot		

Sent **VELARDE, EDDIE T.**
PO BOX 737
DULCE, NM 87528

PS Form 3800, August 2006

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER COMPLETE THESE ITEMS
 PLACE STICKER AT TOP OF ENVELOPE, 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:

VELARDE, EDDIE T
PO BOX 737
DULCE, NM 87528

2. Article Number 7006 2760 0001 6378 0148
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SECTION ON DELIVERY

A. Signature **Eddie Velarde** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Eddie Velarde** C. Date of Delivery **09/20/14**

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0407

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt)

For delivery information visit **OFFICIAL USE**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609
 Total Postage & Fees \$ 609

Postmark Here
 SEP 11 2014

Sent To
 Street, or PO Box
 City, State
VELARDE, GILBERT
BOX 953
BLOOMFIELD, NM 87413

PS Form 3811, February 2004

7006 2760 0001 6378 0087

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt)

For delivery information visit **OFFICIAL USE**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609
 Total \$ 609

Postmark Here
 SEP 11 2014

Sent To
 Street, or PO Box
 City, State
VALARDE, HARRY
365 CR 5500
BLOOMFIELD, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VELARDE, GILBERT
BOX 953
BLOOMFIELD, NM 87413

2. Article Number 7006 2760 0001 6378 0407
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Ronald C. Yazz ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Ronald C. Yazz C. Date of Delivery 9/13/14
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VALARDE, HARRY
365 CR 5500
BLOOMFIELD, NM 87413

2. Article Number 7006 2760 0001 6378 0087
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Harry Velarde ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Harry Velarde C. Date of Delivery 9-15-14
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0414

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service Provided)
 For delivery information visit **OFFIC**
BETTONIE TSOSIE

Postage \$ 09
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 009
 Total: 609

Sent To: **VELARDE, JACKSON**
 Street, or PO: **PO BOX 400**
 City, S: **DULCE, NM 87528**

PS Form 3800, August 2006

7006 2760 0001 6378 0421

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service Provided)
 For delivery information visit **OFFIC**
BETTONIE TSOSIE

Postage \$ 609
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 009

Sent To: **VELARDE, JIMI D**
 Street, or PO: **PO BOX 1442**
 City, S: **DULCE, NM 87528**

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, JACKSON
PO BOX 400
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 0414

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jackson Velarde ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, JIMI D
PO BOX 1442
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 0421

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jimi D. Velarde ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 0452

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
BETTONIE TSOSIE

Postage	\$ 101
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total Postage & Fees	\$

Sent To: **VELARDE, JUDY**
 Street, Apt. or PO Box: **PO BOX 418**
 City, State: **DULCE, NM 87528**

Postmark Here: **SEP 11 2014**
SEP 12 2014

PS Form 3811, February 2004

SENDER
 COMPLETE THESE ITEMS
 1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VELARDE, JUDY
PO BOX 418
DULCE, NM 87528

2. Article Number (Transfer from service label): **7006 2760 0001 6378 0452**

SECTION ON DELIVERY

A. Signature: *Judy Velarde*
☒ Agent
☐ Addressee

B. Received by (Printed Name): **Judy Velarde**
 C. Date of Delivery: **SEP 15 2014**

D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below: **87528** ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0438

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
BETTONIE TSOSIE

Postage	\$ 64
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total Postage & Fees	\$

Sent To: **VELARDE, LINDBERG**
 Street, Apt. or PO Box: **PO BOX 15**
 City, State: **LINDRITH, NM 87029**

Postmark Here: **SEP 11 2014**
SEP 12 2014

PS Form 3811, February 2004

SENDER
 COMPLETE THESE ITEMS
 1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VELARDE, LINDBERG
PO BOX 15
LINDRITH, NM 87029

2. Article Number (Transfer from service label): **7006 2760 0001 6378 0438**

SECTION ON DELIVERY

A. Signature: *Maxine Velarde*
☒ Agent
☐ Addressee

B. Received by (Printed Name): **Maxine Velarde**
 C. Date of Delivery: **9/17/14**

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0445

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **OFFICIAL**

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

Tr
 VelARDE, MARY M
 9208 MIRA MAR LANE NW
 ALBUQUERQUE, NM 87114

PS Form 3800, August 2006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **OFFICIAL**

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

Total f

Sent To
 Street, or P.O. Box
 City, St

VELARDE, RUBENA DENISE
 PO BOX 919
 DULCE, NM 87528

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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, MARY M
 9208 MIRA MAR LANE NW
 ALBUQUERQUE, NM 87114

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0445

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Mary Velarde ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Mary Velarde C. Date of Delivery 9/16/14
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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, RUBENA DENISE
 PO BOX 919
 DULCE, NM 87528

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0469

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Rubena Sender ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Rubena Sender C. Date of Delivery 9-17-14
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0025

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **OFFIC**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$	0.11
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Fee	4.11

Sent To: **VELARDE, SHARON B**
Street, or PO Box: **PO BOX 5003**
City, State: **WINDOW ROCK, AZ 86515**

PS Form 3811, February 2004 See reverse for instructions

7006 2760 0001 6378 0032

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **OFFIC**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$	0.11
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Fee	4.11

Sent To: **VENENO LUKKE, RONDA RENAE**
Street, or PO Box: **8412 TROTTER RD SW**
City, State: **ALBUQUERQUE, NM 87121**

PS Form 3811, February 2004 See reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VELARDE, SHARON B
PO BOX 5003
WINDOW ROCK, AZ 86515

2. Article Number: **7006 2760 0001 6378 0025**
(Transfer from service label)

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: **X Sharon Velarde**
B. Received by (Printed Name): **Sharon Velarde**
C. Date of Delivery: **SEP 11 2014**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3767

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins)
 For delivery information visit usps.com
OFFICIAL COPY

MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Sent To
 Street, Apt. or PO Box
 City, State
 PS Form

VERLIN L DISWOOD
 PO BOX 3287
 KIRTLAND, NM 87417

Postmark Here
 SEP 12 2014
 KIRTLAND, NM 87417

7006 2760 0001 6378 3767

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins)
 For delivery information visit usps.com
OFFICIAL COPY

MHF/ENCANA
 BETTONNIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Sent To
 Street, Apt. or PO Box
 City, State
 PS Form

VERN DENNISON ESTATE
 #6 ROAD 3945
 FARMINGTON, NM 87401

Postmark Here
 SEP 12 2014
 KIRTLAND, NM 87417

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VERLIN L DISWOOD
 PO BOX 3287
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 3767

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVER: COMPLETE THIS SECTION

A. Signature
 X Verlin L Diswood ☐ Agent ☐ Addressee

B. Received by (Printed Name) Date of Delivery
 Verlin L Diswood

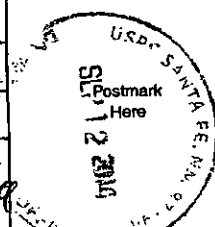
C. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

SEP 17 2014
 KIRTLAND, NM 87417

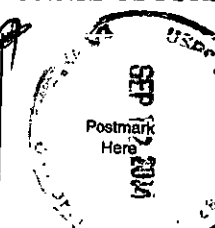
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return

7006 2760 0001 6378 3729

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our OFFICIAL website	
MHF/ENCANA BETTONNIE TSOSIE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669
	
Sent To: Street, Apt. or PO Box: City, State: PS Form 3811	
VICTORIA M VICTOR PO BOX 4 AZTEC, NM 87410	

7006 2760 0001 6378 3743

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our OFFICIAL website	
MHF/ENCANA BETTONNIE TSOSIE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669
	
Sent To: Street, Apt. or PO Box: City, State: PS Form 3811	
VICTORIA A YAZZIE PO BOX 4012 SHIPROCK, NM 87420	

SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
1. Article Addressed to: VICTORIA M VICTOR PO BOX 4 AZTEC, NM 87410		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2760 0001 6378 3729	
PS Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
1. Article Addressed to: VICTORIA A YAZZIE PO BOX 4012 SHIPROCK, NM 87420		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2760 0001 6378 3743	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 2760 0001 6378 3736

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 SEP 12 2014

Sent To
 VIRGIL J CHAVEZ
 PO BOX 242
 DURANGO, CO 81302

PS Form 3811, February 2004

7006 2760 0001 6378 0513

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 SEP 11 2014

Sent To
 VIGIL, HARRY
 PO BOX 10597
 SANTA FE, NM 87504

PS Form 3811, February 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VIRGIL J CHAVEZ
 PO BOX 242
 DURANGO, CO 81302

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 13736

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

DELIVERY

A. Signature
 [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 [Signature]
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

DURANGO CO 81301
SEP 15 2014

Return

7006 2760 0001 6378 0520

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No) **MHF/ ENCANA**
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

Postage	\$	330
Certified Fee		270
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Street, A or PO Box
 City, State
VIGIL, JERRY
PO BOX 1836
FARMINGTON, NM 87499

Postmark Here
 SEP 11 2014

PS Form 3811, February 2004

7006 2760 0001 6378 0506

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No) **MHF/ ENCANA**
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL USE

Postage	\$	330
Certified Fee		270
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Street, A or PO Box
 City, State
VIGIL JR, KEE
PO BOX 1563
CROWNPOINT, NM 87313

Postmark Here
 SEP 11 2014

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VIGIL, JERRY
 PO BOX 1836
 FARMINGTON, NM 87499

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 0520 111

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Susie*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Susie

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

VIGIL JR, KEE
 PO BOX 1563
 CROWNPOINT, NM 87313

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 0506

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature

X *Johnson Jr*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Johnson Jr

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit **OFFICIAL** **MHF/ENCANA BETTONNIE TSOSIE**

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 169
 Total Postage & Fees \$ 69

SEP 12 2004
 FARMINGTON, NM 87401

VIRGINIA M HENRY
 23 ROAD 5584
 FARMINGTON, NM 87401

Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit **OFFICIAL** **MHF/ENCANA BETTONNIE TSOSIE**

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 169
 Total Postage & Fees \$ 69

SEP 12 2004
 NAGEEZI, NM 87037

WAYNE LOPEZ
 PO BOX 107
 NAGEEZI, NM 87037

Instructions

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VIRGINIA M HENRY
 23 ROAD 5584
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6378 3712

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery [Date]

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 WAYNE LOPEZ
 PO BOX 107
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6378 3705

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery [Date]

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

216

7006 2760 0001 6378 0537

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only) **MHF/ ENCANA**
For delivery information: **BETTONIE TSOSIE**
OFFICE

Postage \$ 3.30
Certified Fee 2.70
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage \$ 6.00

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP
**WERITO, ARTHUR
PO BOX 2046
BLOOMFIELD, NM 87413**

PS Form 3800, See Reverse for Instructions

7006 2760 0001 6378 0544

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance) **MHF/ ENCANA**
For delivery information: **BETTONIE TSOSIE**
OFFICE

Postage \$ 3.30
Certified Fee 2.70
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage \$ 6.00

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP
**WERITO, BLANCHE J
PO BOX 5615
FARMINGTON, NM 87499**

PS Form 3800, See Reverse for Instructions

Return

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance) **MHF/ ENCANA**
For delivery information: **BETTONIE TSOSIE**
OFFICE

Postage \$ 3.30
Certified Fee 2.70
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage \$ 6.00

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP
**WERITO, BLANCHE J
PO BOX 5615
FARMINGTON, NM 87499**

PS Form 3800, See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece; or, on the front if space permits.

1. Article Addressed to:

**WERITO, BLANCHE J
PO BOX 5615
FARMINGTON, NM 87499**

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Blanche Werito ☐ Agent ☒ Addressee

B. Received by (Printed Name) Blanche Werito C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0346

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

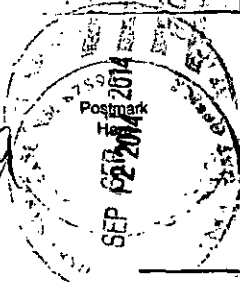
For delivery information visit

MHF/ ENCANA

OFFICIAL BETTONIE TSOSIE

Postage \$ 330
 Certified Fee 270
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

WERITO, CECELIA
 PO BOX 1274
 FRUITLAND, NM 87416



Instructions

7006 2760 0001 6378 0353

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

MHF/ ENCANA
BETTONIE TSOSIE

OFFICIAL

Postage \$ 330
 Certified Fee 270
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

WERITO, ERMA J, c/o RENA
 WERITO
 PO BOX 215
 NAGEEZI, NM 87037



Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WERITO, CECELIA
 PO BOX 1274
 FRUITLAND, NM 87416

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 0346

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rex Artoir
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Rex Artoir

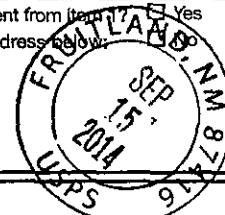
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ERMA J, c/o RENA
 WERITO
 PO BOX 215
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7006 2760 0001 6378 0353

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rena Werito
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Rena Werito

C. Date of Delivery

9-15-14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6378 0360

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF/ ENCANA**)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 69
 Certified Fee 338
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 000
 Total Postage & Fees 407

Sent To **WERITO, GILBERT**
 Street, Apt. or PO Box **PO BOX 5615**
 City, State, **FARMINGTON, NM 87499**

PS Form 3811, February 2004

7006 2760 0001 6378 0377

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF/ ENCANA**)
 For delivery information visit **BETTONIE TSOSIE**
OFFICE

Postage \$ 69
 Certified Fee 338
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 000
 Total Postage & Fees 407

Sent To **WERITO, LOUISE**
 Street, Apt. or PO Box **PO BOX 541**
 City, State, **BLOOMFIELD, NM 87413**

PS Form 3811, February 2004

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
WERITO, GILBERT
PO BOX 5615
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0360**

SECTION ON DELIVERY

A. Signature **X** *Blanche W. Werito* ☐ Agent ☒ Addressee

B. Received by (Printed Name) **Blanche W. Werito** C. Date of Delivery **SEP 15 2014**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
WERITO, LOUISE
PO BOX 541
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0377**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Willard Canuto* ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Willard Canuto** C. Date of Delivery **9-17-14**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0384

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To
 Street, Apt. or PO Box
 City, State

WERITO, RENA
 PO BOX 215
 NAGEEZI, NM 87037

PS Form 3811, February 2004

7006 2760 0001 6378 0049

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To
 Street, Apt. or PO Box
 City, State

WERITO, ROGER
 PO BOX 1032
 FRUITLAND, NM 87416

PS Form 3811, February 2004

U.S. MAIL CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WERITO, RENA
 PO BOX 215
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0384

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X Rena Werto ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rena Werto C. Date of Delivery 9-15-14

D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. MAIL CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WERITO, ROGER
 PO BOX 1032
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0049

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X Adrian A Werto ☐ Agent ☐ Addressee

B. Received by (Printed Name) Adrian A Werto C. Date of Delivery SEP 16 2014

D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0056

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NMF/ ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage \$ 1.00
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 7.00

Sent To: **WERITO, SONYA F**
 Street, Apt. or PO Box: **PO BOX 417**
 City, State: **NAGEEZI, NM 87037**

PS Form 3811, February 2004

7006 2760 0001 6378 0056

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NMF/ ENCANA)
 For delivery information visit **BETTONIE TSOSIE**
OFFICIAL

Postage \$ 1.00
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 7.00

Sent To: **WILLIE, IRA M**
 Street, Apt. or PO Box: **758 STAGECOACH TRL**
 City, State: **DURANGO, CO 81301-8468**

PS Form 3811, February 2004

CERTIFIED MAIL™
 SENDER: COMPLETE THIS SECTION
 COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
WERITO, SONYA F
PO BOX 417
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0056**

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☒ Agent ☐ Addressee
X Rena Werrito
 B. Received by (Printed Name) **Rena Werrito**
 C. Date of Delivery **9-15-14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL™
 SENDER: COMPLETE THIS SECTION
 COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
WILLIE, IRA M
758 STAGECOACH TRL
DURANGO, CO 81301-8468

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0063**

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☒ Agent ☐ Addressee
X Willie Ira M
 B. Received by (Printed Name) **Willie Ira M**
 C. Date of Delivery **9-15-14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3699

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 120

Total Price

Sent To
 Street, Apt. or PO Box
 City, State

WILLIE J MARTINEZ
PO BOX 81
NAGEEZI, NM 87037

Postmark Here
 SEP 12 2014

PS Form 3800, August 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

WILLIE J MARTINEZ
PO BOX 81
NAGEEZI, NM 87037

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 3699

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ACTION ON DELIVERY

A. Signature
 X Willie Martinez ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Willie Martinez

C. Date of Delivery
9/15/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0070

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BETTONIE TSOSIE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 120

Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State

WILSON, ETTA W
PO BOX 66
NAGEEZI, NM 87037

Postmark Here
 SEP 11 2014

PS Form 3800, August 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

WILSON, ETTA W
PO BOX 66
NAGEEZI, NM 87037

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 0070

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ACTION ON DELIVERY

A. Signature
 X Etta Wilson ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Etta Wilson

C. Date of Delivery
9/15/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

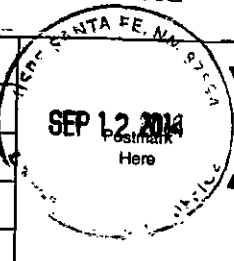
4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No International Mail Permitted)

For delivery information visit **OFFICIAL MAIL SERVICE**
MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 669
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 669
Total Postage & Fees \$ 1938



Sent To: WPX Energy Production LLC
Street, Apt. or PO Box: 3500 One Williams Center
City, State: Suite 4400
Tulsa, OK 74172

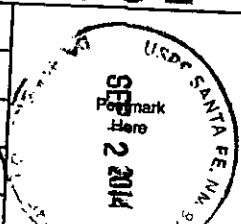
PS Form

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No International Mail Permitted)

For delivery information visit **OFFICIAL MAIL SERVICE**
MHF/ENCANA
BETTONNIE TSOSIE

Postage \$ 669
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 669
Total Postage & Fees \$ 1938



Sent To: WPX Energy Production LLC
Street, Apt. or PO Box: 3500 One Williams Center
City, State: Suite 4400
Tulsa, OK 74172

PS Form

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

WPX Energy Production LLC
3500 One Williams Center
Suite 4400
Tulsa, OK 74172

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 1394

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.

1. Article Addressed to:

WPX Energy Production LLC
3500 One Williams Center
Suite 4400
Tulsa, OK 74172

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 1394

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 0278

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFICIAL USE**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 330
 Certified Fee 270
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To **YAZZIE, DELTA**
 Street, Apt. or PO Box **PO BOX 1474**
 City, State, **SHIPROCK, NM 87420**

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6378 0322

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFICIAL USE**

MHF/ ENCANA
BETTONIE TSOSIE

Postage \$ 330
 Certified Fee 270
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To **YAZZIE, DONALD**
 Street, Apt. or PO Box **P. O. BOX 516**
 City, State, **SANOSTEE, NM 87461**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
YAZZIE, DELTA
PO BOX 1474
SHIPROCK, NM 87420

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0278**

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Delta Yazzie

B. Received by (Printed Name) **Delta Yazzie** C. Date of Delivery **09-16-14**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
YAZZIE, DONALD H
P. O. BOX 516
SANOSTEE, NM 87461

2. Article Number (Transfer from service label) **7006 2760 0001 6378 0322**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Lucy H. Yazzie

B. Received by (Printed Name) **LUCY YAZZIE** C. Date of Delivery **09/15/14**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
ALWAYS USE ZIP 87461 0516

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0315

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ ENCANA)
 For delivery information visit **BETTONIE TSOSIE**

OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: **YAZZIE, FRANK**
 Street, Apt. No. or PO Box No.: **7230 CR 24.3**
 City, State, ZIP: **CORTEZ, CO 81321**

PS Form 3800, August 2003

201

RECEIVED MAIL

SENDER: COMPLETE THIS SECTION ON DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Article Addressed to:

YAZZIE, FRANK
7230 CR 24.3
CORTEZ, CO 81321

2. Article Number (Transfer from service label): **7006 2760 0001 6378 0315**

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Registered
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *Yazzie* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Yazzie*

C. Date of Delivery: *9/15/14*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

SEP 15 2014

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0308

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/ ENCANA)
 For delivery information visit **BETTONIE TSOSIE**

OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **YAZZIE, GILBERT H**
 Street, Apt. No. or PO Box No.: **PO BOX 111**
 City, State, ZIP: **WATERFLOW, NM 87421**

PS Form 3800, August 2003

221

7006 2760 0001 6378 0292

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **BETTONIE TSOSIE**

OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	600

Postmark Here
 SEP 12 2014

Sen.
 Street or P.O. Box
 City, State, ZIP+4[®]

YAZZIE, VERA
 306A N OLIVER
 AZTEC, NM 87410

PS Form 3811, February 2004

Return

7006 2760 0001 6378 3880

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **BETTONIE TSOSIE**

OFFICIAL USE

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	669

Postmark Here
 SEP 12 2014

Send To
 Street, Apt. or P.O. Box
 City, State, ZIP+4[®]

YOLANDA WATCHMAN
 PO BOX 2733
 FORT DEFIANCE, AZ 86504

PS Form 3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YOLANDA WATCHMAN
 PO BOX 2733
 FORT DEFIANCE, AZ 86504

2. Article Number (Transfer from service label)

7006 12760110001 637813880

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Yolanda Watchman

B. Received by (Printed Name)
 Yolanda Watchman

C. Date of Delivery
 SEP 18 2014

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

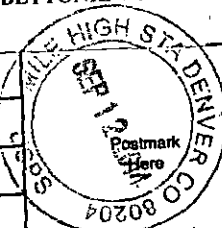
220

CERTIFIED MAIL		SECTION ON DELIVERY	
SENDER <small>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE</small>		RECEIVED BY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to:		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
KING, KATHERINE R PO BOX 3445 SHIPROCK, NM 87420		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2760 0001 6377 7353	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

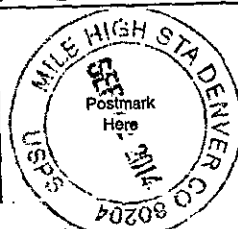
7008 3230 0000 7264 1096

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
OFFFI	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent to ABEYTA, LINDA M PO BOX 171 BLOOMFIELD, NM 87413	
PS Form 3800, August 2006	



7014 0510 0001 0802 8702

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent to ANTHONY, CLARA M PO BOX 561 BLOOMFIELD, NM 87413	
PS Form 3800, August 2006	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

ABEYTA, LINDA M
PO BOX 171
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7008 3230 0000 7264 1096

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dorothy Victor ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Dorothy Victor

C. Date of Delivery

9-15-14

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 Mail ☐ Collect on Delivery

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:

ANTHONY, CLARA M
PO BOX 561
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8702

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Clara Anthony ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Clara Anthony

C. Date of Delivery

9-15-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

7014 0510 0001 0802 8696

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Fee (Mandatory)) (Insurance Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH
0	USE
Postage	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To	ANTHONY, SIEPHRENO R
Street, or PO Box	GUARDIAN
City, State	PO BOX 54
	NAGEEZI, NM 87037
PS Form 3811, February 2004 See Reverse for Instructions	

7014 0510 0001 0802 8689

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Fee (Mandatory)) (Insurance Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH
0	USE
Postage	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To	ANTONE, SHIRENE
Street, or PO Box	RAMONA
City, State	521 MESCILLA ST NE
	ALBUQUERQUE, NM 87108
PS Form 3811, February 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANTHONY, SIEPHRENO R
GUARDIAN
PO BOX 54
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8696

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Pauline Atencio*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Pauline Atencio

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

ANTONE, SHIRENE
RAMONA
521 MESCILLA ST NE
ALBUQUERQUE, NM 87108

2. Article Number

(Transfer from service)

7014 0510 0001 0802 8689

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Antone Shirene*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Antone Shirene

C. Date of Delivery

9/18/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0802 8672

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH
Postage	\$ 0.80
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent	ANTONITO, EUNICE A
Street or PO	PO BOX 524
City, S	BLANCO, NM 87412
PS Form	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANTONITO, EUNICE A
PO BOX 524
BLANCO, NM 87412

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8672

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Virginia Foster X Agent
☐ Addressee

B. Received by (Printed Name)

Virginia Foster 9.19.14

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 1715
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8665

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rose Armstrong X Agent
☐ Addressee

B. Received by (Printed Name)

ROSE ARMSTRONG 9/15/14

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

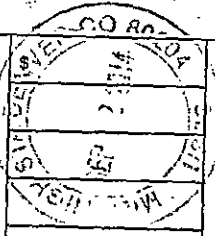
☐ Yes

7014 0510 0001 0802 8665

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
To	ARMSTRONG, ROSE M
Sent	PO BOX 1715
Street or PO	BLOOMFIELD, NM 87413
City, S	
PS Form	See Reverse for Instructions

3

7014 0510 0001 0802 8658

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Priority Coverage Provided)		
For delivery	ENCANA/BETTONIE WASH	
MHF		
usps.com		
USE		
Postage		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		
Sent	ARVISO, ALONZO A	
Street or PO	PO BOX 1028	
City	CROWNPOINT, NM 87313	
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.

1. Article Addressed to:

ARVISO, ALONZO A
PO BOX 1028
CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8658

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Oren Grace*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Oren Grace

C. Date of Delivery

9-15-14

D. Is delivery address different from item 1?

- ☐ Yes
☐ No

If YES, enter delivery address below:

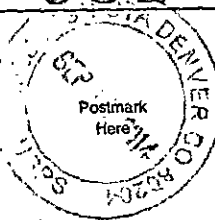
3. Service Type

- ☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

7014 0510 0001 0802 8641

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Priority Coverage Provided)		
For delivery	ENCANA/BETTONIE WASH	
MHF		
usps.com		
USE		
Postage		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		
Sent	ARVISO, ARTHUR L	
Street or PO	PO BOX 1625	
City	CROWNPOINT, NM 87313	
PS Form 3800, August 2006 Instructions		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ARVISO, ARTHUR L
PO BOX 1625
CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8641

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Arthur L Arviso*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Arthur L Arviso

C. Date of Delivery

9/15/14

D. Is delivery address different from item 1?

- ☐ Yes
☐ No

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

4

7014 0510 0001 0802 8634

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic)	MHF	Page Provided)	
For deliver	ENCANA/BETTONIE WASH	usps.com	
Postage \$		JSE	
Certified Fee		Postmark Here	
Return Receipt Fee (Endorsement Required)		MILE HIGH ST. DENVER CO 80202	
Restricted Delivery Fee (Endorsement Required)		USPS	
Total	ARVISO, DARRELL W PO BOX 1575 CROWNPOINT, NM 87313		
Sent			
Street or P.O.			
City, State, Zip			
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.

1. Article Addressed to:

ARVISO, DARRELL W
PO BOX 1575
CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8634

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Darrell W Arviso

C. Date of Delivery

9-15-14

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7014 0510 0001 0802 8627

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic)	MHF	Page Provided)	
For deliver	ENCANA/BETTONIE WASH	usps.com	
Postage \$		USE	
Certified Fee		Postmark Here	
Return Receipt Fee (Endorsement Required)		MILE HIGH ST. DENVER CO 80202	
Restricted Delivery Fee (Endorsement Required)		USPS	
Total	ATCITY, ANNABELLE PO BOX 1181 FARMINGTON, NM 87499		
Sent			
Street or P.O.			
City, State, Zip			
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.

1. Article Addressed to:

ATCITY, ANNABELLE
PO BOX 1181
FARMINGTON, NM 87499

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8627

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Ron Arviso

C. Date of Delivery

9/15/14

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

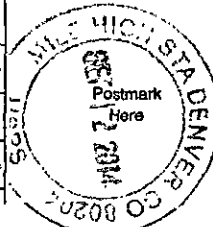
PS Form 3811, February 2004

Domestic Return Receipt

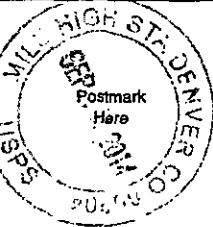
102595-02-M-1540

5

7014 0510 0001 0802 8610

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
For delivery to: ENCANA/BETTONIE WASH	USE
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent to:	ATENCIO, EMERSON
Street or PO	PO BOX 457
City, S	NAGEEZI, NM 87037-0457
PS Form 3811, August 2005 See Reverse for Instructions	

7014 0510 0001 0802 8603

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
For delivery to: ENCANA/BETTONIE WASH	USE
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent to:	ATENCIO, IRENE L
Street or PO	PO BOX 61
City, S	NAGEEZI, NM 87037
PS Form 3811, August 2005 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ATENCIO, EMERSON
PO BOX 457
NAGEEZI, NM 87037-0457

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8610

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Carol Brown☐ Agent☐ Addressee

B. Received by (Printed Name)

Carol Brown

C. Date of Delivery

9/12/04

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

ATENCIO, IRENE L
PO BOX 61
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8603

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Terwayne Wilson☐ Agent☐ Addressee

B. Received by (Printed Name)

Terwayne Wilson

C. Date of Delivery

9-18-04

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

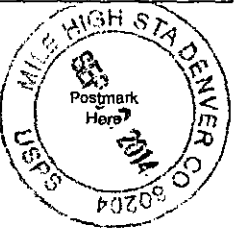
- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

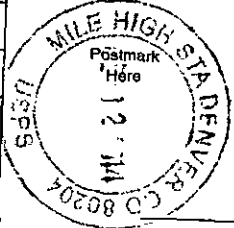
☐ Yes


6


7013 3020 0002 1796 3158

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Forwarding Coverage Provided)	
For delivery to ENCANA/BETTONIE WASH	www.usps.com®
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to ATENCIO, NINA BOX 175 NAGEEZI, NM 87037	
PS Form 3811, February 2004	Domestic Return Receipt


7013 3020 0002 1796 3141

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Forwarding Coverage Provided)	
For delivery to ENCANA/BETTONIE WASH	www.usps.com®
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to ATENCIO, PAULINE PO BOX 54 NAGEEZI, NM 87037	
PS Form 3811, February 2004	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Nina Atencio	
ATENCIO, NINA BOX 175 NAGEEZI, NM 87037		C. Date of Delivery 9-16-14	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? If YES, enter delivery address below:	
7013 3020 0002 1796 3158		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PS Form 3811, February 2004		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Pauline Atencio	
ATENCIO, PAULINE PO BOX 54 NAGEEZI, NM 87037		C. Date of Delivery 9-16-14	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? If YES, enter delivery address below:	
7013 3020 0002 1796 3141		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PS Form 3811, February 2004		102595-02-M-1540	

7013 3020 0002 1796 3134

U.S. Postal Service™		
CERTIFIED MAIL™ RECEIPT		
(Domestic)	MHF (Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH	
usps.com		
Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent to:	ATENCIO, ROSITA	
Street or PO	PO BOX 157	
City, S	NAGEEZI, NM 87037	
PS Form	Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ATENCIO, ROSITA
PO BOX 157
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 3134

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Augustine*☐ Agent☐ Addressee

B. Received by (Printed Name)

John Augustine

C. Date of Delivery

9-14-14

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No


3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 3127

U.S. Postal Service™		
CERTIFIED MAIL™ RECEIPT		
(Domestic)	MHF (Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH	
at www.usps.com		
Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent to:	ATENCIO, RUTH H	
Street or PO	PO BOX 101	
City, S	NAGEEZI, NM 87037	
PS Form	Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ATENCIO, RUTH H
PO BOX 101
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 3127

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ruth H Atencio*☐ Agent☐ Addressee

B. Received by (Printed Name)

Ruth H Atencio

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

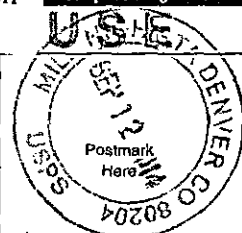
4. Restricted Delivery? (Extra Fee)

☐ Yes

8

7013 3020 0002 1796 3110

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Insurance Coverage Provided)	
For delivery to:	ENCANA/BETTONIE WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: AUGUSTINE JR, JOHN	
Street, or P.O. Box: PO BOX 157	
City, State, ZIP+4: NAGEEZI, NM 87037	
PS Form 3811, February 2004	



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUGUSTINE JR, JOHN
PO BOX 157
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7013 3020 0002 1796 3110

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X John Augustine

☐ Agent
☐ Addressee

B. Received by (Printed Name)

John Augustine

C. Date of Delivery

9/14/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

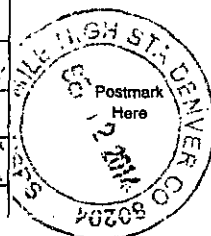
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 3103

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Insurance Coverage Provided)	
For delivery to:	ENCANA/BETTONIE WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: AUGUSTINE, ALICE	
Street, or P.O. Box: 305 E 28TH ST APT 101	
City, State, ZIP+4: FARMINGTON, NM 87401	
PS Form 3811, February 2004	



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUGUSTINE, ALICE
305 E 28TH ST APT 101
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

7013 3020 0002 1796 3103

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Alice Augustine

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Alice Augustine

C. Date of Delivery

SEP 10 2014

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

9

7013 3020 0002 1796 3097

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 MHF

For delivery to: **ENCANA/BETTONIE WASH** www.usps.com

USE

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here

Sent to: **AUGUSTINE, DARLENE C**
 PO BOX 366
 NAGEEZI, NM 87037-0366

PS Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUGUSTINE, DARLENE C
 PO BOX 366.
 NAGEEZI, NM 87037-0366

2. Article Number
(Transfer from service label)

7013 3020 0002 1796 3097

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x1 Darlene Augustine

☐ Agent☐ Addressee

B. Received by (Printed Name)

Darlene Augustine

C. Date of Delivery

9/17/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 3080

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 MHF

For delivery to: **ENCANA/BETTONIE WASH** www.usps.com

USE

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here

Sent to: **AUGUSTINE, EDDIE**
 PO BOX 2110
 KAIBETO, AZ 86053

PS See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUGUSTINE, EDDIE
 PO BOX 2110
 KAIBETO, AZ 86053

2. Article Number
(Transfer from service label)

7013 3020 0002 1796 3080

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Eddie K. Augustine

☐ Agent☐ Addressee

B. Received by (Printed Name)

EDDIE K. AUGUSTINE

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

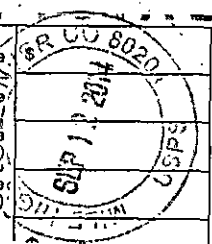
- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

10

7013 3020 0002 1796 3073

U.S. Postal Service™		
CERTIFIED MAIL™ RECEIPT		
(Domestic)	MHF (Rate Provided)	
For delivery	ENCANA/BETTONIE WASH www.usps.com	
USE		
Postage		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To:	AUGUSTINE, FREDDIE BOX 405 BLOOMFIELD, NM 87413	
PS Form 3800, August 2000	Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUGUSTINE, FREDDIE
 BOX 405
 BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 3073

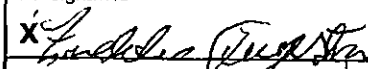
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

Freddie Augustine

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

Freddie Augustine

3. Service Type

☒ 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 items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

AUGUSTINE, HERMAN
 PO BOX 132
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 3066

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

Herman Augustine

C. Date of Delivery

9/19/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

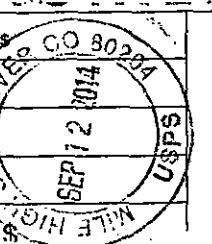
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 3066

U.S. Postal Service™		
CERTIFIED MAIL™ RECEIPT		
(Domestic)	MHF (Rate Provided)	
For delivery	ENCANA/BETTONIE WASH www.usps.com	
USE		
Postage		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	AUGUSTINE, HERMAN PO BOX 132 NAGEEZI, NM 87037	
PS Form 3800, August 2000	Instructions	

7013 3020 0002 1796 3059

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only - No Insurance - Coverage Provided)	
For delivery to:	ENCANA/BETTONIE WASH
Postage	USE
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AUGUSTINE, IRENE PO BOX 214 NAGEEZI, NM 87037	

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUGUSTINE, IRENE
 PO BOX 214
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 3059

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Augustine*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

John Augustine

C. Date of Delivery

9-16-14

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

7013 3020 0002 1796 3042

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only - No Insurance - Coverage Provided)	
For delivery to:	ENCANA/BETTONIE WASH
Postage	USE
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AUGUSTINE, PAUL C 9301 VOLCANO RD NW TRLR #98 ALBUQUERQUE, NM 87121	

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUGUSTINE, PAUL C
 9301 VOLCANO RD NW
 TRLR #98
 ALBUQUERQUE, NM 87121

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 3042

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Paul Augustine*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

PAUL AUGUSTINE

C. Date of Delivery

9-15-14

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

7013 3020 0002 1796 3035

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) Coverage Provided)
 For delivery to: **ENCANA/BETTONIE WASH** **www.usps.com**
JSE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Postmark Here

AUGUSTINE, PHILLIP
PO BOX 571
FRUITLAND, NM 87416-0571
 Instructions

7013 3020 0002 1796 3028

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) Coverage Provided)
 For delivery to: **ENCANA/BETTONIE WASH** **www.usps.com**
USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$
 Postmark Here

AUGUSTINE, ROSITA
301 BETTE CLAIR ST SE
ALBUQUERQUE, NM 87123
 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUGUSTINE, PHILLIP
PO BOX 571
FRUITLAND, NM 87416-0571

2. Article Number
(Transfer from service label)

7013 3020 0002 1796 3035

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Phil Augustine* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *Phil Augustine* C. Date of Delivery *SEP 19 2014*

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

AUGUSTINE, ROSITA
301 BETTE CLAIR ST SE
ALBUQUERQUE, NM 87123

2. Article Number
(Transfer from service label)

7013 3020 0002 1796 3028

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Rosita Augustine* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *Rosita Augustine* C. Date of Delivery *SEP 17 2014*

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

13

7013 3020 0002 1796 3011

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only) (Coverage Provided)

For delivery to: ENCANA/BETTONIE WASH www.usps.com

USE

Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$

 Postmark
Here

 AUGUSTINE, TOMACITA
PO BOX 226
COUNSELOR, NM 87018

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only) (Coverage Provided)

For delivery to: ENCANA/BETTONIE WASH www.usps.com

USE

Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$

 Postmark
Here

 BAKER, ANDREW A
PO BOX 1703
BLOOMFIELD, NM 87413

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.

1. Article Addressed to:

 AUGUSTINE, TOMACITA
PO BOX 226
COUNSELOR, NM 87018

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 3011

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Tomacita Augustine

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Tomacita Augustine

C. Date of Delivery

9-23-14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

 BAKER, ANDREW A
PO BOX 1703
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 3004

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Louise Baker

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Louise Baker

C. Date of Delivery

9-15-14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 2991

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery in	ENCANA/BETTONIE WASH
Postage	SE
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
BAKER, ELOUISE	
PO BOX 1703	
BLOOMFIELD, NM 87413	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BAKER, ELOUISE
PO BOX 1703
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2991

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Elouise Baker*☐ Agent☒ Addressee

B. Received by (Printed Name)

Elouise Baker

C. Date of Delivery

9-15-14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

BAKER, LEROY
PO BOX 1703
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8719

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Elouise Baker*☒ Agent☐ Addressee

B. Received by (Printed Name)

Elouise Baker

C. Date of Delivery

9-15-14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0802 8719

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery in	ENCANA/BETTONIE WASH
Postage	SE
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
BAKER, LEROY	
PO BOX 1703	
BLOOMFIELD, NM 87413	
See Reverse for Instructions	

15

7014 0510 0001 0802 8726

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only: No Insurance Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH
Postage	USE
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Price	
Sent To	BAKER, MILTON
Street, A or PO Box	PO BOX 135
City, State	KIRTLAND, NM 87412
PS Form 3811, February 2004	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BAKER, MILTON
PO BOX 135
KIRTLAND, NM 87412

2. Article Number
(Transfer from service label)

7014 0510 0001 0802 8726

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Adellene Baker

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Adellene Baker

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

BAKER, NORMA L
BOX 1703
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8733

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Louise Baker

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Louise Baker

C. Date of Delivery

9-15-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0802 8733

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only: No Insurance Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH
Postage	USE
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Price	
Sent To	BAKER, NORMA L
Street, A or PO Box	BOX 1703
City, State	BLOOMFIELD, NM 87413
PS Form 3811, February 2004	Instructions

7014 0510 0001 0802 8740

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only) (Postage Provided)	
For delivery to: ENCANA/BETTONIE WASH	www.usps.com
C	USE
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent to: BARBER, JOANNE T	
Street or PO: 126 E MAIN	
City, S: FARMINGTON, NM 87401	
PS Form 3811, February 2004	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BARBER, JOANNE T
126 E MAIN
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

7014 0510 0001 0802 8740

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Joanne Barber☐ Agent☐ Addressee

B. Received by (Printed Name)

Joanne Barber

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

SEP 15 2014
FARMINGTON NM 87401

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0802 8757

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only) (Postage Provided)	
For delivery to: ENCANA/BETTONIE WASH	www.usps.com
O	JSE
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent to: BARBOA, RITA	
Street or PO: PO BOX 3303	
City, S: CANONCITO, NM 87026	
PS Form 3811, February 2004	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BARBOA, RITA
PO BOX 3303
CANONCITO, NM 87026

2. Article Number
(Transfer from service label)

7014 0510 0001 0802 8757

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rita Barboa☐ Agent☐ Addressee

B. Received by (Printed Name)

Rita Barboa

C. Date of Delivery

9/22/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

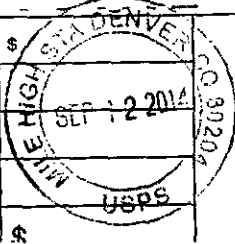
- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

17

7014 0510 0001 0802 8528

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - No International Service Provided)	
For delivery to: ENCANA/BETTONIE WASH	USE
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	Postmark Here
Sent to: BEDAH, INETH M Street or P.O. Box: 605 CIRCLE DR City, State, ZIP+4: FARMINGTON, NM 87401	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEDAH, INETH M
605 CIRCLE DR
FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8528

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ineth Bedah
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Ineth Bedah

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

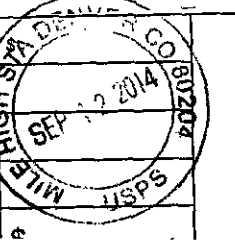
3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0802 8535

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - No International Service Provided)	
For delivery to: ENCANA/BETTONIE WASH	USE
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	Postmark Here
Sent to: BEGAY ESTATE, LAFFIE Street or P.O. Box: PO BOX 571 City, State, ZIP+4: FORT WINGATE, NM 87316	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEGAY ESTATE, LAFFIE
PO BOX 571
FORT WINGATE, NM 87316

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8535

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Debbie Begay
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Debbie Begay

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0802 8788

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 MHF
 For delivery ENCANA/BETTONIE WASH www.usps.com
USE

Postage \$
 Certified Fee \$0.80
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$0.80

Postmark Here

Sent to
 Street or PO
 City, State, ZIP+4®
 BEGAY, ANNA
 HC 61 PO BOX 85
 WINSLOW, AZ 86047

PS Form 3811, February 2004 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEGAY, ANNA
 HC 61 PO BOX 85
 WINSLOW, AZ 86047

2. Article Number (Transfer from service label)

7014 0510 0001 0802 8788

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Anna Begay

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/14/14

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0802 8801

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 MHF
 For delivery ENCANA/BETTONIE WASH www.usps.com
USE

Postage \$
 Certified Fee \$0.80
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$0.80

Postmark Here

Sent to
 Street or PO
 City, State, ZIP+4®
 BEGAY, EFFIE
 1640 SOUTH XAVIER ST
 DENVER, CO 80219

PS Form 3811, February 2004 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEGAY, EFFIE
 1640 SOUTH XAVIER ST
 DENVER, CO 80219

2. Article Number (Transfer from service label)

7014 0510 0001 0802 8801

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Effie Begay

☐ 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:

☐ Yes
☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

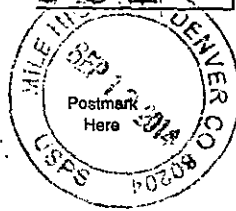
4. Restricted Delivery? (Extra Fee)

☐ Yes

10

7014 0510 0001 0802 8818

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	BEGAY, MARLENE L
Street, or PO Box	PO BOX 1707
City, St.	AZTEC, NM 87410
PS Form	See reverse for instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEGAY, MARLENE L
PO BOX 1707
AZTEC, NM 87410

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8818

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Marlene Begay

☐ Agent☐ Addressee

B. Received by (Printed Name)

Marlene Begay

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

SEP 15 2014

3. Service Type

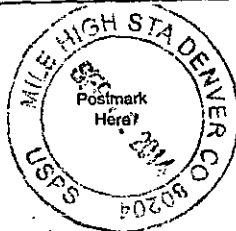
☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0802 8825

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery	ENCANA/BETTONIE WASH
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
To	BEGAY, MATILDA V
Street, or PO Box	PO BOX 583
City, St.	BLOOMFIELD, NM 87413
PS Form	See reverse for instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEGAY, MATILDA V
PO BOX 583
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7014 0510 0001 0802 8825

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Verna Mae Yildiz

☐ Agent☐ Addressee

B. Received by (Printed Name)

Verna Mae Yildiz

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

21

7014 0510 0001 0802 8832

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery to: **ENCANA/BETTONIE WASH** **USE**

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

BEGAY, MONICA S
PO BOX 5652
FARMINGTON, NM 87499

Postmark Here

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, MONICA S
PO BOX 5652
FARMINGTON, NM 87499

2. Article Number (Transfer from service label)
7014 0510 0001 0802 8832

PS Form 3811, February 2004 **Domestic Return Receipt** **102595-02-M-1540**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** **Blanche W. Bettonie** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Blanche W. Bettonie** C. Date of Delivery **SEP 15 2014**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 0510 0001 0802 8849

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery to: **ENCANA/BETTONIE WASH** **USE**

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

BEGAY, RUDY
39 RANCH DR
SHIRLEY, NY 11967

Postmark Here

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, RUDY
39 RANCH DR
SHIRLEY, NY 11967

2. Article Number (Transfer from service label)
7014 0510 0001 0802 8849

PS Form 3811, February 2004 **Domestic Return Receipt** **102595-02-M-1540**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** **Rudy Begay** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Rudy Begay** C. Date of Delivery **9/20/14**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery to: **MC** **ENCANA/BETTONIE WASH** **www.usps.com**

USE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

U.S. POSTAL SERVICE
POST OFFICE
DENVER CO 80202
SEP 11 2000
Postmark Here

Se **BELEDITTO, DAVID**

St **BOX 12**

or **COUNSELOR, NM 87018**

Ch

PS Form 3800, August 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>x Rolinda Beliditto</i> </div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>Rolinda Beliditto</i> </div> <i>9-17-14</i> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px; text-align: center;"> <p style="font-size: 1.2em;">BEEIDITTO, DAVID</p> <p style="font-size: 1.2em;">BOX #12</p> <p style="font-size: 1.2em;">COUNSELOR, NM 87018</p> </div>	<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p>
<p>2. Article Number <i>(Transfer from service label)</i> </p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block; font-family: monospace; font-size: 1.2em;"> 7014 0510 0001 0802 8856 </div>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery to: ENCANA/BETTONIE WASH	www.usps.com®
Postage \$	
Certified Fee	
Return Receipt Fee <i>(Endorsement Required)</i>	
Restricted Delivery Fee <i>(Endorsement Required)</i>	
Total Postage & Fees \$	
Send to: Beliditto, KEE C BOX 172 DULCE, NM 87528	Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <i>David Beliditto</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <div style="border: 1px dashed black; padding: 20px; margin: 10px 0;"> <p style="text-align: center; font-size: 1.2em;">BELIDITTO, KEE C BOX 172 DULCE, NM 87528</p> </div>	<p>B. Received by (Printed Name) <i>David Beliditto</i></p> <p>C. Date of Delivery <i>9/17/14</i></p>
<p>2. Article Number: (Transfer from service)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: 7014 0510 0001 0802 8863</p>	

7004 0750 0002 2457 9064

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only - Insurance Coverage Provided)
 MHF
 For delivery ENCANA/BETTONIE WASH
 USPS.com
 O JSE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

To
 Send BENALLY, JUNE
 3112 CRESCENT AVENUE
 FARMINGTON, NM 87401
 PS Form 3800, June 2002 See Reverse for Instructions

7014 0510 0001 8575 1838

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only - Insurance Coverage Provided)
 MHF
 For delivery ENCANA/BETTONIE WASH
 USPS.com
 O USE

Postage
 Certified Fee
 Return Receipt Fee
(Endorsement Required)
 Restricted Delivery Fee
(Endorsement Required)

Postmark Here

BENALLY, LUCY A
 BOX 753
 KIRTLAND, NM 87417
 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.

1. Article Addressed to:

BENALLY, LUCY A
 BOX 753
 KIRTLAND, NM 87417

2. Article Number

(Transfer from service label)

7014 0510 0001 8575 1838

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Benally Brandon*☐ Agent☐ Addressee

B. Received by (Printed Name)

Brandon Benally

C. Date of Delivery

*SEP 12 2014*D. Is delivery address different from item label?
If YES, enter delivery address below:☐ Yes
☒ No

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 Return Receipt

29

7014 0510 0001 8575 1845

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 MHF

For delivery to: **ENCANA/BETTONIE WASH** www.usps.com

USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Postmark Here
 MILLS STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent to: **BETONI, ELAINE**
PO BOX 134
NAGEEZI, NM 87037

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BETONI, ELAINE
PO BOX 134
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7014 0510 0001 8575 1845**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ *Elaine Betoni* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Elaine Betoni** C. Date of Delivery **9/16/14**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt

7014 0510 0001 8575 1852

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 MHF

For delivery to: **ENCANA/BETTONIE WASH** www.usps.com

USE

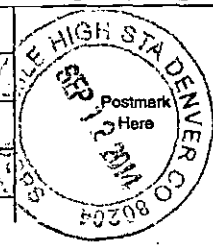
Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Postmark Here
 MILLS STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent to: **BEYALE, ANDREW L**
PO BOX 944
FORT DEFIANCE, AZ 86504

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0001 8575 1869

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery to: ENCANA/BETTONIE WASH	MHF www.usps.com®
USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
To: BEYALE, ANDY PO BOX 1175 FRUITLAND, NM 87416-1175	
PS Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEYALE, ANDY
PO BOX 1175
FRUITLAND, NM 87416-1175

 2. Article Number
(Transfer from service label)

7014 0510 0001 8575 1869

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

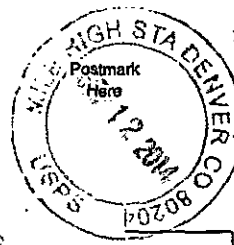
- A. Signature
x *Andy Beyale* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *Andy Beyale* C. Date of Delivery *9-15-14*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 0510 0001 8575 2514

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery to: ENCANA/BETTONIE WASH	MHF www.usps.com®
USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
To: BEYALE, CLARENCE PO BOX 3308 FARMINGTON, NM 87499	
PS Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEYALE, CLARENCE
PO BOX 3308
FARMINGTON, NM 87499

 2. Article Number
(Transfer from service label)

7014 0510 0001 8575 2514

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
x *Emily Lowe* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Emily Lowe* C. Date of Delivery *9-19-14*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 0510 0001 8575 2521

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
For delivery to:	ENCANA/BETTONIE WASH
Postage:	USE
Certified Fee:	
Return Receipt Fee (Endorsement Required):	
Restricted Delivery Fee (Endorsement Required):	
Total Postage & Fees:	\$
Sent	BEYALE, EMILY W
Street or P.O. Box:	324 W BLANCO BLVD #36
City:	BLOOMFIELD, NM 87413
PS Form	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEYALE, EMILY W
324 W BLANCO BLVD #36
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7014 0510 0001 8575 2521

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Herman Beyale

C. Date of Delivery

9/15/14

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 Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 8575 2538

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
For delivery to:	ENCANA/BETTONIE WASH
Postage:	USE
Certified Fee:	
Return Receipt Fee (Endorsement Required):	
Restricted Delivery Fee (Endorsement Required):	
Total Postage & Fees:	\$
Sent	BEYALE, HERMAN
Street or P.O. Box:	2011 TROY KING RD
City:	TRLR 28
	FARMINGTON, NM 87401
PS Form	Instructions

7014 0510 0001 8575 2545

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery to: **ENCANA/BETTONIE WASH** www.usps.com

USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent to: **BEYALE, IRENE**
 Street or PO: **PO BOX 1643**
 City, State: **FRUITLAND, NM 87416**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, IRENE
PO BOX 1643
FRUITLAND, NM 87416

2. Article Number

(Transfer from service label)

7014 0510 0001 8575 2545

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Irene B. Harding ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Irene B. Harding *9-17-14*

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 8575 2552

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery to: **ENCANA/BETTONIE WASH** www.usps.com

USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Postmark Here

Sent to: **BEYALE, KEE**
 Street or PO: **HCR 79 BOX 3049**
 City, State: **CUBA, NM 87013**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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

2. Article Number

(Transfer from service label)

7014 0510 0001 8575 2552

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Cherry Chee ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Cherry Chee *9-17-14*

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2

7014 0510 0001 8575 2569

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery **O** **ENCANA/BETTONIE WASH** **USE**

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Postmark Here

Sent 1
Street or PO
City, St
PS Form Instructions

BEYALE, LORENZO
PO BOX 298
KIRTLAND, NM 87417

7014 0510 0001 8575 2576

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery **C** **ENCANA/BETTONIE WASH** **USE**

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Postmark Here

Sent 1
Street or PO
City, St
PS Form Instructions

BEYALE, RICKIE
PO BOX 1454
BLOOMFIELD, NM 87413

Letter returned

7014 0510 0001 8575 2583

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery ☒ **ENCANA/BETTONIE WASH** www.usps.com

USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent BILIDITTO, MELISSA
Street or P.O. Box 3150 N FLOWING WELLS RD
City, State, ZIP+4® APT 2 TUCSON, AZ 85705

PS Form 3811, July 2013 **Instructions**

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BILIDITTO, MELISSA
 3150 N FLOWING WELLS RD
 APT 2
 TUCSON, AZ 85705

2. Article Number (Transfer from service label) **7014 0510 0001 8575 2583**

PS Form 3811, July 2013 **Domestic Return Receipt**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
 X *Melissa Biliditto*

B. Received by (Printed Name) *M. Biliditto* C. Date of Delivery *9/28/14*

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 0510 0001 8575 2590

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery ☒ **ENCANA/BETTONIE WASH** www.usps.com

USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$


Postmark Here

Sent BREWER, ARLINDA
Street or P.O. Box 10700 ACADEMY NE #2318
City, State, ZIP+4® ALBUQUERQUE, NM 87111


PS Form 3811, August 2006 **See Reverse for Instructions**

Letter returned

7024 0510 0001 8575 2606

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic)	MHF (Coverage Provided)
For delivery to:	ENCANA/BETTONIE WASH www.usps.com
USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Sent To: BROWN, APRIL J Street, Apt. or PO Box: 3903 WELLINGTON ST City, State, ZIP+4: FARMINGTON, NM 87402	
PS Form 3811, February 2004 See Reverse for Instructions	

7024 0510 0001 8575 2613

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic)	MHF (Coverage Provided)
For delivery to:	ENCANA/BETTONIE WASH www.usps.com
USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: CASTILLO, ALICE S Street, Apt. or PO Box: HCR 79 BOX 3064 City, State, ZIP+4: CUBA, NM 87013	
PS Form 3811, February 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CASTILLO, ALICE S
 HCR 79 BOX 3064
 CUBA, NM 87013

2. Article Number

7024 0510 0001 8575 2613

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Alice Castillo*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Alice Castillo

C. Date of Delivery

9-17-14
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 8575 2637

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit our website at www.usps.com.
OFFICIAL USE

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage _____

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State

CASTILLO, DELROY
 PO BOX 652
 CUBA, NM 87013

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CASTILLO, DELROY
 PO BOX 652
 CUBA, NM 87013

2. Article Number
 (Transfer from service label)

7014 0510 0001 8575 2637

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Alexandro T. Sandora*☐ Agent☐ Addressee

B. Received by (Printed Name)

Alexandro T. Sandora

C. Date of Delivery

09-14-14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 6650

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 For delivery information, visit our website at www.usps.com.
OFFICIAL USE

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees _____

Postmark Here

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+

CASTILLO, GLORIA
 PO BOX 1188
 CUBA, NM 87013

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, GLORIA
 PO BOX 1188
 CUBA, NM 87013

2. Article Number
 (Transfer from service label)

117014 2120 0001 8425 6650

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Andy Castillo*☐ Agent☐ Addressee

B. Received by (Printed Name)

Andy Castillo

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

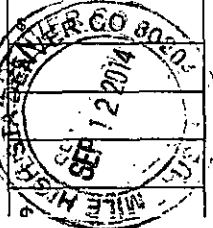
31

7014 2120 0001 8425 6667

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To Street & Apt. No. or PO Box No. City, State, ZIP		
CASTILLO, IRENE 4515 ARROWHEAD RIDGE DR SE APT 712 RIO RANCHO, NM 87124		

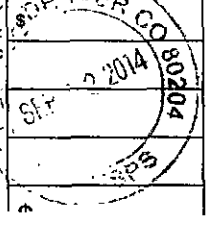
PS Form 3800

7014 2120 0001 8425 6674

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To Street & Apt. No. or PO Box No. City, State, ZIP+4		
CASTILLO, JOSEPHINE B 56 ROAD 5580 FARMINGTON, NM 87401		

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, IRENE
 4515 ARROWHEAD RIDGE DR
 SE APT 712
 RIO RANCHO, NM 87124

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 6667

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Irene Castillo*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Irene Castillo

C. Date of Delivery

9-18-14

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

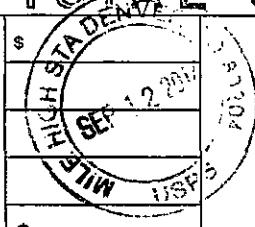
☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 6681

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	 Postmark Here
Sent To Street & Apt. No., or PO Box No. City, State, ZIP+4	CASTILLO, LORENZO PO BOX 3535 CANONCITO, NM 87026
PS Form 3800, 7-13	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, LORENZO
 PO BOX 3535
 CANONCITO, NM 87026

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 6681

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

Lorenzo Castillo

C. Date of Delivery

9/24/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

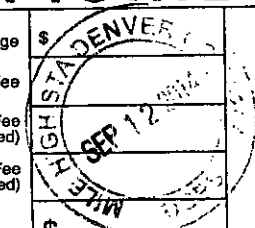
3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 6698

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	 Postmark Here
Sent To Street & Apt. No., or PO Box No. City, State, ZIP+4	CASTILLO, PATRICK PO BOX 38 COUNSELOR, NM 87018
PS Form 3800, 7-13	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
 COUNSELOR, NM 87018

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 6698

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

Patrick Castillo

C. Date of Delivery

9-26-14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

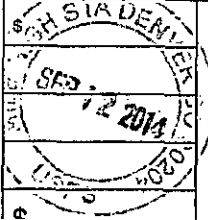
☒ Certified Mail® ☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

32

7014 2120 0001 8425 6704

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	 Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP+	
CASTILLO, RENA PO BOX 1353 CUBA, NM 87013	
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, RENA
 PO BOX 1353
 CUBA, NM 87013

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 6704

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Marcus Showalter*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Marcus Showalter

C. Date of Delivery

9/16/14

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

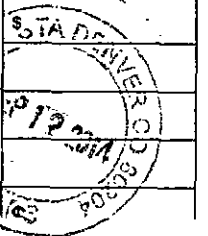
3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

7014 2120 0001 8425 6711

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	 Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP+	
CASTILLO, RICHARDSON PO BOX 3822 SHIPROCK, NM 87420	
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, RICHARDSON
 PO BOX 3822
 SHIPROCK, NM 87420

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 6711

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Richardson Castillo*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Richardson Castillo

C. Date of Delivery

9/16/14

- 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

7014 2120 0001 8425 6726

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Sent To CASTILLO, SAMSON</p> <p>Street & Apt. No. or PO Box No. PO BOX 44</p> <p>City, State, ZIP+4 COUNSELOR, NM 87018</p>	
PS Form 3800, 11-1-00	

7014 2120 0001 8425 6735

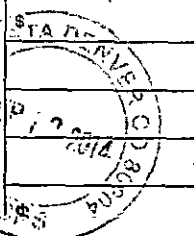
U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$
<p>Sent To CASTILLO, SANDERSON J</p> <p>Street & Apt. No. or PO Box No. GENERAL DELIVERY</p> <p>City, State, ZIP+4 COUNSELOR, NM 87018</p>	
PS Form 3800, 11-1-00	

7014 2120 0001 8425 6742

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 CASTILLO, STANLEY
 60 E 200 N #4
 WELLSVILLE, UT 84339

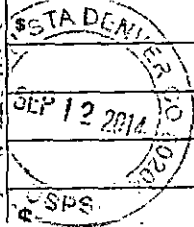
PS Form 3800, July 2013

7014 2120 0001 8425 6759

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 CASTILLO, WALLACE
 PO BOX 44
 COUNSELOR, NM 87018

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, STANLEY
 60 E 200 N #4
 WELLSVILLE, UT 84339

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 6742

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Stanley Castillo*

☐ 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 Mail ☐ Collect on Delivery

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:

CASTILLO, WALLACE
 PO BOX 44
 COUNSELOR, NM 87018

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 6759

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dorena Castillo*

☐ 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

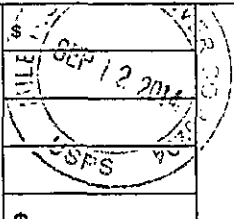
36

7014 2120 0001 8425 6766

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Postage	\$		Postmark Here
Certified Fee	\$		
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage * Fee	\$		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4

CAVAZONE, RACHELLE L
 7201 CHANTELLE
 FARMINGTON, NM 87410

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:

CAVAZONE, RACHELLE L
 7201 CHANTELLE
 FARMINGTON, NM 87410

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 6766

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

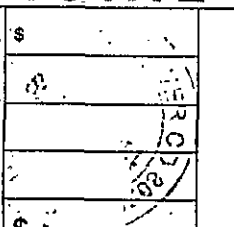
A. Signature X <i>Rachelle Cavanaugh</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Rachelle Cavanaugh</i>	C. Date of Delivery <i>SEP 16 2014</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7014 2120 0001 8425 6773

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Certified Fee	\$		
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage * Fee	\$		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4

CAYADITO, CALVIN
 PO BOX 54
 NAGEEZI, NM 87037

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:

CAYADITO, CALVIN
 PO BOX 54
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 6773

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Pauline Alvarez</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Pauline Alvarez</i>	C. Date of Delivery <i>SEP 16-14</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7014 2120 0001 8425 6780

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Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP+4	
CAYADITTO, HELEN S PO BOX 1351 CUBA, NM 87013	
PS Form 3800, July 2013	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CAYADITTO, HELEN S
 PO BOX 1351
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 6780

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Marcella Cayaditto

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Marcella Cayaditto

C. Date of Delivery

09-16-14

- 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

7014 2120 0001 8425 6797

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Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP+4	
CAYADITTO, ISIAH M GUARDIAN PO BOX 54 NAGEEZI, NM 87037	
PS Form 3800, July 2013	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CAYADITTO, ISIAH M
 GUARDIAN
 PO BOX 54
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 6797

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Isiah M Guardian

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Isiah M Guardian

C. Date of Delivery

9-16-14

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

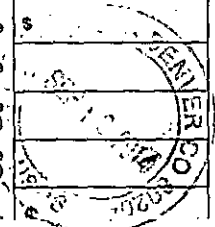
3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

7014 2120 0001 8425 6803

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Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage \$	Postmark Here 
Sent To Street & Apt. No. or PO Box No. City, State, ZIP	CAYADITTO, LUCITA PO BOX 272 NAGEEZI, NM 87037
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:

CAYADITTO, LUCITA
 PO BOX 272
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

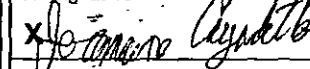
7014 2120 0001 8425 6803

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Domestic Return Receipt

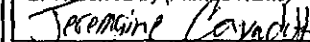
COMPLETE THIS SECTION ON DELIVERY

A. Signature



- ☐
- 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: ☐ No

3. Service Type

- ☒
- Certified Mail®
- ☐
- Priority Mail Express™
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- Collect on Delivery

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:

CHARLEY, SHIRLEY A
 38 ROAD 5255
 BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)


7014 2120 0001 8425 6810

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Domestic Return Receipt

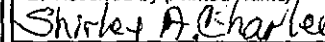
COMPLETE THIS SECTION ON DELIVERY

A. Signature



- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)



C. Date of Delivery

9-1

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

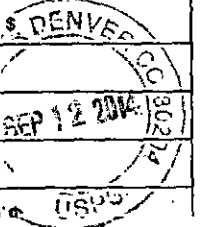
3. Service Type

- ☒
- Certified Mail®
- ☐
- Priority Mail Express™
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 6810

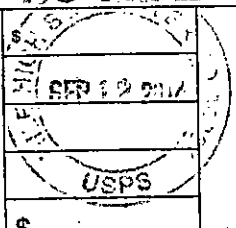
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage \$	Postmark Here 
Sent To Street & Apt. No. or PO Box No. City, State, ZIP	CHARLEY, SHIRLEY A 38 ROAD 5255 BLOOMFIELD, NM 87413
PS Form 3800	

7014 2120 0001 8425 6827

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Postage	\$ 5.50		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To: CHARLIE, BENJAMIN
PO BOX 164
CUBA, NM 87013

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CHARLIE, BENJAMIN
PO BOX 164
CUBA, NM 87013

2. Article Number (Transfer from service label) 7014 2120 0001 8425 6827

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Lorene Tched* ☒ Agent ☐ Addressee

B. Received by (Printed Name) Lorene Tched C. Date of Delivery 9/19/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

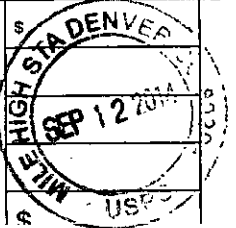
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Postage	\$ 5.50		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To: CHARLIE, CAROLINE
PO BOX 67
NAGEEZI, NM 87037

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CHARLIE, CAROLINE
PO BOX 67
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7014 2120 0001 8425 6834

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Caroline Choy* ☒ Agent ☐ Addressee

B. Received by (Printed Name) Caroline Choy C. Date of Delivery 9/16/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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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42

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Postage
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 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

CHARLIE, JIMMIE
 1496 E-8N RD
 MONTE VISTA, CO 81144

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CHARLIE, JIMMIE
 1496 E-8N RD
 MONTE VISTA, CO 81144

2. Article Number (Transfer from service label) 7014 2120 0001 8425 6841

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X Candia Charlie

B. Received by (Printed Name) Candia Charlie C. Date of Delivery 9-15-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 6858

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Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

CHAVEZ, AMOS
 PO BOX 240
 COUNSELOR, NM 87018

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, AMOS
 PO BOX 240
 COUNSELOR, NM 87018

2. Article Number (Transfer from service label) 7014 2120 0001 8425 6858

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X Angie Harrison

B. Received by (Printed Name) Angie Harrison C. Date of Delivery 9-18-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

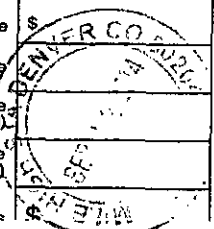
41

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Apt. N.
 or PO Box No.
 City, State, ZIP

CHAVEZ, ANDREW
 PO BOX 1512
 BLOOMFIELD, NM 87413

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:

CHAVEZ, ANDREW
 PO BOX 1512
 BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 6865

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rosie Chavez*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Rosie Chavez

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

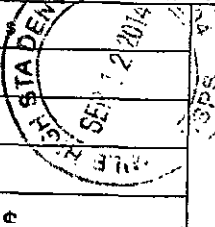
☐ Yes

7014 2120 0001 8425 6872

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Apt. N.
 or PO Box No.
 City, State, ZIP

CHAVEZ, ANNIE
 PO BOX 15
 NAGEEZI, NM 87037

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:

CHAVEZ, ANNIE
 PO BOX 15
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 6872

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Annie Chavez*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Annie Chavez

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

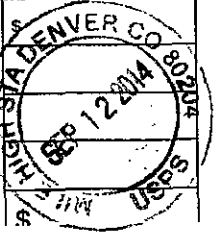
42

7014 2120 0001 8425 6889

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OFFICIAL USE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To CHAVEZ, CALVIN 4633 GILA SP 8 FARMINGTON, NM 87402		

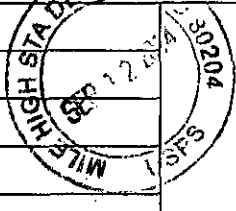
PS Form 3800

7014 2120 0001 8425 6896

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To CHAVEZ, DESWOOD PO BOX 398 NAGEEZI, NM 87037		

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:

CHAVEZ, DESWOOD
 PO BOX 398
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 6896

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
x Carol A. Hines ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
Carol A. Hines
- C. Date of Delivery
9/18/14
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
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 Return Receipt

43

7014 2120 0001 8425 6902

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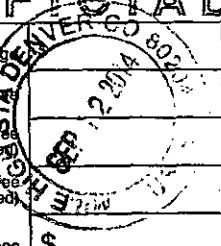
Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To
Street & Apt. No.
or PO Box No.
City, State, ZIP+

CHAVEZ, HARRY
PO BOX 105
NAGEEZI, NM 87037

PS Form 3800



Postmark
Here

7014 2120 0001 8425 6919

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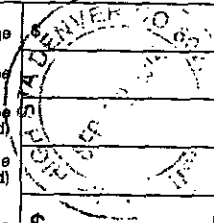
Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To
Street & Apt. No.,
or PO Box No.
City, State, ZIP+4

CHAVEZ, JENITA
120 N MCQUEEN RD
APT 246
CHANDLER, AZ 85225

PS Form 3800, JUN 2013



Postmark
Here

*Letter
Returned*

44

7014 2120 0001 8425 6926

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP+	
CHAVEZ, MAGDELINE B PO BOX 1404 FRUITLAND, NM 87416	
PS Form 3800,	

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 <i>Margalene Chavez</i> <input type="checkbox"/> Agent B. Received by (Printed Name) <i>Margalene Chavez</i> <input type="checkbox"/> Addressee C. Date of Delivery <i>9-17-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; text-align: center;"> CHAVEZ, MAGDELINE B PO BOX 1404 FRUITLAND, NM 87416 </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7014 2120 0001 8425 6926
PS Form 3811, July 2013 Domestic Return Receipt	

7014 2120 0001 8425 6933

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP+	
CHAVEZ, MICHAEL 715 W BROADWAY SPACE 45 FARMINGTON, NM 87401	
PS Form 3800,	

45

7014 2120 0001 8425 6940

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP+4	
CHAVEZ, NED PO BOX 252 NAGEEZI, NM 87037	
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:

CHAVEZ, NED
 PO BOX 252
 NAGEEZI, NM 87037

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 6940

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Ned Chavez ☐ Agent ☐ Addressee

B. Received by (Printed Name)
9-19-2014

C. Date of Delivery
9/19/14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No
NE

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

 4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 6957

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP+4	
CHAVEZ, RONALD M PO BOX 3303 CANONCITO, NM 87026	
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:

CHAVEZ, RONALD M
 PO BOX 3303
 CANONCITO, NM 87026

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 6957

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Irene Posa ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Irene Posa

C. Date of Delivery
9/22/14

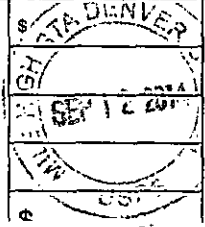
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No



3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

 4. Restricted Delivery? (Extra Fee) ☐ Yes

46

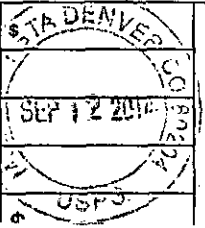
7014 2120 0001 8425 6964

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage &	 Postmark Here
Sent To CHAVEZ, STEVEN H PO BOX 476 FORT HALL, ID 83203	
PS Form 3800,	

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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: CHAVEZ, STEVEN H PO BOX 476 FORT HALL, ID 83203	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

7014 2120 0001 8425 6964

7014 2120 0001 8425 6964

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Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage &	 Postmark Here
Sent To CHAVEZ, VIRGIL J 508 N LINCOLN AVE 1 FARMINGTON, NM 87401	
PS Form 3800,	

7014 2120 0001 8425 6988

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Postage	\$ 3.80
Certified Fee	\$ 0.30
Return Receipt Fee (Endorsement Required)	\$ 0.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.30
Total Postage & Fees	\$ 4.70

 Postmark
Here

Sent To

 Street & Apt. No.,
or PO Box No.

City, State, ZIP+4

 CHIQUITO, GLEN H
PO BOX 184
NAGEEZI, NM 87037-0184

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

 CHIQUITO, GLEN H
PO BOX 184
NAGEEZI, NM 87037-0184

 2. Article Number
(Transfer from service label)

7014 2120 0001 8425 6988

3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Elouise Atencio

☐ Agent
☐ Addressee

B. Received by (Printed Name),

Elouise Atencio

C. Date of Delivery

09/20/14

 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 6995

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Postage	\$ 3.80
Certified Fee	\$ 0.30
Return Receipt Fee (Endorsement Required)	\$ 0.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.30
Total Postage & Fees	\$ 4.70

 Postmark
Here

Sent To

 Street & Apt. No.,
or PO Box No.

City, State, ZIP+4

 CHIQUITO, JAKE
PO BOX 216
COUNSELOR, NM 87018

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

 CHIQUITO, JAKE
PO BOX 216
COUNSELOR, NM 87018

 2. Article Number
(Transfer from service label)

7014 2120 0001 8425 6995

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kevin Chiquito Sr

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/18/14

 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

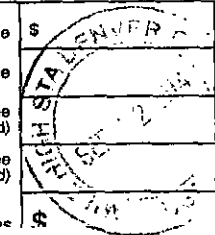
48

7014 2120 0001 8425 7008

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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4
**CHIQUITO, LEO H
 BOX 9
 NAGEEZI, NM 87037**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

**CHIQUITO, LEO H
 BOX 9
 NAGEEZI, NM 87037**

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7008

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Leo H. Chiquito ☐ Agent ☒ Addressee

B. Received by (Printed Name)
Leo Chiquito

C. Date of Delivery
9/20/14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

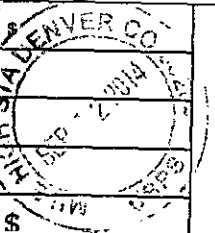
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7015

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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4
**COMANCHE, DOROTHY B
 HCR 79 BOX 3035
 CUBA, NM 87013**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

**COMANCHE, DOROTHY B
 HCR 79 BOX 3035
 CUBA, NM 87013**

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7015

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Katie Harrison ☐ Agent ☒ Addressee

B. Received by (Printed Name)
Katie Harrison

C. Date of Delivery
9-29-14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

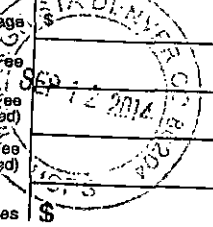
49

7014 2120 0001 8425 7022

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Postage \$		Postmark Here
Certified Fee \$		
Return Receipt Fee (Endorsement Required) \$		
Restricted Delivery Fee (Endorsement Required) \$		
Total Postage & Fees \$		

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

CORNFIELDS, CECELIA S
 PO BOX 1591
 FRUITLAND, NM 87416

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CORNFIELDS, CECELIA S
 PO BOX 1591
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label)

7014 2120 0001 8425 7022

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Cecelia Cornfield* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Cecelia Cornfield* C. Date of Delivery *9-15-14*

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

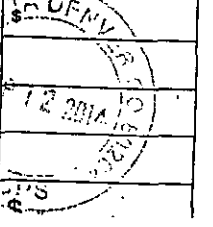
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7039

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Postage \$		Postmark Here
Certified Fee \$		
Return Receipt Fee (Endorsement Required) \$		
Restricted Delivery Fee (Endorsement Required) \$		
Total Postage & Fees \$		

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

CURTIS, ERVIN L
 1115 JAMES CIRCLE DR
 BLOOMFIELD, NM 87413

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ERVIN L
 1115 JAMES CIRCLE DR
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

7014 2120 0001 8425 7039

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ervin L Curtis* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Ervin L Curtis* C. Date of Delivery *9/22/14*

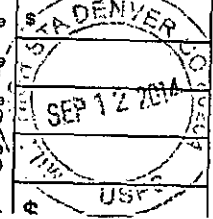
D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7046

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4
**CURTIS, LEVI J
 PO BOX 1533
 KIRTLAND, NM 87417**

PS Form 3800, 1-10-11

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, LEVI J
 PO BOX 1533
 KIRTLAND, NM 87417**

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7046

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Shade A Curtis* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Shade A Curtis

C. Date of Delivery

*SEP 12 2014*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

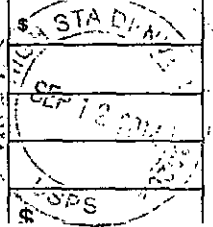
- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7053

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Domestic Mail Only
For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4
**CURTIS, LORRAINE W
 501 OURAY
 FARMINGTON, NM 87401**

PS Form 3800, 1-10-11

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, LORRAINE W
 501 OURAY
 FARMINGTON, NM 87401**

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7053

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lorraine Curtis* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*9-15*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

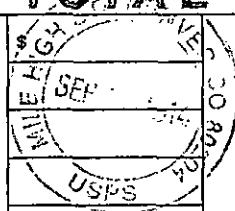
☐ Yes

51

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP

DEMPSEY, PRISCILLA A
 PO BOX 984
 CHINLE, AZ 86503

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:

DEMPSEY, PRISCILLA A
 PO BOX 984
 CHINLE, AZ 86503

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7060

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Catherine Yazzie ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Catherine Yazzie ☐ Date of Delivery
 9/16/13

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

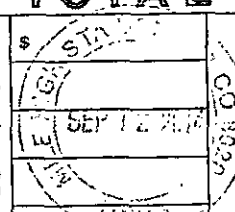
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP

DENNISON ESTATE, VERN
 #6 ROAD 3945
 FARMINGTON, NM 87401

PS Form 3800

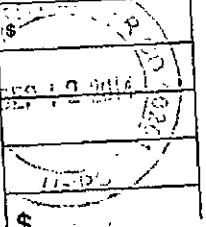
Letter
 Returned

7014 2120 0001 8425 7084

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To
 Street & Apt. No.,
 or PO Box No.
 City, State, ZIP+4

DENNISON JR ESTATE, JOE
 PO BOX 3776
 GALLUP, NM 87305

PS Form 3800, July 2013

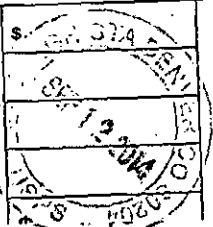
Return

7014 2120 0001 8425 7091

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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To
 Street & Apt. No.,
 or PO Box No.
 City, State, ZIP+4

DENNISON, SAMPSON
 C/O NAVAJO TRADING
 126 EAST MAIN
 FARMINGTON, NM 87401

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

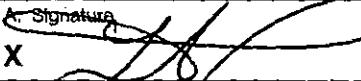

DENNISON, SAMPSON
 C/O NAVAJO TRADING
 126 EAST MAIN
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7091

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Lucinda Sagona</i>	C. Date of Delivery <i>9/15</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If Yes, enter delivery address below: <input type="checkbox"/> No		
		
3. Service Type USPS		
<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Domestic Return Receipt

53

7014 2120 0001 8425 7114

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
 Street & Apt. N
 or PO Box No.
 City, State, ZIP

DIETRICH JR, GERALD A
 2194 NORTH COUGARWAY
 MERIDIAN, ID 83646

PS Form 3800

Letter returned

7014 2120 0001 8425 7114

U.S. Postal Service™
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Apt. N
 or PO Box No.
 City, State, ZIP

DISWOOD, BEVERLY G
 PO BOX 1892
 FARMINGTON, NM 87499

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:

DISWOOD, BEVERLY G
 PO BOX 1892
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label)

7014 2120 0001 8425 7114

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Beverly G Diswood

B. Received by (Printed Name)
 BEVERLY G DISWOOD

C. Date of Delivery
 SEP 18 2014

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

54

7014 2120 0001 8425 7121

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, Z.

DISWOOD, VERLIN L
 PO BOX 3287
 KIRTLAND, NM 87417

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:

DISWOOD, VERLIN L
 PO BOX 3287
 KIRTLAND, NM 87417

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7121

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Verlin L Diswood* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Verlin L Diswood* C. Date of Delivery *SEP 7 2014*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7138

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP

FORD, AGNES S
 1186 N ESTHER PARKWAY
 CAMP VERDE, AZ 86322

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:

FORD, AGNES S
 1186 N ESTHER PARKWAY
 CAMP VERDE, AZ 86322

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7138

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Wilson Ford* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Wilson Ford* C. Date of Delivery *SEP 7 2014*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

55

7014 2120 0001 8425 7145

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Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark
Here

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+

FRANCISCO, ANITA S
 505 NORTH BEHREND
 FARMINGTON, NM 87401

PS Form 3800

*Letter
Returned*

7014 2120 0001 8425 7152

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Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark
Here

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+

FRIEDLI, ALISON J
 211 MONTICELLO CT
 APT 1B
 NEWPORT NEWS, VA 23602

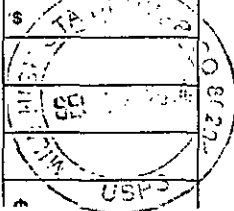
PS Form 3800

7014 2120 0001 8425 7176

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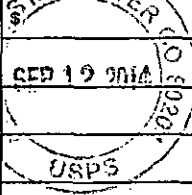
Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage			
Sent To FRIEDLI, MATTHEW D C/O MATTHEW M FRIEDLI, SR 6623 SOUTH FIELD COURT LITTLETON, CO 80123			
Street & Apt. 1 or PO Box No City, State, Zi			
PS Form 3800, July 2013			

7014 2120 0001 8425 7176

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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage			
Sent To GENGLER, LUCINDA A 901 N AUBURN AVE #22 FARMINGTON, NM 87401			
Street & Apt. 1 or PO Box No City, State, Zi			
PS Form 3800, July 2013			

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

GENGLER, LUCINDA A
 901 N AUBURN AVE #22
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Lucinda Gengler* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
Lucinda Gengler
- C. Date of Delivery
 9-19-14
- 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7176

PS Form 3811, July 2013

Domestic Return Receipt

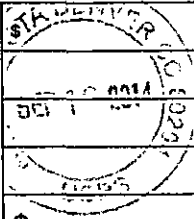
57

7014 2120 0001 8425 7183

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To

Street & Apt.
or PO Box No.
City, State, Z

GEORGE, GILBERT
 GENERAL DELIVERY
 COUNSELOR, NM 87018

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

GEORGE, GILBERT
 GENERAL DELIVERY
 COUNSELOR, NM 87018

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7183

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

GILBERT GEORGE 9-17-13

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 Mail ☐ Collect on Delivery

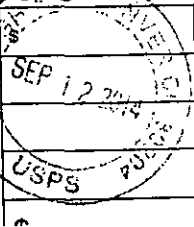
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7190

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OFFICIAL USE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To

Street & Apt. No.
or PO Box No.
City, State, ZIP+

GEORGE, MATILDA R
 2100 E BLANCO BLVD #80
 BLOOMFIELD, NM 87413

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

GEORGE, MATILDA R
 2100 E BLANCO BLVD #80
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7190

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Matilda R. George 9-14-13

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

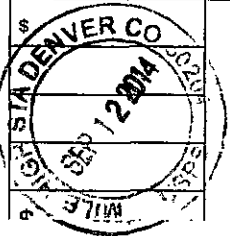
58

7014 2120 0001 8425 7206

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To GEORGE, MAXINE PO BOX 1043 CUBA, NM 87013		
Street & Apt. N or PO Box No. City, State, ZIP		

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:

 GEORGE, MAXINE
 PO BOX 1043
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7206

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 x *Meranda Otero*
☐ Agent

☐ Addressee

B. Received by (Printed Name)

MARANDA OTERO

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes

 If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|---|---|
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Priority Mail Express™ |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Collect on Delivery |

4. Restricted Delivery? (Extra Fee)

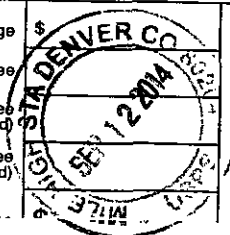
☐ Yes

7014 2120 0001 8425 7213

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To GLEASON, LENDORA S PO BOX 2586 BLOOMFIELD, NM 87413		
Street & Apt. N or PO Box No. City, State, ZIP		

PS Form 3800

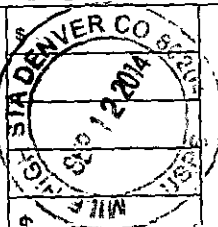
59

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OFFICIAL USE

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage



Postmark
Here

Sent To
Street & Apt.
or PO Box N
City, State, Z

GLEASON, LIONEL L
PO BOX 2586
BLOOMFIELD, NM 87413

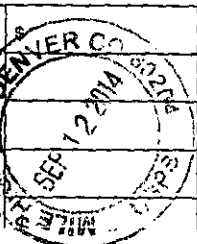
PS Form 3800

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OFFICIAL USE

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage



Postmark
Here

Sent To
Street & Apt.
or PO Box N
City, State, Z

GRIFFITH, SAM C
HC 17 BOX 600
CUBA, NM 87013

PS Form 3800

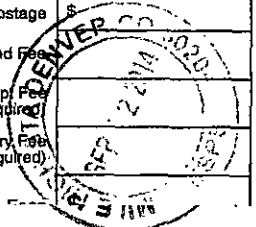
60

7014 2120 0001 8425 7244

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To

Street & Apt. No.
or PO Box No.

City, State, ZIP+

HACEESA, ELLA M
PO BOX 137
NAGEEZI, NM 87037

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:

HACEESA, ELLA M
PO BOX 137
NAGEEZI, NM 87037

 2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X *Ellam Hacesa* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

ELLA M. HACESA 9/17/14

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 Mail ☐ Collect on Delivery

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:

HACEESA, NELLIE R
PO BOX 188
NAGEZZI, NM 87037

 2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X *Nellie Hacesa* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

NELLIE R. HACESA 9/15/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

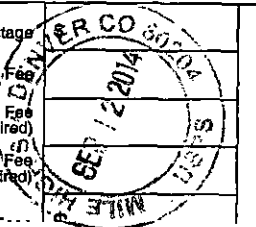
☐ Yes

7014 2120 0001 8425 7251

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To

Street & Apt. No.
or PO Box No.

City, State, ZIP+

HACEESA, NELLIE R
PO BOX 188
NAGEZZI, NM 87037

PS Form 38

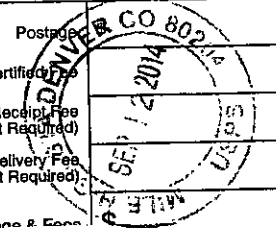
61

7014 2120 0001 8425 7268

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Postage		Postmark Here
Certified Fee (Endorsement Required)		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Apt.
 or PO Box N
 City, State, Z

HARRISON, KATIE J
 HCR 79 BOX 3035
 CUBA, NM 87013

PS Form 38

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, KATIE J
 HCR 79 BOX 3035
 CUBA, NM 87013

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
Katie Harrison
- B. Received by (Printed Name) ☐ Agent ☒ Addressee
Katie Harrison
- C. Date of Delivery
9-29-14
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

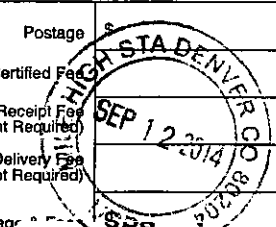
Domestic Return Receipt

7014 2120 0001 8425 7275

U.S. Postal Service™
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Postage		Postmark Here
Certified Fee (Endorsement Required)		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Apt.
 or PO Box No.
 City, State, Zip

HARRISON, PATRICIA
 4715 GILA ST SP 41
 FARMINGTON, NM 87401

PS Form 38

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, PATRICIA
 4715 GILA ST SP 41
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
Patricia Harrison
- B. Received by (Printed Name) ☐ Agent ☒ Addressee
Patricia Harrison
- C. Date of Delivery
SEP 16 2014
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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 Return Receipt

62

7014 2120 0001 8425 7282

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Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage _____

Postmark Here

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, Zi

HARRISON, PATTY J
 PO BOX 1412
 CUBA, NM 87013

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:

HARRISON, PATTY J
 PO BOX 1412
 CUBA, NM 87013

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7282

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Patty J Harrison*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Patty J Harrison

C. Date of Delivery

9/10/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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:

HARRISON, PAULINE
 PO BOX 73
 COUNSELOR, NM 87018

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7299

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Pauline H. Harrison
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Pauline H. Harrison

C. Date of Delivery

9-18-14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7299

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OFFICIAL USE

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage _____

Postmark Here

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP

HARRISON, PAULINE
 PO BOX 73
 COUNSELOR, NM 87018

PS Form 3800

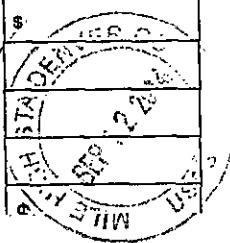
63

7014 2120 0001 8425 7305

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
 Street & Apt. # or PO Box No.
 City, State, Zip
**HARRISON, ROSE N
 PO BOX 524
 FARMINGTON, NM 87499**

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:

**HARRISON, ROSE N
 PO BOX 524
 FARMINGTON, NM 87499**

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7305

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Beverly Brown*
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Beverly Brown

C. Date of Delivery

9/18/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

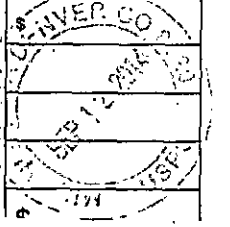
☐ Yes

7014 2120 0001 8425 7312

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
 Street & Apt. # or PO Box No.
 City, State, Zip
**HARRISON, THELMA G
 PO BOX 1592
 BLOOMFIELD, NM 87413**

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:

**HARRISON, THELMA G
 PO BOX 1592
 BLOOMFIELD, NM 87413**

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7312

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Thelma Harrison*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Thelma Harrison

C. Date of Delivery

9-22-14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merc.
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

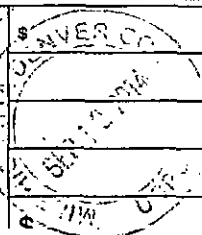
64

7014 2120 0001 8425 7329

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Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees			

Sent To

Street & Apt. No.,
or PO Box No.

City, State, ZIP+4

HARRISON, THERESA A
TURNEAGATAN #66
KISTA SWED, SWEDEN

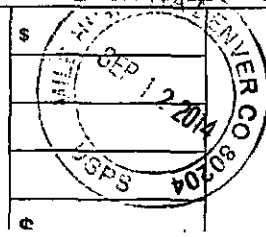
PS Form 3800, J

7014 2120 0001 8425 7336

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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees			

Sent To

Street & Apt. No.,
or PO Box No.

City, State, ZIP

HARRISON, TOMMY
235 2 S DUSTIN RD
FARMINGTON, NM 87401

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:

HARRISON, TOMMY
235.2 S DUSTIN RD
FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tommy Harrison*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7336

PS Form 3811, July 2013

Domestic Return Receipt

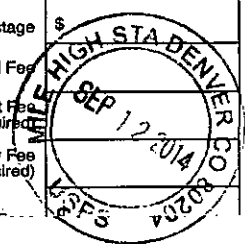
65

7014 2120 0001 8425 7343

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		
<p>Sent To Street & Apt. No., or PO Box No. City, State, ZIP+4 HARRISON, VAL T PO BOX 6102 FARMINGTON, NM 87401 </p>		
PS Form 3800, July 2013		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, VAL T
PO BOX 6102
FARMINGTON, NM 87401**

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 7343

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Carol Harrison

☐ Agent
☐ Addressee

B. Received by (Printed Name)

CAROL HARRISON

C. Date of Delivery

9-16-14

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 Mail ☐ Collect on Delivery

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:

**HASKIE, PRESTON
PO BOX 822
BLOOMFIELD, NM 87413**

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 7350

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sheraden Haskie

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Sheraden Haskie

C. Date of Delivery

9-22-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

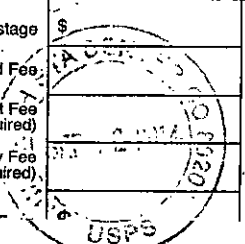
☐ Yes

7014 2120 0001 8425 7350

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		
<p>Sent To Street & Apt. No., or PO Box No. City, State, ZIP+4 HASKIE, PRESTON PO BOX 822 BLOOMFIELD, NM 87413 </p>		
PS Form 3800, July 2013		

66

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Postage	\$	Postmark Here
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage & Fees		\$

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4
HASKIE, SHERALENE L
PO BOX 822
BLOOMFIELD, NM 87413

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:

HASKIE, SHERALENE L
PO BOX 822
BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7367

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sheralene Haskie*
☒ Agent
☐ Addressee
 B. Received by (Printed Name)
Sheralene Haskie
 C. Date of Delivery
 9-22-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7374

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Postage	\$	Postmark Here
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage		\$

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4
HASKIE, SHERIDAN P
PO BOX 514
AZTEC, NM 87410

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:

HASKIE, SHERIDAN P
PO BOX 514
AZTEC, NM 87410

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7374

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *James Jacques*
☒ Agent
☐ Addressee
 B. Received by (Printed Name)
JAMES JACQUEZ
 C. Date of Delivery
 9/15/16

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

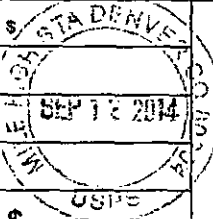
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

67

7014 2120 0001 8425 7381

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To **HASKIE, SHERMAN**
 Street & Apt. No. or PO Box No. **PO BOX 822**
 City, State, ZIP+4 **BLOOMFIELD, NM 87413**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

HASKIE, SHERMAN
PO BOX 822
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 7381

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Sherman Haskie* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) **Sherman Haskie** C. Date of Delivery **9-22-14**
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

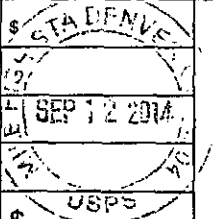
3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7398

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To **HENRY, VIRGINIA M**
 Street & Apt. No. or PO Box No. **23 CR 5584**
 City, State, ZIP+4 **FARMINGTON, NM 87401**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

HENRY, VIRGINIA M
23 CR 5584
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 7398

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Virginia M Henry* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) **Virginia M Henry** C. Date of Delivery **9-22-14**
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

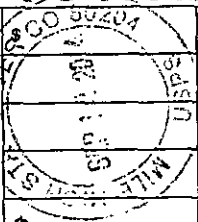
68

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
HERRERA SR, BOBBY
BOX 2
COUNSELOR, NM 87018

PS Form 3800

7014 2120 0001 8425 7404

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

HERRERA SR, BOBBY
BOX 2
COUNSELOR, NM 87018

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7404

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Shirley Herrera

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Shirley Herrera

C. Date of Delivery

07-17-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

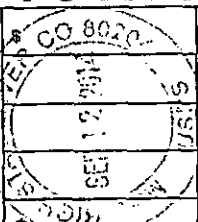
☐ Yes

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
HERRERA, JIMMY
BOX 4
COUNSELOR, NM 87018

PS Form 3800

7014 2120 0001 8425 7411

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

HERRERA, JIMMY
BOX 4
COUNSELOR, NM 87018

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7411

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jimmy Herrera

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Jimmy Herrera

C. Date of Delivery

9/17/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

69

7014 2120 0001 8425 7428

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
Sent To Street & Apt. or PO Box City, State, ZIP	HERRERA, PETE PO BOX 214 COUNSELOR, NM 87018
PS Form 3811, July 2013	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

HERRERA, PETE
 PO BOX 214
 COUNSELOR, NM 87018

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7428

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Rita Herrera

☐ Agent☐ Addressee

B. Received by (Printed Name)

Rita Herrera

C. Date of Delivery

9/19/14

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 Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7435

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
Sent To Street & Apt. or PO Box No. City, State, ZIP	HOOD, VICTORIA M PO BOX 4 AZTEC, NM 87410
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:

HOOD, VICTORIA M
 PO BOX 4
 AZTEC, NM 87410

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7435

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Victoria M Hood

☐ 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 Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

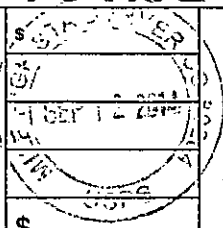
72

7014 2120 0001 8425 7442

U.S. Postal Service™
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OFFICIAL USE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage * \$		

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP

JACKSON, EARLENE V
 PO BOX 625
 BLOOMFIELD, NM 87413

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:

JACKSON, EARLENE V
 PO BOX 625
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7014 2120 0001 8425 7442

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
 X Earlene Jackson

B. Received by (Printed Name) Earlene Jackson C. Date of Delivery 9-15-14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

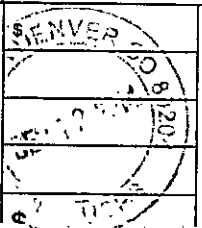
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7459

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage * \$		

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP

JAMES, BRENDA A
 PO BOX 139
 RED VALLEY, AZ 86544

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:

JAMES, BRENDA A
 PO BOX 139
 RED VALLEY, AZ 86544

2. Article Number (Transfer from service label) 7014 2120 0001 8425 7459

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X Brenda James

B. Received by (Printed Name) Brenda James C. Date of Delivery 9/15/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

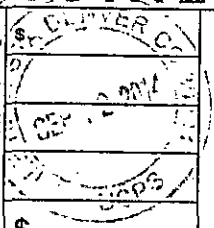
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7466

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: JAMES, JASON E
 PO BOX 3856
 SHIPROCK, NM 87420

PS Form 3800

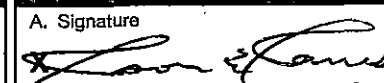
SENDER: COMPLETE THIS SECTION

- 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:
 JAMES, JASON E
 PO BOX 3856
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label)
 7014 2120 0001 8425 7466

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 Jason E James

C. Date of Delivery
 9/24/14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

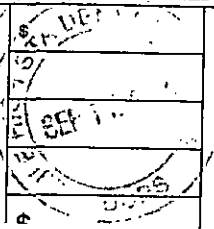
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7014 2120 0001 8425 7473

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: JAMES, MARLINDA ANN
 2011 TROY KING RD 175
 FARMINGTON, NM 87401

PS Form 3800

7014 2120 0001 8425 7480

**U.S. Postal Service™
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Postage	\$	DEM
Certified Fee	\$	CO
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage & Fees	\$	

Postmark
Here
 Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP

 JAMES, MOLLY M
 WATERFLOW, NM 87421
 PO BOX 1352

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:

 JAMES, MOLLY M
 WATERFLOW, NM 87421
 PO BOX 1352

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7480

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Molly M James

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Molly M James

C. Date of Delivery

9/18/14

D. Is delivery address different from item 1?

☐ Yes

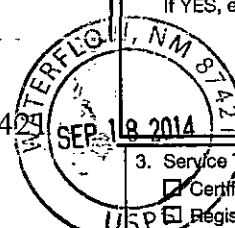
If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail®
☐ Registered
☐ Insured Mail
☐ Priority Mail Express™
☐ Return Receipt for Merchandise
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7497

**U.S. Postal Service™
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Postage	\$	2.20
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage & Fees	\$	

Postmark
Here
 Sent To
 Street & Apt. No.,
 or PO Box No.
 City, State, ZIP+4

 JAMES, PATRICK E
 1016 GLADE LN APT 5
 FARMINGTON, NM 87401

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, PATRICK E
 1016 GLADE LN APT 5
 FARMINGTON, NM 87401

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7497

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Patrick James

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Patrick James

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1?

☐ Yes

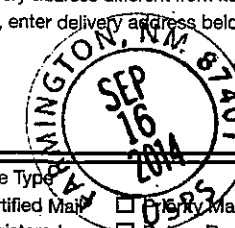
If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail®
☐ Registered
☐ Insured Mail
☐ Priority Mail Express™
☐ Return Receipt for Merchandise
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

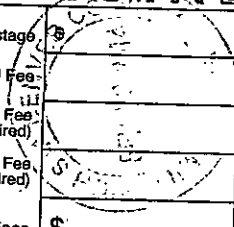
☐ Yes

7014 2120 0001 8425 7503

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To
 Street & Apt. N or PO Box No.
 City, State, ZIP

JAMES, RONALD EDWARD
PO BOX 7399
SHONTO, AZ 86054

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:

JAMES, RONALD EDWARD
PO BOX 7399
SHONTO, AZ 86054

2. Article Number (Transfer from service label)

7014 2120 0001 8425 7503

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *[Signature]*

B. Received by (Printed Name) *Ronald James*

C. Date of Delivery *9-12-14*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

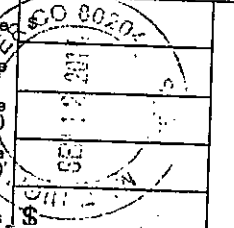
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7510

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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OFFICIAL USE

Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To
 Street & Apt. N or PO Box No.
 City, State, ZIP

JIM, CECIL
PO BOX 1203
CUBA, NM 87013

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:

JIM, CECIL
PO BOX 1203
CUBA, NM 87013

2. Article Number (Transfer from service label)

7014 2120 0001 8425 7510

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X *Freddie Pinto*

B. Received by (Printed Name) *Freddie Pinto*

C. Date of Delivery *09-29-14*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

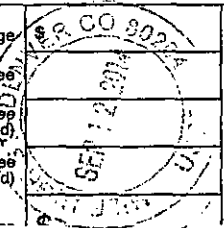
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7527

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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OFFICIAL USE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4

JIM, EDITH R
 HCR 79 BOX 3082
 CUBA, NM 87013

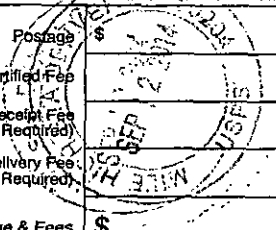
PS Form 3800, 11-13

7014 2120 0001 8425 7534

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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OFFICIAL USE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4

JIM, ESTHER
 PO BOX 6696
 FARMINGTON, NM 87499

PS Form 3800, 11-13

SENDER: COMPLETE THIS SECTION.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JIM, ESTHER
 PO BOX 6696
 FARMINGTON, NM 87499

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7534

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY.

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

75

7014 2120 0001 8425 7541

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Postage	\$ 2.20	Postmark Here
Certified Fee	\$ 1.10	
Return Receipt Fee (Endorsement Required)	\$ 1.10	
Restricted Delivery Fee (Endorsement Required)	\$ 1.10	
Total Postage & Fees	\$ 5.50	

Sent To
JIM, KEE
Street & Apt. No.
or PO Box No. HCR 79 BOX 1521
City, State, ZIP+ CUBA, NM 87013

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:

JIM, KEE
HCR 79 BOX 1521
CUBA, NM 87013

 2. Article Number
(Transfer from service label)

7014 2120 0001 8425 7541

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Beth Henderson ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Beth Henderson

C. Date of Delivery

9/29/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7558

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Postage	\$ 2.20	Postmark Here
Certified Fee	\$ 1.10	
Return Receipt Fee (Endorsement Required)	\$ 1.10	
Restricted Delivery Fee (Endorsement Required)	\$ 1.10	
Total Postage & Fees	\$ 5.50	

Sent To
JOE, OCIE ROSE
Street & Apt. No.
or PO Box No. 1016 GLADE LANE APT 10
City, State, ZIP+ FARMINGTON, NM 87401

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:

JOE, OCIE ROSE
1016 GLADE LANE APT 10
FARMINGTON, NM 87401

 2. Article Number
(Transfer from service label)

7014 2120 0001 8425 7558

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 OCIE R. JOE ☐ Agent
☒ Addressee

B. Received by (Printed Name)

OCIE R. JOE

C. Date of Delivery

9-17-14

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 Mail ☐ Collect on Delivery

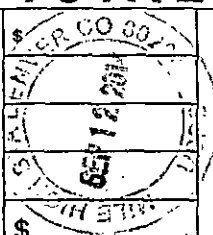
4. Restricted Delivery? (Extra Fee)

☐ Yes

76

7014 2120 0001 8425 7565

**U.S. Postal Service™
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Domestic Mail Only
For delivery information, visit our website at www.usps.com®**OFFICIAL USE**

Postage	\$		Postmark Here
Certified Fee	\$		
Return Receipt Fee (Endorsement Required)	\$		
Restricted Delivery Fee (Endorsement Required)	\$		
Total Postage & Fees		\$	

Sent To
 Street & Apt. No.,
 or PO Box No.
 City, State, ZIP+4

JOE, ROSEY N
 HCR 79 BOX 3013
 CUBA, NM 87013

PS Form 3800, 1-11

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JOE, ROSEY N
 HCR 79 BOX 3013
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7565

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 
 B. Received by (Printed Name)
 Andrea Joe

☐ Agent
☐ Addressee

C. Date of Delivery

9.23.14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

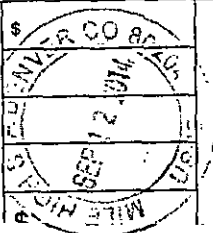
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7572

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Postage	\$		Postmark Here
Certified Fee	\$		
Return Receipt Fee (Endorsement Required)	\$		
Restricted Delivery Fee (Endorsement Required)	\$		
Total Postage & Fees		\$	

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4

JOHNSON, BRENDA
 PO BOX 2044
 KIRTLAND, NM 87417

PS Form 3800, 1-11

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JOHNSON, BRENDA
 PO BOX 2044
 KIRTLAND, NM 87417

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7572

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 
 B. Received by (Printed Name)
 Brenda Johnson

☐ Agent
☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

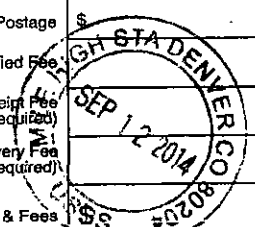
77

7014 2120 0001 8425 7589

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Postage \$		Postmark Here
Certified Fee \$		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4

JOHNSON, LEO
 PO BOX 482
 NAVAJO, NM 87328

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:

JOHNSON, LEO
 PO BOX 482
 NAVAJO, NM 87328

 2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Leo Johnson* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Leo Johnson* 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 Mail ☐ Collect on Delivery

 4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

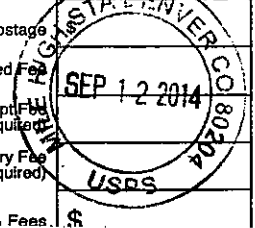
7014 2120 0001 8425 7589

7014 2120 0001 8425 7596

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Postage \$		Postmark Here
Certified Fee \$		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4

JOHNSON, PHIL
 C/O FRANK F JOHNSON
 15 ROAD 6115
 KIRTLAND, NM 87417

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:

JOHNSON, PHIL
 C/O FRANK F JOHNSON
 15 ROAD 6115
 KIRTLAND, NM 87417

 2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Frank F Johnson* ☐ 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 Mail ☐ Collect on Delivery

 4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

7014 2120 0001 8425 7596

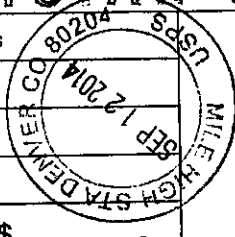
78

7014 2120 0001 8425 7602

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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To

Street & Apt. N
or PO Box No.

City, State, ZIP

JONES, ROSE MARY
 PO BOX 65
 CROWNPOINT, NM 87313

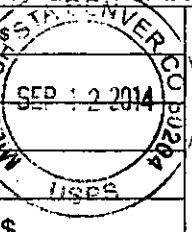
PS Form 3800

7014 2120 0001 8425 7619

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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To

Street & Apt. N
or PO Box N

City, State, ZIP

JOSE, LORRAINE
 CORONADO APT B-28
 2630 N DUSTIN AVE
 FARMINGTON, NM 87401

PS Form 38

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JOSE, LORRAINE
 CORONADO APT B-28
 2630 N DUSTIN AVE
 FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7619

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Lori Jose

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Lori Jose

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 Mail ☐ Collect on Delivery

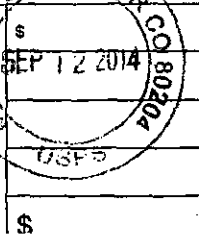
4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

76

7014 2120 0001 8425 7626

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For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**
 Postage \$
 Certified Fee \$
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$
Postmark
Here

Sent To

 Street & Apt. #
 or PO Box No.
 City, State, Zip

 JULIAN, LOUISE
 PO BOX 10156
 ALBUQUERQUE, NM 87184

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

 JULIAN, LOUISE
 PO BOX 10156
 ALBUQUERQUE, NM 87184

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7626

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
 A. Signature *Aleen Capadette* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Aleen Capadette* Date of Delivery *SEP 17 2014*
 C. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

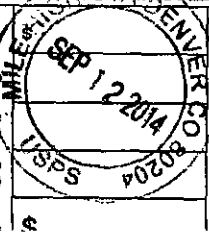
3. Service Type

- ☒
- Certified Mail®
- ☐
- Priority Mail Express™
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7633

**U.S. Postal Service™
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Domestic Mail Only
For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**
 Postage \$
 Certified Fee \$
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$
Postmark
Here

Sent To

 Street & Apt. #
 or PO Box
 City, State, Zip

 JULIAN, REBECCA V
 PO BOX 457
 DULCE, NM 87528

PS Form 3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

 JULIAN, REBECCA V
 PO BOX 457
 DULCE, NM 87528

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7633

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
 A. Signature *RJM* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Rebecca Julian* C. Date of Delivery *9/17/14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

- ☒
- Certified Mail®
- ☐
- Priority Mail Express™
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

80

7014 2120 0001 8425 7640

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 Postage
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees \$

Postmark
Here
 Sent To
 Street &
 or PO Box
 City, State

 KEETSO, LOIS M
 PO BOX 254
 NAGEEZI, NM 87037

PS Form

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.

1. Article Addressed to:

 KEETSO, LOIS M
 PO BOX 254
 NAGEEZI, NM 87037

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7640

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Lois Keetso*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lois Keetso

C. Date of Delivery

9-16-14
 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7657

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 Postage
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees \$

Postmark
Here
 Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4

 KELLYWOOD, ARLENE
 PO BOX 2093
 BLOOMFIELD, NM 87413

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:

 KELLYWOOD, ARLENE
 PO BOX 2093
 BLOOMFIELD, NM 87413

 2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7657

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Arly Kellywood*
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Anthony Kellywood

C. Date of Delivery

9-17-14
 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

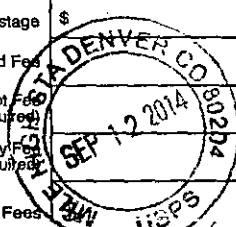
81

7014 2120 0001 8425 7664

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Ap
 or PO Box
 City, State

KNOTCHAPONE, MARLENE
 12838 DORADO ST SE #3
 ALBUQUERQUE, NM 87123

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

KNOTCHAPONE, MARLENE
 12838 DORADO ST SE #3
 ALBUQUERQUE, NM 87123


2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7664

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Manuel Knotchapon C. Date of Delivery 9/10/14
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

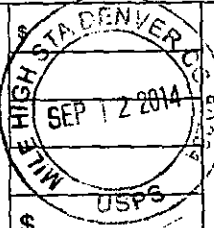
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7668

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street & Ap
 or PO Box
 City, State

KOTSEDAKIS, DIANE J
 36491 YAMAS DR APT 2908
 WILDOMAR, CA 92595-9824

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

KOTSEDAKIS, DIANE J
 36491 YAMAS DR APT 2908
 WILDOMAR, CA 92595-9824


2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7668

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Diane J Kotsedakis C. Date of Delivery 9/10/14
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7695

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4
 PS Form 3800

LARGO, BERNA Y
 PO BOX 286
 NAGEEZI, NM 87037

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, BERNA Y
 PO BOX 286
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
X [Signature]
- B. Received by (Printed Name) *Liane Yezzie* C. Date of Delivery *9/25/14*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7014 2120 0001 8425 7695

Domestic Return Receipt

7014 2120 0001 8425 7701

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Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP+4
 PS Form 3800, J1

LARGO, EVA
 PO BOX 904
 BLOOMFIELD, NM 87413

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
 PO BOX 904
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
X [Signature]
- B. Received by (Printed Name) *Eva Largo* C. Date of Delivery *9-15-14*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

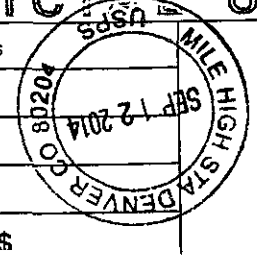
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7014 2120 0001 8425 7701

Domestic Return Receipt

83

7014 2120 0001 8425 7718

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For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP	
LARGO, ROSIE M 1710 JUNIPER LANE BLOOMFIELD, NM 87413	
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:

LARGO, ROSIE M
1710 JUNIPER LANE
BLOOMFIELD, NM 87413

2. Article Number


(Transfer from service label)

7014 2120 0001 8425 7718

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

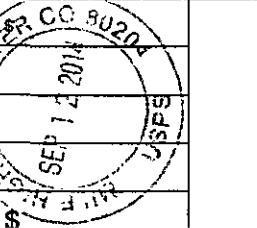
- A. Signature  ☐ Agent ☒ Addressee
- B. Received by (Printed Name) ROSIE M LARGO C. Date of Delivery 9-18-14
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7725

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	Postmark Here
Sent To Street & Apt. No. or PO Box No. City, State, ZIP	
LARVIE, CONRITA PO BOX 2296 FRUITLAND, NM 87416	
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:

LARVIE, CONRITA
PO BOX 2296
FRUITLAND, NM 87416

2. Article Number

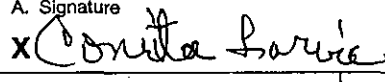
(Transfer from service label)

7014 2120 0001 8425 7725

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent ☒ Addressee
- B. Received by (Printed Name) CONRITA LARVIE C. Date of Delivery 9-15-14
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

84

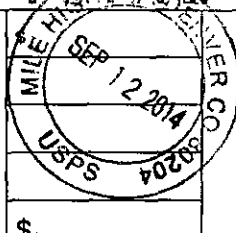
7014 2120 0001 8425 7732

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$



Postmark
 Here

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP
 LEVATO, ALICE B
 3500 W ORANGE GROVE RD
 APT 8102
 TUCSON, AZ 85741-2859

PS Form 3800

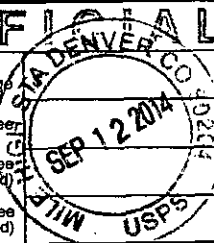
7014 2120 0001 8425 7749

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$



Postmark
 Here

Sent To
 Street & Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 LISTER, TANYA
 PO BOX 1106
 FRUITLAND, NM 87416

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:

LISTER, TANYA
 PO BOX 1106
 FRUITLAND, NM 87416

2. Article Number

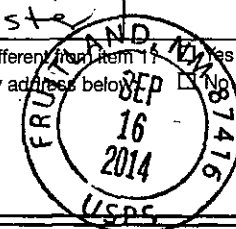
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Mari Lister* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 Mari Lister

D. Is delivery address different from item 1? ☒ Yes ☐ No
 If YES, enter delivery address below



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 Return Receipt

7014 2120 0001 8425 7749

85

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage	\$	
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage & Fees	\$	

Postmark Here

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP

LONGHORN, GLENDA B
 10300 CHANNEL ISLAND DR
 AUSTIN, TX 78747

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:

LONGHORN, GLENDA B
 10300 CHANNEL ISLAND DR
 AUSTIN, TX 78747

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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: ☐ No

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 Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Postage	\$	
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage & Fees	\$	

Postmark Here

Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP

LOPEZ ESTATE, CASPER
 GENERAL DELIVERY
 COUNSELOR, NM 87018

PS Form 3800

*Letter
 Returned*

7014 2120 0001 8425 7770

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Postage \$	2.20
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark
Here

Sent To
Street & Apt. No.
or PO Box No.
City, State, ZIP+

LOPEZ ESTATE, JASPER
HCR 17 BOX 410
CUBA, NM 87013

PS Form 3800, July 2013

See reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ ESTATE, JASPER
HCR 17 BOX 410
CUBA, NM 87013

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7770

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Beth Lopez*☒ Agent☐ Addressee

B. Received by (Printed Name)

Beth Lopez

C. Date of Delivery

9/18/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7787

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Postage \$	1.20
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark
Here

Sent To
Street & Apt. No.
or PO Box No.
City, State, ZIP+

LOPEZ, ALBERT
PO BOX 124
NAGEEZI, NM 87037

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ALBERT
PO BOX 124
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7014 2120 0001 8425 7787

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Beth Luzzie*☐ Agent☐ Addressee

B. Received by (Printed Name)

Beth Luzzie

C. Date of Delivery

9-17-14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

87

7014 2120 0001 8425 7794

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP

LOPEZ, BERTHA
 PO BOX 64
 NAGEEZI, NM 87037

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:

LOPEZ, BERTHA
 PO BOX 64
 NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 7794

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7800

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP

LOPEZ, CAROLINE
 PO BOX 236
 NAGEEZI, NM 87037

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:

LOPEZ, CAROLINE
 PO BOX 236
 NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 7800

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 8425 7817

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$

Postmark
 Here

Sent To

Street & Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, J

LOPEZ, ELMER
 PO BOX 239
 COUNSELOR, NM 87018

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ELMER
 PO BOX 239
 COUNSELOR, NM 87018

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7817

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAE DARMISO

9-17-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 8425 7824

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$

Postmark
 Here

Sent To

Street & Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, J

LOPEZ, EUNICE
 PO BOX 107
 NAGEEZI, NM 87037

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, EUNICE
 PO BOX 107
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 7824

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Eunice Lopez

9/16/14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

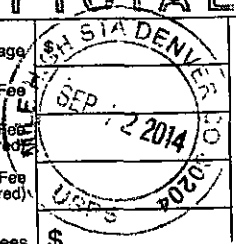
3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

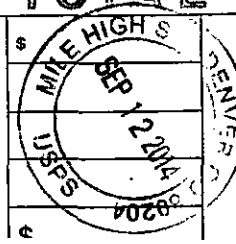
89

7014 2120 0001 8425 7831

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	 Postmark Here
Sent To Street & Apt. No., or PO Box No. City, State, ZIP+4	
LOPEZ, EVA R HCR 17 BOX 403 CUBA, NM 87013	
PS Form 3800,	

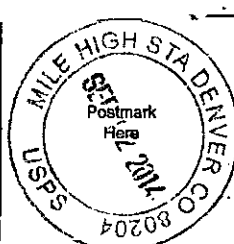
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>Betty Lopez</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Betty Lopez</i> C. Date of Delivery <i>9/18/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; text-align: center;"> LOPEZ, EVA R HCR 17 BOX 403 CUBA, NM 87013 </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7014 2120 0001 8425 7831
PS Form 3811, July 2013 Domestic Return Receipt	

7014 2120 0001 8425 7848

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	 Postmark Here
Sent To Street & Apt. No., or PO Box No. City, State, ZIP+4	
LOPEZ, EVELYN C PO BOX 1411 CUBA, NM 87013	
PS Form 3800,	

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 <i>Evelyn C Lopez</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Evelyn C Lopez</i> C. Date of Delivery <i>9-17-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; text-align: center;"> LOPEZ, EVELYN C PO BOX 1411 CUBA, NM 87013 </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7014 2120 0001 8425 7848
PS Form 3811, July 2013 Domestic Return Receipt	

7008 3230 0000 7264 1102

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICE	MHF ENCANA/BETTONIE WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
LOPEZ, HERBERT PO BOX 1717 BLOOMFIELD, NM 87413	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, HERBERT
PO BOX 1717
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7008 3230 0000 7264 1102

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Herbert Lopez*☐ Agent☒ Addressee

B. Received by (Printed Name)

Herbert Lopez

C. Date of Delivery

9-13-14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

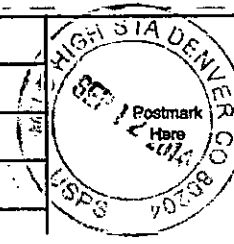
3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7008 3230 0000 7264 1126

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICE	MHF ENCANA/BETTONIE WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
LOPEZ, IRENE S PO BOX 107 NAGEEZI, NM 87037	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
PO BOX 107
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7008 3230 0000 7264 1126

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Caroline Chang*☐ Agent☐ Addressee

B. Received by (Printed Name)

Caroline Chang

C. Date of Delivery

9/14/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

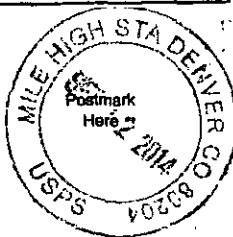
☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7008 3230 0000 7264 1133

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit USPS.com	MHF
ENCANA/BETTONIE WASH	
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	LOPEZ, JEFFERSON
Street, Apt. or PO Box	PO BOX 107
City, State, ZIP+4®	NAGEEZI, NM 87037
PS Form 3811, July 2013	Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, JEFFERSON
PO BOX 107
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7008 3230 0000 7264 1133

PS Form 3811, July 2013

Domestic Return Receipt

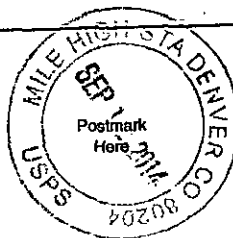
COMPLETE THIS SECTION ON DELIVERYA. Signature
Charles Chaz ☐ Agent ☐ AddresseeB. Received by (Printed Name)
Charles Chaz C. Date of Delivery
*9/14/14*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

7008 3230 0000 7264 1119

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit USPS.com	MHF
ENCANA/BETTONIE WASH	
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	LOPEZ, JEROME R
Street, Apt. or PO Box	2530 SAN JUAN BOULEVARD
City, State, ZIP+4®	FARMINGTON, NM 87401
PS Form 3811, July 2013	Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, JEROME R
2530 SAN JUAN BOULEVARD
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

7008 3230 0000 7264 1119

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERYA. Signature
James E. Hankins ☒ Agent ☐ AddresseeB. Received by (Printed Name)
Am... Kenior C. Date of Delivery
*9-16*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 Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

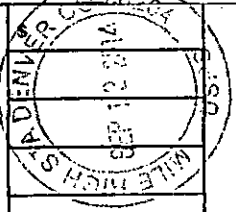
92

7008 3230 0000 7264 1140

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent To: **LOPEZ, LUCY G**
 Street or PO Box: **PO BOX 1871**
 City, State, ZIP+4: **KIRTLAND, NM 87417**

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.

1. Article Addressed to:

LOPEZ, LUCY G
PO BOX 1871
KIRTLAND, NM 87417

2. Article Number
 (Transfer from service label)

7008 3230 0000 7264 1140

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Edward* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Edward* C. Date of Delivery *SEP 18 2013*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ 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.

1. Article Addressed to:

LOPEZ, NELSON
PO BOX 107
NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7008 3230 0000 7264 1157

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Nelson* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Nelson* C. Date of Delivery *9/14/14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

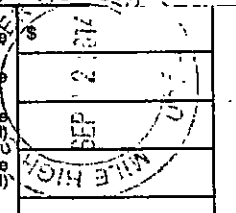
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7008 3230 0000 7264 1157

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent To: **LOPEZ, NELSON**
 Street or PO Box: **PO BOX 107**
 City, State, ZIP+4: **NAGEEZI, NM 87037**

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 7264 1164

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com MHF
 ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To: LOPEZ, PAULINE
 Street, or P.O.: PO BOX 1531
 City, State: AZTEC, NM 87410

Postmark Here

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, PAULINE
 PO BOX 1531
 AZTEC, NM 87410

2. Article Number
 (Transfer from service label)

7008 3230 0000 7264 1164

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Pauline Lopez ☐ Agent ☒ Addressee

B. Received by (Printed Name) Pauline Lopez C. Date of Delivery 9/16/14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7011 3500 0001 2322 2052

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com MHF
 ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To: LOPEZ, PEARL
 Street, or P.O.: 1200 ROLLOWAY ST
 City, State: FARMINGTON, NM 87401

Postmark Here

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, PEARL
 1200 ROLLOWAY ST
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label)

7011 3500 0001 2322 2052

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Pearl Lopez ☐ Agent ☒ Addressee

B. Received by (Printed Name) Pearl Lopez C. Date of Delivery 9/16/14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

94

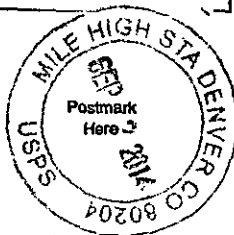
7011 3500 0001 2322 2069

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFIC

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$



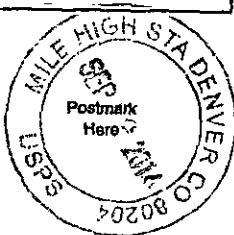
Sent
 Street or P.O.
 City
 LOPEZ, RITA
 PO BOX 1544
 CUBA, NM 87013
 PS Form Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFIC

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$



Sent
 Street or P.O.
 City
 LOPEZ, THERESA
 HCR 17 BOX 403
 CUBA, NM 87013
 PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, RITA
 PO BOX 1544
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

7011 3500 0001 2322 2069

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rita Lopez

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Rita Lopez

C. Date of Delivery

9/22/14

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 Mail ☐ Collect on Delivery

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:

LOPEZ, THERESA
 HCR 17 BOX 403
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

7011 3500 0001 2322 2076

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Betty Lopez

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Betty Lopez

C. Date of Delivery

29/18/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

95

7011 3500 0001 2322 2083

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL** ENCANA/BETTONIE WASH

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 SEP 1 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To
 Street, or PO
 City, St
 PS Form

LOPEZ, TRACY
 HCR 17 BOX 410
 CUBA, NM 87013

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.

1. Article Addressed to:

LOPEZ, TRACY
 HCR 17 BOX 410
 CUBA, NM 87013

2. Article Number (Transfer from service label) 7011 3500 0001 2322 2083

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Betty Lopez

B. Received by (Printed Name) C. Date of Delivery
 Betty Lopez 9/18/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 3500 0001 2322 2090

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL** ENCANA/BETTONIE WASH

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 SEP 1 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To
 Street, or PO
 City, St
 PS Form

LOPEZ, WAYNE
 PO BOX 107
 NAGEEZI, NM 87037

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.

1. Article Addressed to:

LOPEZ, WAYNE
 PO BOX 107
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7011 3500 0001 2322 2090

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Carlos Chavez

B. Received by (Printed Name) C. Date of Delivery
 Carlos Chavez 9/16/14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

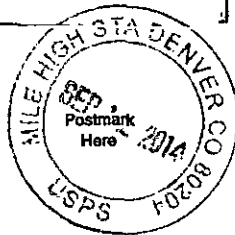
7011 3500 0001 2322 2106

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

Street, Ap
or PO Bo:
City, State

LUKEE, RENA RICHELLE
 5652 CHERBOURG
 COLORADO SPRINGS, CO 80902

PS Form

ctions

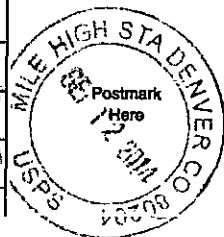
7011 3500 0001 2322 2113

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

Street, Ap
or PO Bo:
City, State

MANUEL, VALERIE
 PO BOX 171
 BLOOMFIELD, NM 87413

PS Form

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.

1. Article Addressed to:

MANUEL, VALERIE
 PO BOX 171
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dorothy Victor* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Dorothy Victor

C. Date of Delivery

9-14-15

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7011 3500 0001 2322 2113

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7011 3500 0001 2322 2120

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

MILE HIGH STA DENVER CO 80204
 SEP 16 2014
 Postmark Here

Sent ☐ Street or PO ☐ City, ☐

MARTIN, JOHNNIE M
 PO BOX 272
 FT DEFIANCE, AZ 86504

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARTIN, JOHNNIE M
 PO BOX 272
 FT DEFIANCE, AZ 86504

2. Article Number (Transfer from service label) 7011 3500 0001 2322 2120

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 x Lucinda Martin

B. Received by (Printed Name) Lucinda Martin C. Date of Delivery 9/16/14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SEP 16 2014
 FT DEFIANCE AZ 86504-9938

7011 3500 0001 2322 2137

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 Postmark Here

Sent ☐ Street or PO ☐ City, ☐

MARTIN, MARY R
 PO BOX 147
 CROWNPOINT, NM 87313

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARTIN, MARY R
 PO BOX 147
 CROWNPOINT, NM 87313

2. Article Number (Transfer from service label) 7011 3500 0001 2322 2137

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 x Rosemary Iso

B. Received by (Printed Name) Rosemary Iso C. Date of Delivery 9/16/14

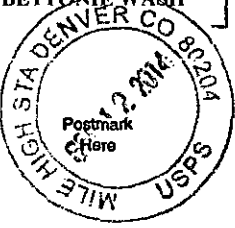
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

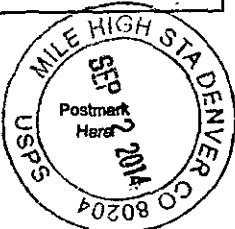
4. Restricted Delivery? (Extra Fee) ☐ Yes

98

7011 3500 0001 2322 2144

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit OFFIC MHF ENCANA/BETTONIE WASH		
Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent	MARTINEZ ESTATE, AVOE EASTERN NAVAJOAGENCY BUREAU OF INDIAN AFFAIRS P O BOX 328 CROWNPOINT, NM 87313	
Street or PO		
City, S		
PS Form	Instructions	

7011 3500 0001 2322 2144

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit OFFI MHF ENCANA/BETTONIE WASH		
Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent	MARTINEZ SR, FRED C 4633 GILA #30 FARMINGTON, NM 87402	
Street or PO		
City, S		
PS Form	Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ ESTATE, AVOE
EASTERN NAVAJOAGENCY
BUREAU OF INDIAN AFFAIRS
P O BOX 328
CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

7011 3500 0001 2322 2144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Loretta Barkane*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Loretta Barkane

C. Date of Delivery

9/16/11

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 SR, FRED C
4633 GILA #30
FARMINGTON, NM 87402

2. Article Number

(Transfer from service label)

7011 3500 0001 2322 2168

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Fred C Martinez*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Fred C Martinez

C. Date of Delivery

SEP 15 2011

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

99

7011 3500 0001 2322 2151

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**

OFFIC

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Price

Postmark Here

Sent To
 Street, Apt or PO Box
 City, State

MARTINEZ, ALICE
 PO BOX 255
 NAGEEZI, NM 87037

PS Form 3800, August 2000 See reverse for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, ALICE
 PO BOX 255
 NAGEEZI, NM 87037

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Alice Martinez* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
Alice Martinez C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7011 3500 0001 2322 2151

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7011 3500 0001 2322 2175

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**

OFF

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Price

Postmark Here

Sent To
 Street, Apt or PO Box
 City, State

MARTINEZ, ANNA C
 PO BOX 1411
 CUBA, NM 87013

PS Form 3800, August 2000 See reverse for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, ANNA C
 PO BOX 1411
 CUBA, NM 87013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Enelyn C Lopez* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
Enelyn C Lopez C. Date of Delivery
9-17-14
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7011 3500 0001 2322 2175

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2812 2222 1000 0056 1102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com or call 1-800-ASK-USA

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

OFFICIAL

MILE HIGH STA DENVER CO 80204
 Postmark Here
 SEP 12 2014
 USPS

Sent To
 Street, Apt. or PO Box
 City, State
 MARTINEZ, CHARLES
 PO BOX 22
 NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARTINEZ, CHARLES
 PO BOX 22
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7011 3500 0001 2322 2182

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Louise Martinez* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Louise Martinez* C. Date of Delivery *9/17/14*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

6412 2222 1000 0056 1102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com or call 1-800-ASK-USA

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

OFFICIAL

MILE HIGH STA DENVER CO 80204
 Postmark Here
 SEP 12 2014
 USPS

Sent To
 Street, Apt. or PO Box
 City, State
 MARTINEZ, CHARLITA
 PO BOX 22
 NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARTINEZ, CHARLITA
 PO BOX 22
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7011 3500 0001 2322 2199

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Louise Martinez* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Louise Martinez* C. Date of Delivery *9/17/14*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

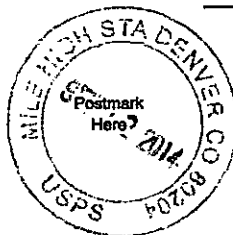
7011 3500 0001 2322 2205

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit www.usps.com**OFFICE**

ENCANA/BETTONIE WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street, Apt.
 or PO Box
 City, State

MARTINEZ, CUSTER
 PO BOX 97
 FINLEY, OK 74543

PS Form

ctions

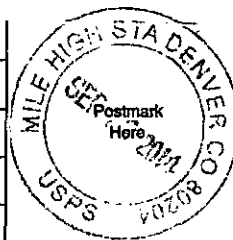
7011 3500 0001 2322 2212

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit www.usps.com**OFFICE**

ENCANA/BETTONIE WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street, Apt.
 or PO Box
 City, State

MARTINEZ, DAVID V
 PO BOX 36
 CUBA, NM 87013

PS Form

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.

1. Article Addressed to:

MARTINEZ, CUSTER
 PO BOX 97
 FINLEY, OK 74543

2. Article Number

(Transfer from service label)

7011 3500 0001 2322 2205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Eugenia Martinez

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Eugenia Martinez

C. Date of Delivery

9/22/04

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, DAVID V
 PO BOX 36
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

7011 3500 0001 2322 2212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

David V. Martinez

☒ Agent
☐ Addressee

B. Received by (Printed Name)

David V. Martinez

C. Date of Delivery

9-15/04

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

107

7011 3500 0001 2322 2236

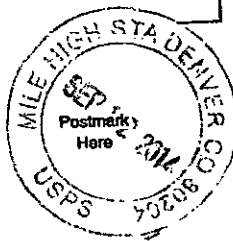
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: **MARTINEZ, EARL**
 14475 C.R. 21
 CORTEZ, CO 81321

PS Form 3800, August 2006



7011 3500 0001 2322 2236

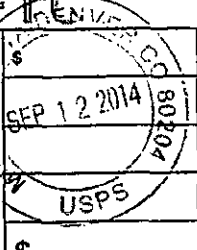
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Price	

Sent To: **MARTINEZ, GIBSON**
 1097 ROAD 44
 CENTER, CO 81125

PS Form 3800, August 2006



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, GIBSON
 1097 ROAD 44
 CENTER, CO 81125

2. Article Number

(Transfer from service label)

7011 3500 0001 2322 2236

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Gibson Martinez

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Gibson Martinez

C. Date of Delivery

9-15-14

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

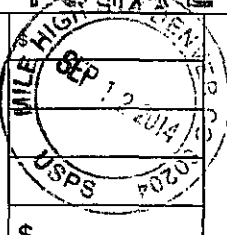
103

7013 2250 0000 6502 8148

**U.S. Postal Service
CERTIFIED MAIL™**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website

OFFICIAL U.S. MAIL

 Postage
 Certified Fee
 Return Receipt Fee
(Endorsement Required)
 Restricted Delivery Fee
(Endorsement Required)
 Total Postage & Fees \$
Postmark
Here
 Sent To
 Street, A
 or PO Box
 City, State

 MARTINEZ, HAROLD
 PO BOX 305
 NAGEEZI, NM 87037

PS Form

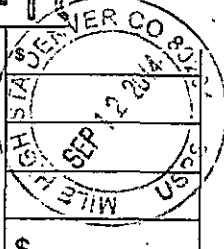
Instructions

7013 2250 0000 6502 8155

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website

OFFICIAL U.S. MAIL

 Postage
 Certified Fee
 Return Receipt Fee
(Endorsement Required)
 Restricted Delivery Fee
(Endorsement Required)
 Total Postage & Fees \$
Postmark
Here
 Sent To
 Street, A
 or PO Box
 City, State

 MARTINEZ, HELEN
 1016 SAN JUAN AVE
 ALAMOSA, CO 81101-3340

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 MARTINEZ, HAROLD
 PO BOX 305
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 2250 0000 6502 8148

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Harold Martinez

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Harold Martinez

C. Date of Delivery

9-17-2014

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
 1016 SAN JUAN AVE
 ALAMOSA, CO 81101-3340

2. Article Number

(Transfer from service label)

7013 2250 0000 6502 8155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Helen Martinez

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Helen Martinez

C. Date of Delivery

9-19-14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

10

7013 2250 0000 6502 8162

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, or PO B
 City, Sta
 MARTINEZ, JOE
 PO BOX 1
 CAHONE, CO 81320

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, JOE
 PO BOX 1
 CAHONE, CO 81320

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Joe Martinez* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2250 0000 6502 8162

Domestic Return Receipt 102595-02-M-1540

7013 2250 0000 6493 8332

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, or PO B
 City, Sta
 MARTINEZ, LOLITA ANN
 PO BOX 22
 NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, LOLITA ANN
 PO BOX 22
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Louise Martinez* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

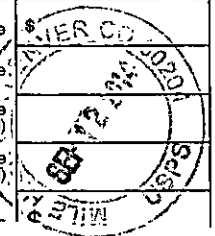
4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2250 0000 6493 8332

Domestic Return Receipt 102595-02-M-1540

105

7013 2630 0001 1442 2233

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)		MHF	
For delivery information visit www.usps.com		ENCANA/BETTONIE WASH	
OFFICE			
Postage	\$		Postmark Here
Certified Fee	\$		
Return Receipt Fee (Endorsement Required)	\$		
Restricted Delivery Fee (Endorsement Required)	\$		
Total Postage & Fees	\$		
Sent To			
Street, Apt. or PO Box		MARTINEZ, LOUISE M	
City, State		PO BOX 22	
		NAGEEZI, NM 87037	
PS Form 3811, February 2004		Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, LOUISE M
PO BOX 22
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7013 2630 0001 1442 2233

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Louise Martinez

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Louise Martinez

C. Date of Delivery

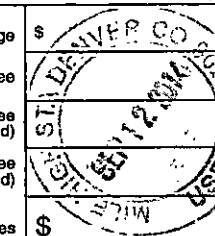
9/17/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 2240

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)		MHF	
For delivery information visit www.usps.com		ENCANA/BETTONIE WASH	
OFFICE			
Postage	\$		Postmark Here
Certified Fee	\$		
Return Receipt Fee (Endorsement Required)	\$		
Restricted Delivery Fee (Endorsement Required)	\$		
Total Postage & Fees	\$		
Sent To			
Street, Apt. or PO Box		MARTINEZ, LUCILLE R	
City, State		BOX 12	
		CUBA, NM 87013	
PS Form 3811, February 2004		Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, LUCILLE R
BOX 12
CUBA, NM 87013

2. Article Number
(Transfer from service label)

7013 2630 0001 1442 2240

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Lucille Martinez

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lucille Martinez

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

106

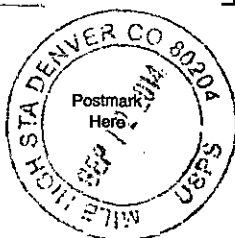
7013 2630 0001 1442 2257

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street, or PO Box
 City, State

MARTINEZ, MARIE
 PO BOX 1294
 AZTEC, NM 87410

PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, MARIE
 PO BOX 1294
 AZTEC, NM 87410

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2257

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Marie Martinez* ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Marie Martinez ☒ Date of Delivery
 9/1/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

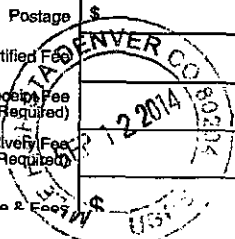
7013 2630 0001 1442 2264

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street, or PO Box
 City, State

MARTINEZ, PEARL
 BOX 255
 NAGEEZI, NM 87037

PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, PEARL
 BOX 255
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2264

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pearl Martinez* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Pearl Martinez ☒ Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1442 2271

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; MF)	
For delivery information visit ENCANA/BETTONIE WASH	
OFFICIAL	
Postage \$	Postmark Here
Certified Fee \$	
Return Receipt Fee (Endorsement Required) \$	
Restricted Delivery Fee (Endorsement Required) \$	
Total Postage & Fees \$	
Sent To	
Street, Apt or PO Box	
City, State	
PS Form 3811, February 2004	

MARTINEZ, ROLAND
PO BOX 1172
CUBA, NM 87013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ROLAND
PO BOX 1172
CUBA, NM 87013

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2271

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* *Roland Martinez*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Roland Martinez

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, SAM
BOX 5
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2288

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* *Ruth Martinez*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Ruth Martinez

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

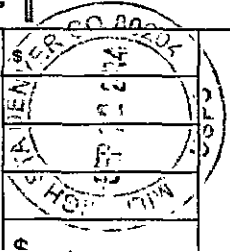
7013 2630 0001 1442 2288

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; MF)	
For delivery information visit ENCANA/BETTONIE WASH	
OFFICIAL	
Postage \$	Postmark Here
Certified Fee \$	
Return Receipt Fee (Endorsement Required) \$	
Restricted Delivery Fee (Endorsement Required) \$	
Total Postage & Fees \$	
Sent To	
Street, Apt or PO Box	
City, State	
PS Form 3811, February 2004	

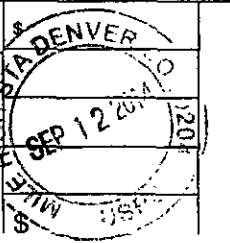
MARTINEZ, SAM
BOX 5
NAGEEZI, NM 87037

108

7013 2630 0001 1442 2295

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	ENCANA/BETTONIE WASH
OFFICIAL	
Postage \$	
Certified Fee \$	
Return Receipt Fee (Endorsement Required) \$	
Restricted Delivery Fee (Endorsement Required) \$	
Total Postage & Fees \$	
Sent	MARTINEZ, WILLIE J
Street or P.O. Box	PO BOX 81
City	NAGEEZI, NM 87037
PS Form	Instructions

7013 2630 0001 1442 2301

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	ENCANA/BETTONIE WASH
OFFICIAL	
Postage \$	
Certified Fee \$	
Return Receipt Fee (Endorsement Required) \$	
Restricted Delivery Fee (Endorsement Required) \$	
Total Postage & Fees \$	
Sent	MCCALLISTER, CHARLENE
Street or P.O. Box	PO BOX 333
City	RUIDOSO DOWNS, NM 88346
PS Form	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, WILLIE J
 PO BOX 81
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2295

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Willie Martinez

☐ Agent☐ Addressee

B. Received by (Printed Name)

Willie Martinez

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

MCCALLISTER, CHARLENE
 PO BOX 333
 RUIDOSO DOWNS, NM 88346

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2301

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Charlene McCallister

☐ Agent☐ Addressee

B. Received by (Printed Name)

Charlene McCallister

C. Date of Delivery

SEP 17 2014

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

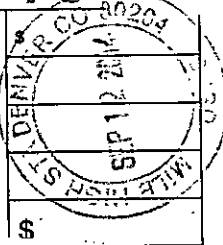
☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

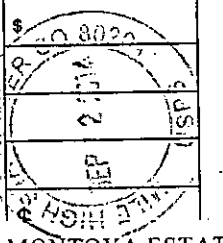
☐ Yes

109

7013 2630 0001 1442 2325

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit encana/bettonie wash	
OFFICE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	 Postmark Here
Sent To Street, Apt. No.; or PO Box No. City, State, ZIP+4 PS Form 3800, Aug	
MCDONALD, TOMMY T TWO GREY HILLS TP TOHATCHI, NM 87325	

7013 2630 0001 1442 2325

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit encana/bettonie wash	
OFFICE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	 Postmark Here
Sent To Street, Apt. No.; or PO Box No. City, State, ZIP+4 PS Form 3800, Aug	
MONTOYA ESTATE, EARL DEAN EASTERN NAVAJO AGENCY ATTN: PROBATE AND ESTATE SERVICES PO BOX 328 CROWNPOINT, NM 87313	

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 <i>Loretha Barbore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MONTOYA ESTATE, EARL DEAN EASTERN NAVAJO AGENCY ATTN: PROBATE AND ESTATE SERVICES PO BOX 328 CROWNPOINT, NM 87313		B. Received by (Printed Name) <i>Loretha Barbore</i> C. Date of Delivery <i>9/16/14</i> D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number <i>7013 2630 0001 1442 2325</i> (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

110

7013 2630 0001 1442 2332

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided) MHF

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICE

Postage \$0.80
 Certified Fee \$0.20
 Return Receipt Fee (Endorsement Required) \$0.20
 Restricted Delivery Fee (Endorsement Required) \$0.20
 Total Postage & Fees \$1.40

Postmark Here

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

MONTOYA, BERDINA
PO BOX 370
DULCE, NM 87528

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MONTOYA, BERDINA
PO BOX 370
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2332

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Berdina Montoya

C. Date of Delivery

9/19/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1442 2349

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided) MHF

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICE

Postage \$0.80
 Certified Fee \$0.20
 Return Receipt Fee (Endorsement Required) \$0.20
 Restricted Delivery Fee (Endorsement Required) \$0.20
 Total Postage & Fees \$1.40

Postmark Here

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

MONTOYA, CHERISH S
C/O MELANIE LEVATO PARENT
P O BOX 781
DULCE, NM 87528

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MONTOYA, CHERISH S
C/O MELANIE LEVATO PARENT
P O BOX 781
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2349

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

A. Melanie Levato

C. Date of Delivery

9/18/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

9552 2441 1000 0692 ETO2 7013 2630 0001 1442 2356

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
MHF
For delivery information visit usps.com ENCANA/BETTONIE WASH

OFFICE

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

Postmark Here

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP

MONTTOYA, DONNA
PO BOX 1476
DULCE, NM 87528-1476

PS Form 3811, February 2004 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

~~MONTTOYA, DONNA
PO BOX 1476
DULCE, NM 87528-1476~~

wrong label

2. Article Number (Transfer from service label) 7013 2630 0001 1442 2356

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9/17/14*

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

9552 2441 1000 0692 ETO2 7013 2630 0001 1442 2356

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
MHF
For delivery information visit usps.com ENCANA/BETTONIE WASH

OFFICE

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Postmark Here

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP

MONTTOYA, MARONDA
PO BOX 1543
DULCE, NM 87528

PS Form 3800, February 2004 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MONTTOYA, MARONDA
PO BOX 1543
DULCE, NM 87528

2. Article Number (Transfer from service label) 7013 2630 0001 1442 2363

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Donna Montoya* C. Date of Delivery *9/17/14*

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

117

7013 2630 0001 1442 2370

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BETTONIE WASH**

OFFIC

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. 1 or PO Box #
 City, State, #

MORALES, LENORA MAE
 PO BOX 476
 KIRTLAND, NM 87417

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MORALES, LENORA MAE
 PO BOX 476
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label)

7013 2630 0001 1442 2370

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 2387

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BETTONIE WASH**

OFFIC

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. 1 or PO Box #
 City, State, #

MURDOCK, RETHA F
 PO BOX 44
 SHAWNEE, OK 74802

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MURDOCK, RETHA F
 PO BOX 44
 SHAWNEE, OK 74802

2. Article Number (Transfer from service label)

7013 2630 0001 1442 2387

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

4632 2394
2447 1000 0692 E102

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7013 2630 0001 1442 2400

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1442 2417

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
MHF

For delivery information ENCANA/BETTONIE WASH

OFF

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
Street, Apt or PO Box
City, State

NEPHI, SAMANTHA J
PO BOX 919
FORT DUCHESNE, UT 84026

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEPHI, SAMANTHA J
PO BOX 919
FORT DUCHESNE, UT 84026

2. Article Number: 7013 2630 0001 1442 2417
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Martia Nephi*

C. Date of Delivery: *SEP 18 2014*

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7013 2630 0001 1442 2424

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
MHF

For delivery information ENCANA/BETTONIE WASH

OFF

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
Street, Apt or PO Box
City, State

NEZ, ARLOA S
PO BOX 1781
DULCE, NM 87528

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, ARLOA S
PO BOX 1781
DULCE, NM 87528

2. Article Number: 7013 2630 0001 1442 2424
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: *9/20/14*

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

115

7013 2630 0001 1442 2431

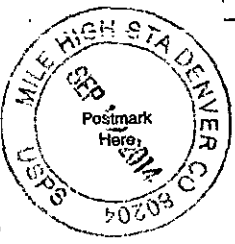
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Street, Apt. # or PO Box #
 City, State, Z

NEZ, KAY R
 PO BOX 1573
 KIRTLAND, NM 87417

PS Form 380



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NEZ, KAY R
 PO BOX 1573
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label): 7013 2630 0001 1442 2431

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 2455

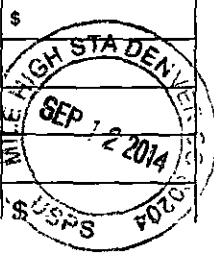
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Street, Apt. # or PO Box #
 City, State

NOCKAI, DEBBY
 506 WEST MAPLE
 FARMINGTON, NM 87401

PS Form



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NOCKAI, DEBBY
 506 WEST MAPLE
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label): 7013 2630 0001 1442 2455

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

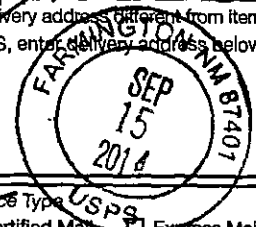
A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



116

7013 2630 0001 1442 2448

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only) (Postage & Fees Provided)

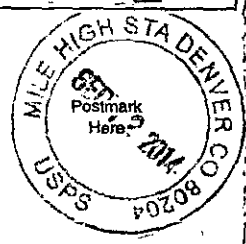
For delivery information: **ENCANA/BETTONIE WASH**

OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage

SENT TO
NORBERTO JR, KEE
HCR 79 BOX 1559
CUBA, NM 87013

PS Form 3800, August 2000



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NORBERTO JR, KEE
HCR 79 BOX 1559
CUBA, NM 87013

2. Article Number (Transfer from service label): 7013 2630 0001 1442 2448

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name): **KEE NORBERTO JR** C. Date of Delivery: **9/17/14**

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type:
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 595-02-M-1540

7013 2630 0001 1442 2462

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only) (Postage & Fees Provided)

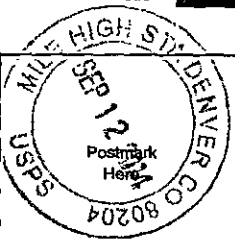
For delivery information: **ENCANA/BETTONIE WASH**

OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

SENT TO
NORBERTO SR, ARNOLD L
PO BOX 753
CROWNPOINT, NM 87313

PS Form 3800, August 2000



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NORBERTO SR, ARNOLD L
PO BOX 753
CROWNPOINT, NM 87313

2. Article Number (Transfer from service label): 7013 2630 0001 1442 2462

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name): **Arnold Norberto** C. Date of Delivery: **9/26/2014**

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type:
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

117

7013 2630 0001 1442 2486

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage * \$

Postmark Here

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip

NORBERTO, ANDY
PO BOX 302
NAGEEZI, NM 87037

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:

NORBERTO, ANDY
PO BOX 302
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7013 2630 0001 1442 2486

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Andy Norberto

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NORBERTO, BETTY L
PO BOX 147
CROWNPOINT, NM 87313

2. Article Number
(Transfer from service label)

7013 2630 0001 1442 2479

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Rosemary LSO

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 2479

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage \$

Postmark Here

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip

NORBERTO, BETTY L
PO BOX 147
CROWNPOINT, NM 87313

PS Form 3800

7013 2630 0001 1442 2493

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	MHF ENCANA/BETTONIE WASH
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	NORBERTO, DANIEL
Street, Apt. or PO Box	HCR 79 BOX 1523
City, State, Zip	CUBA, NM 87013
PS Form 3811	actions

7013 2630 0001 1442 2509

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	MHF ENCANA/BETTONIE WASH
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	NORBERTO, DOROTHY
Street, Apt. or PO Box	PO BOX 35
City, State, Zip	NAGEEZI, NM 87037
PS Form 3811	ons

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NORBERTO, DANIEL
HCR 79 BOX 1523
CUBA, NM 87013

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2493

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Daniel Norberto ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Daniel Norberto 9-16-14

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NORBERTO, DOROTHY
PO BOX 35
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 2509

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Letitia A Brown ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Letitia A Brown 9/26/14

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

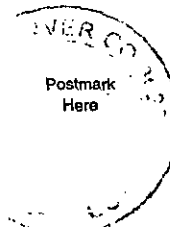
Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

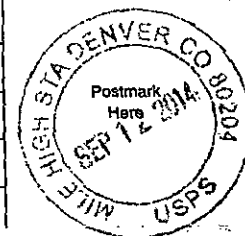
4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1442 5012

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	MHF ENCANA/BETTONIE WASH
OFF	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
To: NORBERTO, KENNETH BOX 973 CHINLE, AZ 86503	
PS	Instructions

7013 2630 0001 1455 3944

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	MHF ENCANA/BETTONIE WASH
OFF	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: NORBERTO, LEE PO BOX 69 NAGEEZI, NM 87037	
PS Form 380	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NORBERTO, LEE
 PO BOX 69
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 3944

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Randy Manus*☐ Agent☐ Addressee

B. Received by (Printed Name)

Randy Manus

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 3951

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit usps.com ENCANA/BETTONIE WASH

OFFICE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP

NORBERTO, LESTER B
 BOX 973
 CHINLE, AZ 86503

PS Form 3800

Postmark Here

SEP 22 2014
 DENVER CO
 80208

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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:

NORBERTO, LESTER B
 BOX 973
 CHINLE, AZ 86503

2. Article Number (Transfer from service label) 7013 2630 0001 1455 3951

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) *LESTER B NORBERTO*
 C. Date of Delivery *9/22/14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SEP 22 2014
 OFFICE
 86503

7013 2630 0001 1454 6458

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit usps.com ENCANA/BETTONIE WASH

OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP

NORBERTO, LORRAINE
 907 DOWNINGTON AVE
 SALT LAKE CITY, UT 84105

PS Form 3800

Postmark Here

SEP 15 2014
 SALT LAKE CITY UT
 84106

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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:

NORBERTO, LORRAINE
 907 DOWNINGTON AVE
 SALT LAKE CITY, UT 84105

2. Article Number (Transfer from service label) 7013 2630 0001 1454 6458

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Lorraine Norberto* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) *Lorraine Norberto*
 C. Date of Delivery *9-15*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

121

7013 3020 0002 1796 2519

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

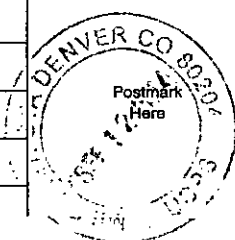
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information

ENCANA/BETTONIE WASH

OFF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$


 Sent To
 Street, Apt. 1
 or PO Box No.
 City, State, ZIP

 NORBERTO, MARTIN B
 HCR-79 BOX 1557
 CUBA, NM 87013

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 NORBERTO, MARTIN B
 HCR-79 BOX 1557
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/17/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 2519

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7013 3020 0002 1796 2526

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

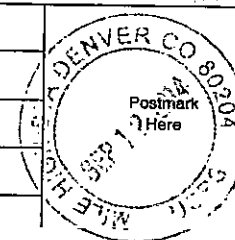
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information

ENCANA/BETTONIE WASH

OFF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$


 Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, ZIP

 NORBERTO, NELSON R
 902 WEST SYCAMORE AVE
 BLOOMFIELD, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 NORBERTO, NELSON R
 902 WEST SYCAMORE AVE
 BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ 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:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 2526

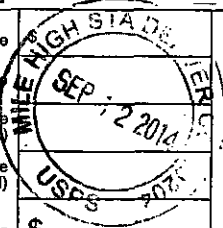
PS Form 3811, February 2004

Domestic Return Receipt

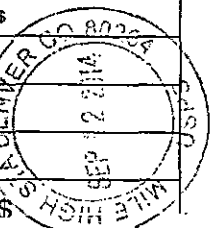
102595-02-M-1540

122


7013 3020 0002 1796 2533

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To NORBERTO, RICKY N 2011 TROY KING RD TRLR 175 FARMINGTON, NM 87401	
PS Form 3800	

7013 3020 0002 1796 2540

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To NORBERTO, TED C 8309 PEBBLE CREEK WAY UNIT 204 LITTLETON, CO 80126	
PS Form 3800	

7013 3020 0002 1796 2557

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No MFH)	
For delivery information visit	ENCANA/BETTONIE WASH
OFFICE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	NORBERTO, THOMAS L
Street, Apt. No. or PO Box No.	PO BOX 1425
City, State, ZIP	BLOOMFIELD, NM 87413
PS Form 3800, August 2000	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

NORBERTO, THOMAS L
PO BOX 1425
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7013 3020 0002 1796 2557

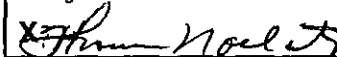
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☒ Addressee

B. Received by (Printed Name)

THOMAS NORBERTO

C. Date of Delivery

9-17-14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

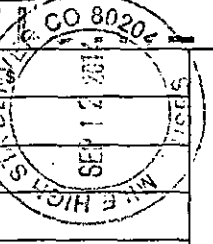
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 2571

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No MFH)	
For delivery information visit	ENCANA/BETTONIE WASH
OFFICE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	PAUL, DONOVAN C
Street, Apt. No. or PO Box No.	501 OURAY AVE
City, State, ZIP	FARMINGTON, NM 87401
PS Form 3800, August 2000	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

PAUL, DONOVAN C
501 OURAY AVE
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

7013 3020 0002 1796 2571

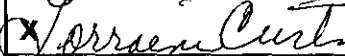
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☒ Addressee

B. Received by (Printed Name)

PAUL DONOVAN C

C. Date of Delivery

9-15

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

124

7013 3020 0002 1796 2564

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		MHF
For delivery information visit OFFIC		ENCANA/BETTONIE WASH
Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	PAUL, VERA J	
Street, Apt. No. or PO Box No.	1115 JAMES CIRCLE	
City, State, ZIP	BLOOMFIELD, NM 87413	
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.

1. Article Addressed to:

PAUL, VERA J
1115 JAMES CIRCLE
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2564

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 2595

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		MHF
For delivery information visit OFFIC		ENCANA/BETTONIE WASH
Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P		
Sent To	PERRY, CAROLINE A	
Street, Apt. No. or PO Box	PO BOX 88	
City, State	SMITH LAKE, NM 87365	
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.

1. Article Addressed to:

PERRY, CAROLINE A
PO BOX 88
SMITH LAKE, NM 87365

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2595

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

125

7013 3020 0002 1796 2588

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information, visit www.usps.com
OFFICE
 ENCANA/BETTONIE WASH

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 PS Form 3800, Aug 2003

PINTO ESTATE, JIMMIE
 PO BOX 1412
 CUBA, NM 87013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2588

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rate...*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Rate...

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7013 3020 0002 1796 2601

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information, visit www.usps.com
OFFICE
 ENCANA/BETTONIE WASH

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 PS Form 3800, Aug 2003

PINTO, ELVIRA
 PO BOX 803
 GALLUP, NM 87305

Return

124

7013 3020 0002 1796 2618

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance or Signature Required)

For delivery information visit **ENCANA/BETTONIE WASH**

OFF

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP

PINTO, JAKE
 PO BOX 803
 DULCE, NM 87528

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PINTO, JAKE
 PO BOX 803
 DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2618

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jennifer P. Pinto **SEP 12 2014**
☐ Agent ☐ Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0002 1796 2632

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance or Signature Required)

For delivery information visit **ENCANA/BETTONIE WASH**

OFF

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP

PINTO, JENNIFER
 PO BOX 803
 DULCE, NM 87528

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PINTO, JENNIFER
 PO BOX 803
 DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2632

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jennifer P. Pinto **SEP 12 2014**
☐ Agent ☐ Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

127

7013 3020 0002 1796 2625

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MIF

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Postmark Here

Sent To
 Street, Ap or PO Box
 City, State

PINTO, PATRICK
PO BOX 803
DULCE, NM 87528

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.

1. Article Addressed to:

PINTO, PATRICK
PO BOX 803
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2625

PS Form 3811, February 2004

Domestic Return Receipt

12595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, PHILBERT
PO BOX 546
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2649

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 2649

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MIF

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Postmark Here

Sent To
 Street, Ap or PO Box
 City, State

PINTO, PHILBERT
PO BOX 546
DULCE, NM 87528

PS Form 3800, August 2006 See Reverse for Instructions

128

7013 3020 0002 1796 2656

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF**)
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To
 Street, Apt. 1 or PO Box A
 City, State, Z

PINTO, STEVEN
PO BOX 192
DULCE, NM 87528

Postmark Here

PS Form 3800, August 2004

7013 3020 0002 1796 2663

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF**)
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To
 Street, Apt. N or PO Box N
 City, State, Z

PINTO, WAYNE
PO BOX 803
DULCE, NM 87528

Postmark Here

PS Form 3800, August 2004

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PINTO, WAYNE
PO BOX 803
DULCE, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Wayne Pinto* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Wayne Pinto* C. Date of Delivery *SEP 12 2014*

D. Is delivery address different from Item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2663

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

126

7013 3020 0002 1796 2670

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees _____

Postmark Here

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PLATERO, EVELYN
PO BOX 794
CROWNPOINT, NM 87313

PS Form 3800, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, EVELYN
PO BOX 794
CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2670

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Evelyn Platero ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Evelyn Platero

C. Date of Delivery

9/22/14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 4774

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees _____

Postmark Here

Sent To
 Street, Apt. No.,
 or PO Box
 City, State

RAFAEL, ALICE
PO BOX 1097
CUBA, NM 87013

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RAFAEL, ALICE
PO BOX 1097
CUBA, NM 87013

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 4774

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Eddie Lopez ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Eddie Lopez

C. Date of Delivery

9-16-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

131

7013 2630 0001 1455 4798

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
 HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP
RAFAEL, BENNIE
PO BOX 3998
GALLUP, NM 87305

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:

RAFAEL, BENNIE
PO BOX 3998
GALLUP, NM 87305

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 4798

PS Form 3811, July, 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Gwen Bennett*

B. Received by (Printed Name)
Gwen Bennett

C. Date of Delivery
 SEP 17 2014

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 4811

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
 HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP
RAFAEL, EVA
PO BOX 814
CUBA, NM 87013

PS Form 3800,

Letter Returned

4084 554T 1000 0302 E102 7013 2630 0000 1455 4804

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
MHF
For delivery information: ENCANA/BETTONIE WASH

OFF

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

Postmark Here

Sent to: RAFAEL, JAMES
Street or PO: PUEBLO PINTADO STORE
City, State: CUBA, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

Letter
Returned

1824 554T 1000 0302 E102 7013 2630 0000 1455 4781

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
MHF
For delivery information: ENCANA/BETTONIE WASH .com

OF

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

Postmark Here

Sent to: RAFAEL, MARTIN L
Street or PO: 1605 FINCH AV
City, State: FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

594 554T 1000 0692 ETOL

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information: **ENCANA/BETTONIE WASH**

OFF

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

SEP 12 2014
ENCANA/BETTONIE WASH

Sent To: **RAFAEL, PAUL**
 Street, Apt or PO Box: **HCR 79 BOX 46**
 City, State: **CUBA, NM 87013**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
CUBA, NM 87013

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4835**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **x B. Buckman** ☒ Agent ☐ Addressee

B. Received by (Printed Name): **B. Buckman** C. Date of Delivery: **9-15-14**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

4169 A E. Rt. 9 PMB 115
Cuba, N.M. 87013

Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

594 554T 1000 0692 ETOL

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information: **ENCANA/BETTONIE WASH**

OFF

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

SEP 12 2014
ENCANA/BETTONIE WASH

Sent To: **RAFAEL, PHILLIP**
 Street, Apt or PO Box: **12000 COPPER NE APT B**
 City, State: **ALBUQUERQUE, NM 87123**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, PHILLIP
12000 COPPER NE APT B
ALBUQUERQUE, NM 87123

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4828**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **x Lydia Ryzel** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Lydia Ryzel** C. Date of Delivery: **SEP 15 2014**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

SEP 15 2014
ALBUQUERQUE, NM 87123

Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

133

7013 2630 0001 1455 4859

U.S. Postal Service™		
CERTIFIED MAIL™ RECEIPT		
(Domestic Mail Only; No Insurance)		
For delivery information visit	ENCANA/BETTONIE WASH	
OFFICE		
Postage \$	Postmark Here	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	RANDOLPH, MAE C	
Street, Apt. No. or PO Box No.	PO BOX 115	
City, State, Zip	NAGEEZI, NM 87037	

PS Form 3800, August 2000

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

RANDOLPH, MAE C
PO BOX 115
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 4859

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mae C. Randolph ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Mae C. Randolph ☐ Agent
☐ Addressee

C. Date of Delivery

9/16/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 4866

U.S. Postal Service™		
CERTIFIED MAIL™ RECEIPT		
(Domestic Mail Only; No Insurance)		
For delivery information visit	ENCANA/BETTONIE WASH	
OFFICE		
Postage \$	Postmark Here	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	RARRICK, CHERYL LYNN	
Street, Apt. No. or PO Box No.	59 CR 3323	
City, State, Zip	AZTEC, NM 87410	

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:

RARRICK, CHERYL LYNN
59 CR 3323
AZTEC, NM 87410

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 4866

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Richard Rarrick ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Richard Rarrick ☐ Agent
☐ Addressee

C. Date of Delivery

9-16-14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

134

7013 2630 0001 1455 4873

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL	ENCANA/BETTONIE WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
REED, ELVARAE D	
7300 GEORGETOWN AVE NW	
ALBUQUERQUE, NM 87120	
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:

REED, ELVARAE D
7300 GEORGETOWN AVE NW
ALBUQUERQUE, NM 87120

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 4873

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

ELVARAE D. REED

C. Date of Delivery

9/18/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

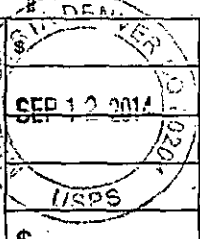
Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 4842

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL	ENCANA/BETTONIE WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
RENTZ, EVA	
PO BOX 1253	
BLOOMFIELD, NM 87413	
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:

RENTZ, EVA
PO BOX 1253
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 4842

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☒ Agent☐ Addressee

B. Received by (Printed Name)

Eva Rentz

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

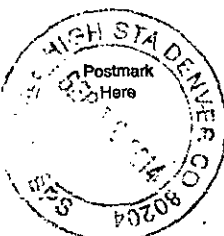
☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

13

7013 2630 0001 1455 4897

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To REVAL, BESSIE B PO BOX 864 DULCE, NM 87528	
Street, Apt. No., or PO Box No. City, State, ZIP+	
PS Form 3800, A	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

REVAL, BESSIE B
 PO BOX 864
 DULCE, NM 87528

 2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 4897

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

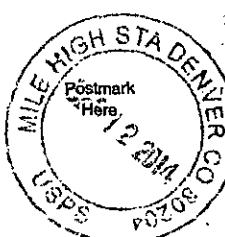
C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 4880

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To SAM, HAROLD 506 WEST MAPLE FARMINGTON, NM 87401	
Street, Apt. No., or PO Box No. City, State, ZIP+	
PS Form 3800, A	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
 FARMINGTON, NM 87401

 2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 4880

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

13

7013 2630 0001 1455 4910

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)
 MHF
 For delivery information ENCANA/BETTONIE WASH
OFF

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

SEP 12 2014
 MILE HIGH STA
 DENVER CO 80204
 USPS

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

SAM, ROSELYN L
 HCR 17 BOX 408
 CUBA, NM 87013

PS Form 3800

7013 2630 0001 1455 4934

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)
 MHF
 For delivery info ENCANA/BETTONIE WASH s.com
OF **SE**

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

SEP 12 2014
 MILE HIGH STA
 DENVER CO 80204
 USPS

Sent To
 Street, Apt. No. or PO Box
 City, State, ZIP

SAM, STEPHANIE
 PO BOX 1128
 CUBA, NM 87013

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:

SAM, ROSELYN L
 HCR 17 BOX 408
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 4910

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Eva R. Gorge*

Agent

Addressee

B. Received by (Printed Name)

Eva R. Gorge

C. Date of Delivery

9/19/14

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 Mail ☐ Collect on Delivery

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:

SAM, STEPHANIE
 PO BOX 1128
 CUBA, NM 87013

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 4934

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Stephanie P. ...*

Agent

Addressee

B. Received by (Printed Name)

Stephanie P. ...

C. Date of Delivery

9/18/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 4927

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$
Sent To	SANDOVAL ESTATE, MELVIN
Street, Apt. No. or PO Box No.	C/O EASTERN NAVAJO AGENCY
City, State, Zip	PO BOX 328
	CROWNPOINT, NM 87313
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:

SANDOVAL ESTATE, MELVIN
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 4927

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Loretta Barbone

☐ Agent☐ Addressee

B. Received by (Printed Name)

Loretta Barbone

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 4927

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$
Sent To	SANDOVAL ESTATE, RUSSELL
Street, Apt. No. or PO Box No.	C/O EASTERN NAVAJO AGENCY
City, State, Zip	PO BOX 328
	CROWNPOINT, NM 87313
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:

SANDOVAL ESTATE, RUSSELL
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 4903

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Loretta Barbone

☐ Agent☐ Addressee

B. Received by (Printed Name)

Loretta Barbone

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

138

7013 2630 0001 1455 4958

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; MFH (Postage Provided))

For delivery information: ENCANA/BETTONIE WASH

OFF

Postage: \$
 Certified Fee: \$
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$
 Total Postage: \$

Postmark Here

Sent To: SANDOVAL, ALVIN
 Street, Apt. No. or PO Box No.: PO BOX 341 COUNTY RT 7815
 City, State, Zip: NAGEEZI, NM 87037

PS Form 3800, August 2000

7013 2630 0001 1455 4958

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; MFH (Postage Provided))

For delivery information: ENCANA/BETTONIE WASH

OFF

Postage: \$
 Certified Fee: \$
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$
 Total Postage & Fees: \$

Postmark Here

Sent To: SANDOVAL, DIXON K
 Street, Apt. No. or PO Box No.: PO BOX 770
 City, State, Zip: DULCE, NM 87528

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:

SANDOVAL, DIXON K
 PO BOX 770
 DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 4941

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name): *Donna Sandoval*
- C. Date of Delivery: *SEP 12 2014*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
3. 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

7013 2630 0001 1455 4972

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance) MHF

For delivery information: ENCANA/BETTONIE WASH

OFF

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 SANDOVAL, DUANE
 PO BOX 612
 DULCE, NM 87528

PS Form 3800, 7/13

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
 SANDOVAL, DUANE
 PO BOX 612
 DULCE, NM 87528

2. Article Number
 (Transfer from service label) 7013 2630 0001 1455 4972

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Duane Sandoval ☐ Agent ☐ Addressee

B. Received by (Printed Name) Theresa Sandoval Date of Delivery SEP 12 2014

C. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below.

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 4996

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance) MHF

For delivery information: ENCANA/BETTONIE WASH

OFF

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

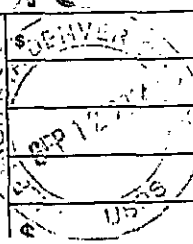
Sent To
 SANDOVAL, ELMO
 PO BOX 633
 DULCE, NM 87528

PS Form 3800, 7/13 See Reverse for Instructions

Letter
 Returned

140

7013 2630 0001 1455 4989

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International Service Provided)	
For delivery information visit OFFICIAL	ENCANA/BETTONIE WASH
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	Postmark Here 
Sent To Street, Apt. No. or PO Box No. City, State, ZIP	SANDOVAL, HOBSON BOX 394 DULCE, NM 87528
PS Form 3800, August 2009	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

SANDOVAL, HOBSON
 BOX 394
 DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 4989

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Hobson Sandoval*☐ Agent☐ Addressee

B. Received by (Printed Name)

Hobson Sandoval

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

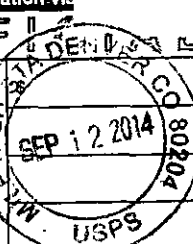
Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 4965

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International Service Provided)	
For delivery information visit OFFICIAL	ENCANA/BETTONIE WASH
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	Postmark Here 
Sent To Street, Apt. No. or PO Box No. City, State, ZIP	SANDOVAL, JACQUE H PO BOX 493 DULCE, NM 87528
PS Form 3800, August 2009	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

SANDOVAL, JACQUE H
 PO BOX 493
 DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 4965

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Myron Sandoval*☐ Agent☐ Addressee

B. Received by (Printed Name)

Myron Sandoval

C. Date of Delivery

9/17/14
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

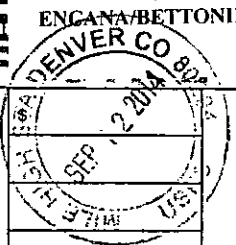
☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

141

7013 2630 0001 1442 0529

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information	ENCANA/BETTONIE WASH
OFFICIAL USE	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To SANDOVAL, KURT E PO BOX 471 DULCE, NM 87528	
PS Form 38	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

SANDOVAL, KURT E
PO BOX 471
DULCE, NM 87528

2. Article Number
(Transfer from service label)

7013 2630 0001 1442 0529

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* ☐ Agent ☐ Addressee

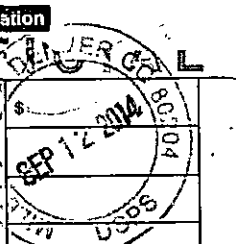
B. Received by (Printed Name) *Rhonda Sandoval* C. Date of Delivery *9/17/14*

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5009

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information	ENCANA/BETTONIE WASH
OFFICIAL USE	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage \$	
Sent To SANDOVAL, LESTER PO BOX 412 DULCE, NM 87528	
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:

SANDOVAL, LESTER
PO BOX 412
DULCE, NM 87528

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 5009

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9/17/14*

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

146

7013 2630 0001 1442 0550

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only) MHF	
For delivery information ENCANA/BETTONIE WASH	
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To SANDOVAL, MERTON PO BOX 1118 DULCE, NM 87528 PS Form 3800, 7-13	

7013 2630 0001 1442 0550

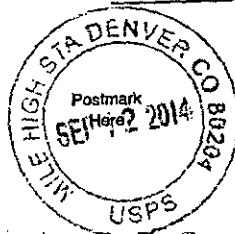
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only) MHF	
For delivery information ENCANA/BETTONIE WASH	
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To SANDOVAL, MYRA V BOX 493 DULCE, NM 87528 PS Form 3800, 7-13	

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; text-align: center;"> SANDOVAL, MYRA V BOX 493 DULCE, NM 87528 </div>		B. Received by (Printed Name) Myron Sandoval	
		C. Date of Delivery 9/17/14	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		111 7013 2630 0001 1442 0161 1	
PS Form 3811, July 2013		Domestic Return Receipt	

43

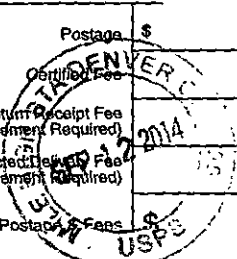
7013 2630 0000 1442 0567

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only - No Insurance Coverage Provided)</i>	
MHF	
For delivery information	ENCANA/BETTONIE WASH
OFF	E
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	SANDOVAL, RANDY
Street, Apt. or PO Box	PO BOX 2216
City, State	BLOOMFIELD, NM 87413
PS Form 3800	



7013 2630 0000 1442 0536


U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only - No Insurance Coverage Provided)</i>	
MHF	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	SANDOVAL, RUSTY C
Street, Apt. N or PO Box No	PO BOX 34
City, State, Zi	NAGEEZI, NM 87037
PS Form 380	



Postmark
Here

144

7013 2630 0001 1442 0185

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit OFFICIAL	ENCANA/BETTONIE WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 SANDOVAL, STUART B PO BOX 937 DULCE, NM 87528	
PS Form 3800, July 2013	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

SANDOVAL, STUART B
PO BOX 937
DULCE, NM 87528

 2. Article Number
(Transfer from service label)

7013 2630 0001 1442 0185

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

 A. Signature  ☐ Agent ☐ Addressee

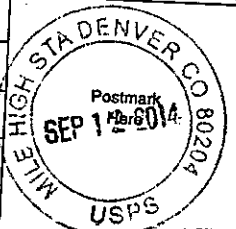
 B. Received by (Printed Name) **STUART SANDOVAL** C. Date of Delivery **9/17/14**

 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 0178

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit OFFICIAL	ENCANA/BETTONIE WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 SANDOVAL, WALT J PO BOX 821 DULCE, NM 87528	
PS Form 3800, July 2013	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

SANDOVAL, WALT J
PO BOX 821
DULCE, NM 87528

 2. Article Number
(Transfer from service label)

7013 2630 0001 1442 0178

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

 A. Signature  ☐ Agent ☐ Addressee

 B. Received by (Printed Name) **Jason Sandoval** C. Date of Delivery **SEP 17 2014**

 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

145

7013 2630 0001 1442 0200

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
MHF	
For delivery information visit ENCANA/BETTONIE WASH	
OFFICE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To	SERAFIN, ROBERTA V
Street, Apt. No., or PO Box No.	612 ORTEGA ROAD NW
City, State, ZIP+4	ALBUQUERQUE, NM 87114

PS Form 3800, A

7013 2630 0001 1442 0222

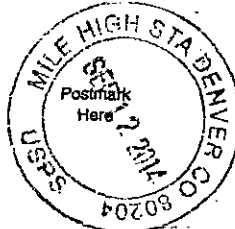
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
MHF	
For delivery information visit ENCANA/BETTONIE WASH	
OFFICE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To	SHIELDS, MARENA
Street, Apt. No., or PO Box No.	2011 TROY KING RD #182
City, State, ZIP+4	FARMINGTON, NM 87401

PS Form 3800, A

146

7013 2630 0001 1442 0215

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; MHF)	
For delivery information	ENCANA/BETTONIE WASH
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800	
SHORTY, PAULINE PO BOX 298 KIRTLAND, NM 87417	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

SHORTY, PAULINE
PO BOX 298
KIRTLAND, NM 87417

2. Article Number
(Transfer from service label)

7013 2630 0001 1442 0215

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Pauline Shorty
 B. Received by (Printed Name)
 Pauline Shorty

☐ Agent
☒ Addressee
 C. Date of Delivery
 SEP 18 2014

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1442 0192

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; MHF)	
For delivery information	ENCANA/BETTONIE WASH
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800; Add	
SIMMS, HARRISON E PO BOX 1606 FRUITLAND, NM 87416	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

SIMMS, HARRISON E
PO BOX 1606
FRUITLAND, NM 87416

2. Article Number
(Transfer from service label)

7013 2630 0001 1442 0192

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mary B. Russell
 B. Received by (Printed Name)
 Mary B. Russell

☐ Agent
☒ Addressee
 C. Date of Delivery
 SEP 17 2014

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

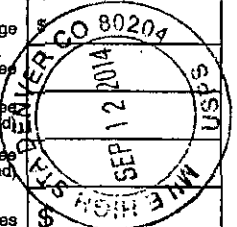
147

7013 2630 0001 1442 0264

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF
 ENCANA/BETTONIE WASH d)

For delivery information

OFFICIAL USE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To

Street, Apt. No.
 or PO Box No.
 City, State, Zi

SIMS ESTATE, FRANCIS
 PO BOX 1597
 FRUITLAND, NM 87416

PS Form 3800

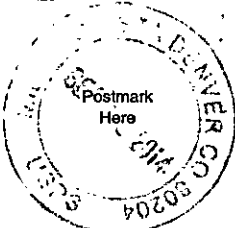
letter
 Ke far nle D

7013 2630 0001 1442 0260

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided) MHF
 ENCANA/BETTONIE WASH

For delivery information

OFFICIAL USE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To

Street, Apt. No.
 or PO Box No.
 City, State, Zi

SIMS, BENJAMIN A
 PO BOX 1264
 SHIPROCK, NM 87420

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:

SIMS, BENJAMIN A
 PO BOX 1264
 SHIPROCK, NM 87420

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 0260

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Benjamin A Sims

☐ Agent☐ Addressee

B. Received by (Printed Name)

Benjamin A Sims

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No


3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery4. Restricted Delivery? ☐ Yes☐ No

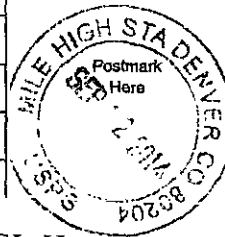
Domestic Return Receipt

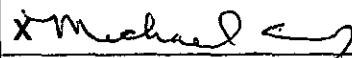
148

7013 2630 0001 1442 0246

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; NMF)	
For delivery information visit ENCANA/BETTONIE WASH	
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No. or PO Box No. City, State, ZIP	
SIMS, MARIE 10440 W 62ND PL APT 104 ARVADA, CO 80004-4895	
PS Form 380	

7013 2630 0001 1442 0277

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; NMF)	
For delivery information visit ENCANA/BETTONIE WASH	
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No. or PO Box No. City, State, ZIP	
SIMS, MICHAEL H PO BOX 2222 KIRTLAND, NM 87417	
PS Form 380	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
SIMS, MICHAEL H PO BOX 2222 KIRTLAND, NM 87417		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number		3. Service Type	
(Transfer from service label)		<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
7013 2630 0001 1442 0277			
PS Form 3811, July 2013		Domestic Return Receipt	

144

7013 2630 0001 1442 0253

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com

OFFICIAL USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

SLIM, EDISON
 PO BOX 1252
 TEEC NOS POS, AZ 86514

PS Form 3800, April 2012

Letter Returned

7013 2630 0001 1442 0239

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com

OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

SLIM, NATASHA
 PO BOX 1276
 TEEC NOS POS, AZ 86514

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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, NATASHA
 PO BOX 1276
 TEEC NOS POS, AZ 86514

2. Article Number (Transfer from service label) 7013 2630 0001 1442 0239

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

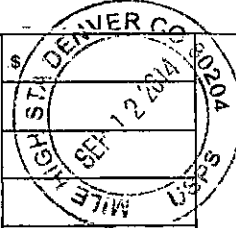
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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 Return Receipt

7013 2630 0001 1442 0314

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
For delivery information	MHF ENCANA/BETTONIE WASH
OFF	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To Street, Apt. No. or PO Box No. City, State, ZIP SLIM, RITA PO BOX 4738 SHIPROCK, NM 87420-4738	
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:

SLIM, RITA
PO BOX 4738
SHIPROCK, NM 87420-4738

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 0314

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Rita Slim

C. Date of Delivery

09/16/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

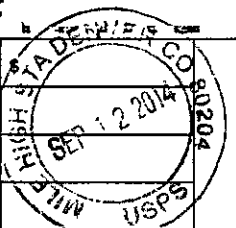
- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

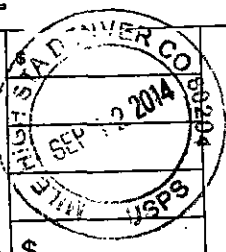
☐ Yes

Domestic Return Receipt

7013 2630 0001 1442 0291

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
For delivery information	MHF ENCANA/BETTONIE WASH
OFF	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To Street, Apt. No. or PO Box City, State, ZIP TILLER, VERONICA V 4833 CHARLOTTE COURT NE ALBUQUERQUE, NM 87109	
PS Form 3800	

7013 2630 0001 1442 0321

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided) MHF	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here 
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
TOLEDO, ESTHER C 321 TENNESSEE SE #C ALBUQUERQUE, NM 87108	
PS Form 3800, A	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ESTHER C
 321 TENNESSEE SE #C
 ALBUQUERQUE, NM 87108

 2. Article Number
 (Transfer from service label)

7013 2630 0001 1442 0321

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

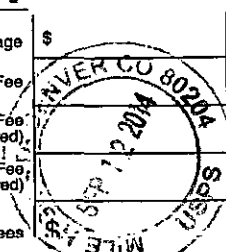
224 General S...
 ABQ NM 87123

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 0376

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided) MHF	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here 
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
TOLEDO, HELEN W 3409 ILES AVE FARMINGTON, NM 87402	
PS Form 3800, A	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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

 2. Article Number
 (Transfer from service label)

7013 2630 0001 1442 0376

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 0338

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)		MHF (Postage Provided)	
For delivery information		ENCANA/BETTONIE WASH	
OFFICIAL		E	
Postage \$		Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total P			
Sent To	TOLEDO, LUCY C		
Street, Apt. or PO Box	BOX 187		
City, State	NAGEEZI, NM 87037		
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:

TOLEDO, LUCY C
BOX 187
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7013 2630 0001 1442 0338

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lucy C. Toledo*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lucy C. Toledo

C. Date of Delivery

9/15/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

5450 2441 1000 0692 ETD

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)		MHF (Postage Provided)	
For delivery information		ENCANA/BETTONIE WASH	
OFFICIAL		E	
Postage \$		Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees			
Sent To	TOMAS, ESTHER H		
Street, Apt. or PO Box	PO BOX 76		
City, State	COUNSELOR, NM 87018		
PS Form	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:

TOMAS, ESTHER H
PO BOX 76
COUNSELOR, NM 87018

2. Article Number
(Transfer from service label)

7013 2630 0001 1442 0345

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Esther H Tomas*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Esther Thomas

C. Date of Delivery

9/19/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 0307

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 MHF
 For delivery information: ENCANA/BETTONIE WASH
OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

TRUJILLO, ALVIN
 45A RD 5295
 FARMINGTON, NM 87401

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ALVIN
 45A RD 5295
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label)

7013 2630 0001 1442 0307

PS Form 3811, July 2013

Domestic Return Receipt

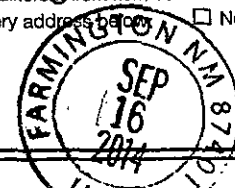
COMPLETE THIS SECTION ON DELIVERY

A. Signature
 B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



7013 2630 0001 1442 0307

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 MHF
 For delivery information: ENCANA/BETTONIE WASH
OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

TRUJILLO, ARLENE A
 PO BOX 403
 NAGEEZI, NM 87037

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ARLENE A
 PO BOX 403
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7013 2630 0001 1442 0369

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

154

7013 2630 0001 1442 0352

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 MHF
 For delivery information: ENCANA/BETTONIE WASH
OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

TRUJILLO, ARNOLD
 C/O SUPERINTENDENT
 PO BOX 328
 CROWNPOINT, NM 87313

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:

TRUJILLO, ARNOLD
 C/O SUPERINTENDENT
 PO BOX 328
 CROWNPOINT, NM 87313

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 0352

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Loretta Barbone

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Loretta Barbone

C. Date of Delivery

9/16/14

 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1442 0390

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 MHF
 For delivery information: ENCANA/BETTONIE WASH
OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

TRUJILLO, ELENA
 3805 S 100 W
 NIBLEY, UT 84321

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:

TRUJILLO, ELENA
 3805 S 100 W
 NIBLEY, UT 84321

2. Article Number

(Transfer from service label)

7013 2630 10001 1442 0390

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Elena Trujillo

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Elena Trujillo

C. Date of Delivery

9/15/14

 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

155

7013 2630 0001 1442 0383

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

TRUJILLO, ELVINA B
 PO BOX 108
 NAGEEZI, NM 87037

PS Form 3800, Aug 2012

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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, ELVINA B
 PO BOX 108
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7013 2630 0001 1442 0383

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X E.T. ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 ENA TRUJILLO 9/17/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 0413

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

TRUJILLO, ELVIRA A
 PO BOX 108
 NAGEEZI, NM 87037

PS Form 3800, Aug 2012

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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, ELVIRA A
 PO BOX 108
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7013 2630 0001 1442 0413

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X E.T. ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 ENA TRUJILLO 9/17/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

156

7013 2630 0001 1442 0420

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information: **ENCANA/BETTONIE WASH**
OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To: **TRUJILLO, ENA H**
PO BOX 108
NAGEEZI, NM 87037

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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

2. Article Number (Transfer from service label): **7013 2630 0001 1442 0420**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X E.T.** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **ENA TRUJILLO** C. Date of Delivery: **9/17/14**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1442 0420

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information: **ENCANA/BETTONIE WASH**
OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To: **TRUJILLO, ERNIE**
#18 RD 3935
FARMINGTON, NM 87401

PS Form 3800, August 2006

7013 2630 0001 1442 10406

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information: ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To: TRUJILLO, ERVIN
 Street, Apt. 1 or PO Box N: 2 CR 1738
 City, State, Z: FARMINGTON, NM 87401

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ERVIN
 2 CR 1738
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label): 7013 2630 0001 1442 10406

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Crystal Trujillo ☐ Agent ☐ Addressee

B. Received by (Printed Name): Crystal Trujillo

C. Date of Delivery: 4-16-14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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 Return Receipt

7013 2630 0001 1442 0475

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information: ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To: TRUJILLO, KATHY D
 Street, Apt. 1 or PO Box N: PO BOX 82
 City, State, Z: MOSCA, CO 81146

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, KATHY D
 PO BOX 82
 MOSCA, CO 81146

2. Article Number (Transfer from service label): 7013 2630 0001 1442 0475

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Kathy Trujillo ☐ Agent ☒ Addressee

B. Received by (Printed Name): Kathy Trujillo

C. Date of Delivery:

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type:
☒ Certified Mail® ☐ 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 Return Receipt

7013 2630 0001 1442 0451

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 MHF
 For delivery information ENCANA/BETTONIE WASH
OFF
 DENVER CO 80204
 SEP 12 2014
 Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$
 Sent To
 Street, or PO
 City, State
 TRUJILLO, ROSITA W
 PO BOX 352
 NAGEEZI, NM 87037
 PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TRUJILLO, ROSITA W
 PO BOX 352
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 0451

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Rosanna Trujillo ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Rosanna Trujillo

C. Date of Delivery

9/15/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1442 0444

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)
 MHF
 For delivery information ENCANA/BETTONIE WASH
OFF
 HIGH STA DENVER CO 80204
 SEP 12 2014
 Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$
 Sent To
 Street, or PO Box
 City, State
 TSO, MARY
 PO BOX 48
 NAGEZZI, NM 87037
 PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TSO, MARY
 PO BOX 48
 NAGEZZI, NM 87037

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 0444

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Mary C. TSO ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Mary C. TSO

C. Date of Delivery

9/18/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

159

7013 2630 0001 1442 0468

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance or Coverage Provided)
 MHF
 For delivery information: ENCANA/BETTONIE WASH
OFF
 Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage \$
 Postmark Here
 Sent To
 Street, Apt. or PO Box
 City, State, Zip
 TSO, PHYLLIS I
 PO BOX 461
 FRUITLAND, NM 87416
 PS Form 3811, July 2013

Letter
Returned



7013 2630 0001 1442 0499

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance or Coverage Provided)
 MHF
 For delivery information: ENCANA/BETTONIE WASH
OFFICIAL USE
 Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage \$
 Postmark Here
 Sent To
 Street, Apt. or PO Box
 City, State, Zip
 TSOSIE, BERTHA
 3649 CHICAGO AVE S APT 2
 MINNEAPOLIS, MN 55407
 PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: TSOSIE, BERTHA 3649 CHICAGO AVE S APT 2 MINNEAPOLIS MN 55407		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811, July 2013		Domestic Return Receipt	

7013 2630 0001 1442 0499

7013 2630 0001 1442 0482

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHP (Endorsement Required)
 For delivery information: ENCANA/BETTONIE WASH

OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

TSOSIE, BREND
 COUNTY ROAD 5364 #20
 FARMINGTON, NM 87401

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:

TSOSIE, BREND
 COUNTY ROAD 5364 #20
 FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 0482

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

XBrenda Marin

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Brenda Garganiz

C. Date of Delivery

9/1/14

 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1442 0512

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHP (Endorsement Required)
 For delivery information: ENCANA/BETTONIE WASH

OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

TSOSIE, CARLENE
 C/O ELVIRA P. TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

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:

TSOSIE, CARLENE
 C/O ELVIRA P. TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 0512

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/1/14

 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

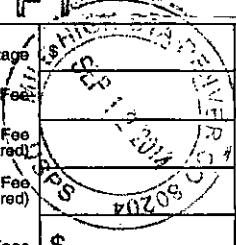
7013 2630 0001 1442 0505

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No International) MHF

For delivery information visit ENCANA/BETTONIE WASH

OFFICIAL

Postage			Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

 Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

 TSOSIE, ERNESTINE
 338 W YUMA ST
 PHOENIX, AZ 85003

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

 TSOSIE, ERNESTINE
 338 W YUMA ST
 PHOENIX, AZ 85003

2. Article Number

(Transfer from service label)

7013 2630 0001 1442 0505

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X *Ernestine Tsosie* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Ernestine Tsosie 9/15/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

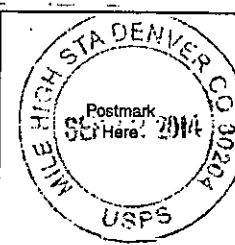
7013 2630 0001 1455 5023

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No International) MHF

For delivery information visit ENCANA/BETTONIE WASH

OFFICIAL

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P		

 Sent To
 Street,
 or PO B
 City, St

 TSOSIE, JERIMIAH -
 GUARDIAN
 PO BOX 2825
 GALLUP, NM 87305

PS Form 3800, A

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 TSOSIE, JERIMIAH -
 GUARDIAN
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5023

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X *Jeremiah Tsosie* ☐ 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

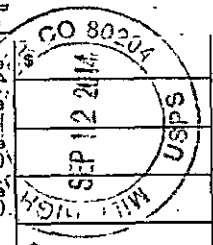
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

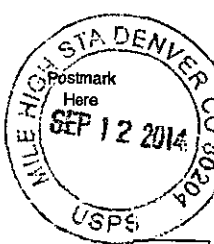
☐ Yes

162

7013 2630 0001 1455 5047

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
MHF	
For delivery information	ENCANA/BETTONIE WASH
OFF	E
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Postmark Here
Sent To	
TSOSIE, JODY	
PO BOX 2825	
GALLUP, NM 87305	
PS Form 3800, July 2013	

7013 2630 0001 1455 5030

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
MHF	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	
TSOSIE, JOE	
126 EAST MAIN	
FARMINGTON, NM 87401	
PS Form 3800, July 2013	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

TSOSIE, JODY
PO BOX 2825
GALLUP, NM 87305

2. Article Number

(Transfer from service label)

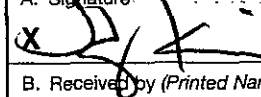
7013 2630 0001 1455 5047

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9.17.14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

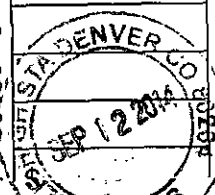
4. Restricted Delivery? (Extra Fee)


☐ Yes

Letter
Returned

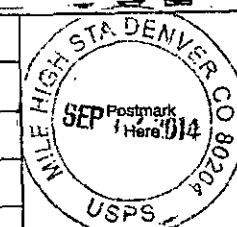


9105 554T 1000 0E92 ET02

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only)</i>	
For delivery information visit OFFICIAL	MHF ENCANA/BETTONIE WASH
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	TSOSIE, KENDRICK
Street, Apt. or PO Box	C/O ELVIRA P. TSOSIE
City, State, ZIP	PO BOX 2825 GALLUP, NM 87305
PS Form 3811, July 2013	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>9/11/13</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; text-align: center;"> TSOSIE, KENDRICK C/O ELVIRA P. TSOSIE PO BOX 2825 GALLUP, NM 87305 </div>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) 7013 2630 0001 1455 5016		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

7905 554T 1000 0E92 ET02

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance)</i>	
For delivery information visit OFFICIAL	MHF ENCANA/BETTONIE WASH
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	TSOSIE, LORRAINE
Street, Apt. No. or PO Box No.	PO BOX 2592
City, State, ZIP	KIRTLAND, NM 87417
PS Form 3800, July 2013	

4505 554T 1000 0692 ET02

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)		MHF
For delivery information		ENCANA/BETTONIE WASH
OFFICIAL		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent To		
Street, Apt. or PO Box		
City, State, ZIP		
TSOSIE, RACHEL J - GUARDIAN PO BOX 2825 GALLUP, NM 87305		

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
TSOSIE, RACHEL J - GUARDIAN PO BOX 2825 GALLUP, NM 87305		C. Date of Delivery 9-17-14	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
7013 2630 0001 1455 5054		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Domestic Return Receipt

8205 554T 1000 0692 ET02

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)		MHF
For delivery information		ENCANA/BETTONIE WASH
OFFICIAL		
Postage \$		Postmark Here SEP 12 2014 MILE HIGH STA DENVER CO 80204 USPS
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pr		
Sent To		
Street, Apt. or PO Box		
City, State, ZIP		
VALARDE, HARRY 365 CR 5500 BLOOMFIELD, NM 87413		

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
VALARDE, HARRY 365 CR 5500 BLOOMFIELD, NM 87413		C. Date of Delivery 9-18-14	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
7013 2630 0001 1455 5078		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Domestic Return Receipt

163

2605 5547 1000 2630 0001 1455 5092

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **USPS.com**

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

VELARDE, ALBERTA
PO BOX 994
DULCE, NM 87528

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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
PO BOX 994
DULCE, NM 87528

2. Article Number (Transfer from service label) **7013 2630 0001 1455 5092**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Alberta Velarde* ☐ Agent ☐ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below: _____

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2605 5547 1000 2630 0001 1455 5085

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **USPS.com**

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

VELARDE, BOB C
HC 74 BOX 5
REGINA, NM 87046

PS Form 3800, Aug 2013

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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, BOB C
HC 74 BOX 5
REGINA, NM 87046

2. Article Number (Transfer from service label) **7013 2630 0001 1455 5085**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Bob Velarde* ☐ Agent ☐ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

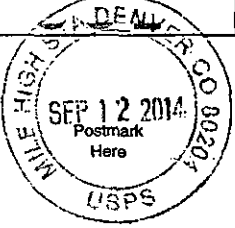
D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below: _____

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

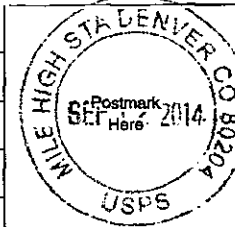
4. Restricted Delivery? (Extra Fee) ☐ Yes


166

5115 5541 1455 2630 0000 0932 ETO2

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information: ENCANA/BETTONIE WASH	
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: VELARDE, DANIEL G PO BOX 490 BLOOMFIELD, NM 87413	
PS Form 3811, July 2013	

5115 5541 1455 2630 0000 0932 ETO2

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information: ENCANA/BETTONIE WASH	
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: VELARDE, DARRELL O PO BOX 745 4951 CEDRO WAY LOS LUNAS, NM 87031	
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 so 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  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> VELARDE, DARRELL O PO BOX 745 4951 CEDRO WAY LOS LUNAS, NM 87031 </div>		B. Received by (Printed Name) Phyllis Wenz	
		C. Date of Delivery 9-16-14	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7013 2630 0001 1455 5139	
PS Form 3811, July 2013		Domestic Return Receipt	

2275 554T 1000 0692 ETD2

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance) MHF

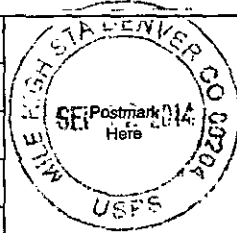
For delivery information, ENCANA/BETTONIE WASH

OFF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$

Sent To: **VELARDE, DAVID**
PO BOX 295
DULCE, NM 87528-0295

PS Form 3800, August 2009



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, DAVID
PO BOX 295
DULCE, NM 87528-0295

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 5122

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David Velarde*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

David Velarde Jr.

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

Box 295

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

2275 554T 1000 0692 ETD2

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance) MHF

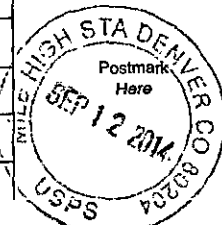
For delivery information, ENCANA/BETTONIE WASH

OFF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: **VELARDE, DOROTHY M**
PO BOX 58
DULCE, NM 87528

PS Form 3800, August 2009



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, DOROTHY M
PO BOX 58
DULCE, NM 87528

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 5177

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Clement Veneno*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Clement Veneno

C. Date of Delivery

9/18/14

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

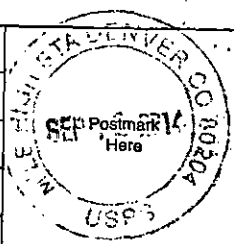
3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

7013 2630 0001 1455 5153

U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Ins)		MHF
For delivery information visit our OFFICIAL		ENCANA/BETTONIE WASH
Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P		
Sent To Street, A or PO Box City, State VELARDE, EDDIE T 34 PUMPHOUSE PO BOX 737 DULCE, NM 87528		
PS Form 3811, July 2013		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 737
DULCE, NM 87528

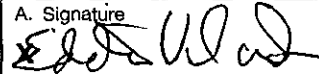
2. Article Number
(Transfer from service label)

7013 2630 0001 1455 5153

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

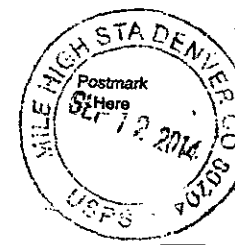
- A. Signature  ☐ Agent ☒ Addressee
- B. Received by (Printed Name) **Eddie Velarde**
- C. Date of Delivery **9/17/14**
- D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5146

U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Ins)		MHF
For delivery information visit our OFFICIAL		ENCANA/BETTONIE WASH
Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P		
Sent To Street or PO Box City, State VELARDE, GILBERT BOX 953 BLOOMFIELD, NM 87413		
PS Form 3811, July 2013		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, GILBERT
BOX 953
BLOOMFIELD, NM 87413


2. Article Number
(Transfer from service label)

7013 2630 0001 1455 5146

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent ☒ Addressee
- B. Received by (Printed Name) **Gilbert Velarde**
- C. Date of Delivery **9-17-14**
- 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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

169

7013 2630 0001 1455 5108

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance) MHF

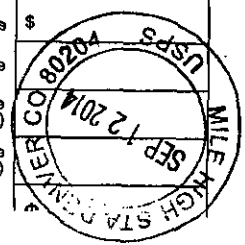
For delivery information: ENCANA/BETTONIE WASH

OFF

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To: VELARDE, JACKSON
 PO BOX 400
 DULCE, NM 87528

PS Form 3800, August 2009



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, JACKSON
 PO BOX 400
 DULCE, NM 87528

2. Article Number (Transfer from service label): 7013 2630 0001 1455 5108

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jackson Velarde* ☐ Agent ☒ Addressee

B. Received by (Printed Name):
 C. Date of Delivery: 9/16/14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5191

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance) MHF

For delivery information: ENCANA/BETTONIE WASH

OFF

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & F

Sent To: VELARDE, JIMI D
 PO BOX 1442
 DULCE, NM 87528

PS Form 3800, August 2009



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, JIMI D
 PO BOX 1442
 DULCE, NM 87528

2. Article Number (Transfer from service label): 7013 2630 0001 1455 5191

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jimi D. Velarde* ☐ Agent ☒ Addressee

B. Received by (Printed Name):
 C. Date of Delivery: 9/16/14

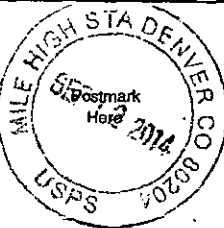
D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

170

7013 2630 0001 1455 5184

U.S. Postal Service [™]	
CERTIFIED MAIL[™] RECEIPT	
(Domestic Mail Only) MHF	
For delivery information ENCANA/BETTONIE WASH	
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
VELARDE, JUDY	
PO BOX 418	
DULCE, NM 87528	
PS Form 3811, July 2013	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, JUDY
PO BOX 418
DULCE, NM 87528

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5184

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Judy Moore

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

SEP 15 2014

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Service Type

☒ Certified Mail[®] ☐ Priority Mail Express[™]☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

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:

VELARDE, LINDBERG
PO BOX 15
LINDRITH, NM 87029

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5160

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Maxine Velarde

☒ Agent☐ Addressee

B. Received by (Printed Name)

Maxine Velarde

C. Date of Delivery

9/17/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

171

7013 2630 0001 1455 5221

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: MHF ENCANA/BETTONIE WASH

OFFFI

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage

Postmark Here
SEP 12 2014
USPS

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP

VELARDE, MARY M
9208 MIRA MAR LANE NW
ALBUQUERQUE, NM 87114

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VELARDE, MARY M
9208 MIRA MAR LANE NW
ALBUQUERQUE, NM 87114

2. Article Number (Transfer from service label) 7013 2630 0001 1455 5221

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mary Velarde C. Date of Delivery 9/16/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5214

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: MHF ENCANA/BETTONIE WASH

OFFFI

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Post

Postmark Here
SEP 17 2014
USPS

Sent To
Street, Apt. No. or PO Box
City, State

VELARDE, RUBENA DENISE
PO BOX 919
DULCE, NM 87528

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VELARDE, RUBENA DENISE
PO BOX 919
DULCE, NM 87528

2. Article Number (Transfer from service label) 7013 2630 0001 1455 5214

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rubena Simbol C. Date of Delivery 9-17-14

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7023 2630 0001 1455 5207

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, see MHF ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Sent To
 Street, Apt. 1 or PO Box 1
 City, State, ZIP

VELARDE, SHARON B
 PO BOX 5003
 WINDOW ROCK, AZ 86515

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2004
 USPS

PS Form 3800, August 2000

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
 WINDOW ROCK, AZ 86515

2. Article Number:
 (Transfer from service label)

7023 2630 0001 1455 5207

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sharon Velarde*

B. Received by (Printed Name) Sharon Velarde
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7023 2630 0001 1455 5207

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, see MHF ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Sent To
 Street, Apt. 1 or PO Box 1
 City, State, ZIP

VENENO LUKKEE, RONDA RENAE
 8412 TROTTER RD SW
 ALBUQUERQUE, NM 87121

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2004
 USPS

PS Form 3800, August 2000

173

7013 2630 0001 1455 5238

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MFH Provided)
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICIAL

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 12 2014
 DENVER CO 80204
 USPS

Sent To
 Street, Apt. 1 or PO Box A
 City, State, Z
VICTOR JR, EDDIE
501 N 4TH STREET APT 2
BLOOMFIELD, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VICTOR JR, EDDIE
501 N 4TH STREET APT 2
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7013 2630 0001 1455 5238**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Eddie Victor** (Agent) ☒ Addressee

B. Received by (Printed Name) **Eddie Victor** C. Date of Delivery **9/18/14**

D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: **SANDRA Coleman**

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7013 2630 0001 1455 5245

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MFH Provided)
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICIAL

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 12 2014
 DENVER CO 80204
 USPS

Sent To
 Street, Apt. 1 or PO Box A
 City, State, Z
VICTOR JR, THOMAS
PO BOX 171
BLOOMFIELD, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VICTOR JR, THOMAS
PO BOX 171
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7013 2630 0001 1455 5245**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Dorothy Victor** (Agent) ☒ Addressee

B. Received by (Printed Name) **Dorothy Victor** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: **SANDRA Coleman**

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7013 2630 0001 1455 5276

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; International Mailpiece Coverage Provided)
 MHF
 For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here
 SEP 12 2014
 MILLE HIC STA DENVER CO 80204
 USPS

Sent To
 Street, Apt. 1 or PO Box A
 City, State, ZIP

VICTOR, AUSTIN
 PO BOX 112
 NAGEEZI, NM 87037

PS Form 3800, August 2000

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, AUSTIN
 PO BOX 112
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5276

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Elaine Borton*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Elaine Borton

C. Date of Delivery

*9/16/14*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 5269

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; International Mailpiece Coverage Provided)
 MHF
 For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here
 SEP 16 2014
 MILLE HIC STA DENVER CO 80204
 USPS

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

VICTOR, BRUCE
 PO BOX 4
 AZTEC, NM 87410

PS Form 3800, August 2000

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, BRUCE
 PO BOX 4
 AZTEC, NM 87410

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5269

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bruce Victor*
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Bruce Victor

C. Date of Delivery

*SEP 16 2014*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

175

7013 2630 0001 1455 5290

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information visit our website at www.usps.com	ENCANA/BETTONIE WASH
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To Street, Apt. or PO Box City, State, Zip VICTOR, CARLESTON PO BOX 266 NAGEEZI, NM 87013	

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature x <i>Carleston Victor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Carleston Victor</i> C. Date of Delivery <i>9/18/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; text-align: center;"> VICTOR, CARLESTON PO BOX 266 NAGEEZI, NM 87013 </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7013 2630 0001 1455 5290

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7013 2630 0001 1455 5306

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To Street, Apt. No. or PO Box No City, State, Zip VICTOR, CAROLINE 600 W BLANCO BLVD #29 BLOOMFIELD, NM 87413	

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature x <i>Caroline Victor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Caroline Victor</i> C. Date of Delivery <i>9-15-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; text-align: center;"> VICTOR, CAROLINE 600 W BLANCO BLVD #29 BLOOMFIELD, NM 87413 </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7013 2630 0001 1455 5306

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

174

7013 2630 0001 1455 5313

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Sent To
 Street, Apt. 1 or PO Box A
 City, State, Z

VICTOR, DARLENE
 717 RUTH LN, APT 402
 BLOOMFIELD, NM 87413

PS Form 38

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, DARLENE
 717 RUTH LN, APT 402
 BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Darlene Victor

C. Date of Delivery

9/15/14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Agent
☐ Addressee
☐ Yes☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7013 2630 0001 1455 5283

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Sent To
 Street, Apt. 1 or PO Box A
 City, State, Z

VICTOR, DOROTHY
 PO BOX 171
 BLOOMFIELD, NM 87413

PS Form 38

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, DOROTHY
 PO BOX 171
 BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Dorothy Victor

C. Date of Delivery

9-15-14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Agent
☒ Addressee
☒ Yes☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

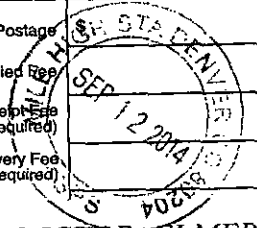
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

17

7013 2630 0001 1455 5375

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; MHF)	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	Postmark Here
Sent To VICTOR, ELMER B C/O NAVAJO CURIO SHOP 126 EAST MAIN FARMINGTON, NM 87401	
Street, Apt. or PO Box City, State,	
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.

1. Article Addressed to:

VICTOR, ELMER B
 C/O NAVAJO CURIO SHOP
 126 EAST MAIN
 FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

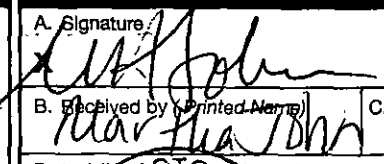
7013 2630 0001 1455 5375

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Martha B. B...** C. Date of Delivery **9/15**

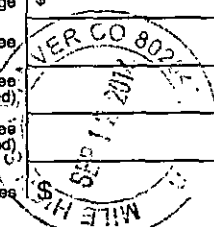
D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5351

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; MHF)	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Postmark Here
Sent To VICTOR, EMERSON 126 EAST MAIN FARMINGTON, NM 87401	
Street, Apt. or PO Box City, State,	
PS Form 3811, February 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, EMERSON
 126 EAST MAIN
 FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5351

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Victor Emerson** C. Date of Delivery **9/15**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

178

7013 2630 0001 1455 5337

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided) MHF

For delivery information visit our website at usps.com

OFFICIAL USE

Postage \$ 80204
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Street, Apt. or PO Box No.
 City, State, ZIP

VICTOR, ERNEST
PO BOX 112
NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, ERNEST
PO BOX 112
NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 5337

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Elaine Botton*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Elaine Botton

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5368

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance Provided) MHF

For delivery information visit our website at usps.com

OFFICIAL USE

Postage \$ 80204
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

VICTOR, ESTHER
PO BOX 4
AZTEC, NM 87410

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, ESTHER
PO BOX 4
AZTEC, NM 87410

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 5368

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Esther Victor*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

179

7013 2630 0001 1455 5344

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 MHF

For delivery information: ENCANA/BETTONIE WASH

OFF

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

Sent To
 Street, Apt. 1 or PO Box
 City, State, ZIP

VICTOR, HARRY
 PO BOX 281
 NAGEEZI, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, HARRY
 PO BOX 281
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7013 2630 0001 1455 5344

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Harry Victor ☐ Agent ☐ Addressee

B. Received by (Printed Name): HARRY VICTOR

C. Date of Delivery: 02/15/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7013 2630 0001 1455 5320

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 MHF

For delivery information: ENCANA/BETTONIE WASH

OFF

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

Sent To
 Street, Apt. 1 or PO Box
 City, State, ZIP

VICTOR, HERMAN
 PO BOX 4
 AZTEC, NM 87410

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, HERMAN
 PO BOX 4
 AZTEC, NM 87410

2. Article Number (Transfer from service label): 7013 2630 0001 1455 5320

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Herman Victor ☐ Agent ☐ Addressee

B. Received by (Printed Name): HERMAN VICTOR

C. Date of Delivery: SEP 16 2014

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

180

7013 2630 0001 1455 5566

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Endorsement Required)

For delivery information: **ENCANA/BETTONIE WASH**

OFF

Postage: \$
 Certified Fee: \$
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$
 Total Postage & Fees: \$

Postmark Here

Sent To: **VICTOR, KATHLEEN**
600 W BLANCO BLVD
APT 19
BLOOMFIELD, NM 87413

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:

VICTOR, KATHLEEN
600 W BLANCO BLVD
APT 19
BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 5566

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kathleen Victor ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Kathleen Victor 9-16-14

C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5542

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Endorsement Required)

For delivery information: **ENCANA/BETTONIE WASH**

OFF

Postage: \$
 Certified Fee: \$
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$
 Total Postage & Fees: \$

Postmark Here

Sent To: **VICTOR, LINDA J**
PO BOX 17
NAGEEZI, NM 87037

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:

VICTOR, LINDA J
PO BOX 17
NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 5542

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Linda Victor ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Linda Victor 9-15-14

C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5399

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery info: ENCANA/BETTONIE WASH

OFF

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Post

SEP 12 2014
 USPS

Postmark Here

Sent To
 Street, Apt or PO Box
 City, State

VICTOR, LORRAINE M
 PO BOX 2716
 BLOOMFIELD, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, LORRAINE M
 PO BOX 2716
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

7013 2630 0001 1455 5399

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 Elaine Benson

C. Date of Delivery
 9-16-14

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5559

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery info: ENCANA/BETTONIE WASH

OFF

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

SEP 12 2014
 USPS

Postmark Here

Sent To
 Street, Apt or PO Box
 City, State

VICTOR, MARY W
 PO BOX 112
 NAGEEZI, NM 87037

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, MARY W
 PO BOX 112
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label)

7013 2630 0001 1455 5559

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 Elaine Benson

C. Date of Delivery
 9/16/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

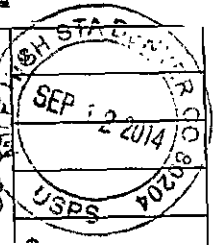
182

5555 5541 T000 0692 ETD0
7013 2630 0001 1455 5535

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFF

Postage  Postmark Here

Certified Fee ☐ Return Receipt Fee (Endorsement Required) ☐ Restricted Delivery Fee (Endorsement Required) ☐

Total ☐

Sent To **VICTOR, RANDELL**
PO BOX 291
BLOOMFIELD, NM 87413

PS Form 3800, August 2009

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, RANDELL
PO BOX 291
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 5535

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Randall Victor

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Randall Victor

C. Date of Delivery

9-15-14

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 Mail ☐ Collect on Delivery

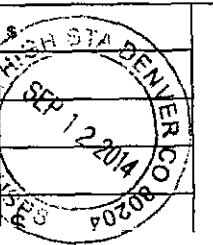
4. Restricted Delivery? (Extra Fee) ☐ Yes

2655 5541 T000 0692 ETD0
7013 2630 0001 1455 5362

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BETTONIE WASH**

OFF

Postage  Postmark Here

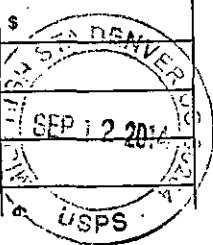
Certified Fee ☐ Return Receipt Fee (Endorsement Required) ☐ Restricted Delivery Fee (Endorsement Required) ☐

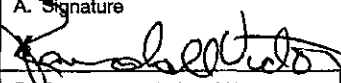
Total Postage ☐

Sent To **VICTOR, RHETA**
3614 W WEBSTER CT
ANTHEM, AZ 85086

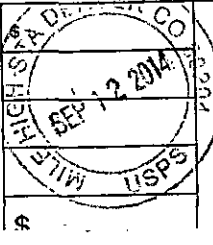
PS Form 3800, August 2009


7013 2630 0001 1455 5573

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	VICTOR, SAMUEL
Street, Apt. No. or PO Box No.	PO BOX 291
City, State, ZIP	BLOOMFIELD, NM 87413
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.	COMPLETE THIS SECTION ON DELIVERY A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Samuel Victor</u> C. Date of Delivery <u>9-15-14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to:	
VICTOR, SAMUEL PO BOX 291 BLOOMFIELD, NM 87413	
2. Article Number	7013 2630 0001 1455 5573
PS Form 3811, July 2013 Domestic Return Receipt	

7013 2630 0001 1455 5580

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
OFF	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	VICTOR, THERESA
Street, Apt. No. or PO Box No.	PO BOX 2716
City, State, ZIP	BLOOMFIELD, NM 87413
PS Form 3800, 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Theresa Victor</u> C. Date of Delivery <u>9-16-14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to:	
VICTOR, THERESA PO BOX 2716 BLOOMFIELD, NM 87413	
2. Article Number	7013 2630 0001 1455 5580
PS Form 3811, July 2013 Domestic Return Receipt	

184

7013 2630 0001 1455 5603

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF
 For delivery information ENCANA/BETTONIE WASH
OFFICIAL

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Post _____

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State, ZIP

VIGIL, ALICE C
 RT 42 PO BOX 57 - TP
 SANTA FE, NM 87506

PS Form 3800, August 2005

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
 VIGIL, ALICE C
 RT-42 PO BOX 57 - TP
 SANTA FE, NM 87506

2. Article Number (Transfer from service label)
 7013 2630 0001 1455 5603

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: _____

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7013 2630 0001 1455 5610

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided) MHF
 For delivery information ENCANA/BETTONIE WASH
OFFICIAL

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State, ZIP

WANOSKIA, LOUDINE V
 PO BOX 208
 DULCE, NM 87528

PS Form 3800, August 2005

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
 WANOSKIA, LOUDINE V
 PO BOX 208
 DULCE, NM 87528

2. Article Number (Transfer from service label)
 7013 2630 0001 1455 5610

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: _____

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7013 2630 0001 1455 5627

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage: _____
 Certified Fee: _____
 Return Receipt Fee (Endorsement Required): _____
 Restricted Delivery Fee (Endorsement Required): _____
 Total Postage: _____

Postmark Here

Sent To: **WATCHMAN, DARRELL M**
 PO BOX 1493
 KIRTLAND, NM 87417

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:
WATCHMAN, DARRELL M
PO BOX 1493
KIRTLAND, NM 87417

2. Article Number
 (Transfer from service label) **7013 2630 0001 1455 5627**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Martha McDonald ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Martha McDonald** C. Date of Delivery **SEP 16 2014**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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 Return Receipt

7013 2630 0001 1455 5557

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage: _____
 Certified Fee: _____
 Return Receipt Fee (Endorsement Required): _____
 Restricted Delivery Fee (Endorsement Required): _____
 Total Postage: _____

Postmark Here

Sent To: **WATCHMAN, DELBERT K**
 101 S PARK ST APT 2
 FLAGSTAFF, AZ 86001

PS Form 3811, July 2013

7013 2630 0001 1455 5641

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)
 MHF ENCANA/BETTONIE WASH

For delivery information visit usps.com

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

Sent To: WATCHMAN, ELVIRA A
 2402 W SELDON LANE
 PHOENIX, AZ 85021

Street, Apt. N or PO Box
 City, State, Zip

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

WATCHMAN, ELVIRA A
 2402 W SELDON LANE
 PHOENIX, AZ 85021

2. Article Number (Transfer from service label) 7013 2630 0001 1455 5641

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Elvira Watchman* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Elvira Watchman* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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 Return Receipt

7013 2630 0001 1455 5641

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)
 MHF ENCANA/BETTONIE WASH

For delivery information visit usps.com

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

Sent To: WATCHMAN, HELEN
 PO BOX 1240
 CUBA, NM 87013

Street, Apt. N or PO Box No
 City, State, Zip

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.

1. Article Addressed to:

WATCHMAN, HELEN
 PO BOX 1240
 CUBA, NM 87013

2. Article Number (Transfer from service label) 7013 2630 0001 1455 5634

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Helen Watchman* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Helen Watchman* C. Date of Delivery *9-15-14*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

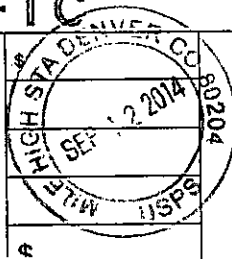
PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 5658

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **ENCANA/BETTONIE WASH**

OFFICE

 Postage
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees


Postmark Here

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

 WELCH, DORAINE
 3004 KNUDSEN AVE
 FARMINGTON, NM 87401

PS Form 3800, Aug 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

 WELCH, DORAINE
 3004 KNUDSEN AVE
 FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5658

PS Form 3811, July 2013

Domestic Return Receipt

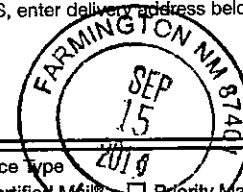
COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Doraine Welch*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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:

 WERITO, GILBERT
 PO BOX 5615
 FARMINGTON, NM 87499

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5726

PS Form 3811, July 2013

Domestic Return Receipt

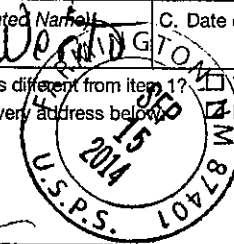
COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Gilbert Werito*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

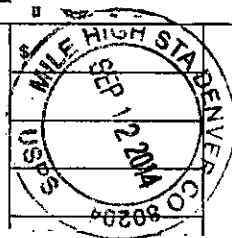
☐ Yes

7013 2630 0001 1455 5726

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **ENCANA/BETTONIE WASH**

OFFICE

 Postage
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total


Postmark Here

Sent To

Street
or PO

City, State, ZIP+4

 WERITO, GILBERT
 PO BOX 5615
 FARMINGTON, NM 87499

PS Form 3800, August 2006

See Reverse for Instructions

5995 554T 1455 5672

7013 2630 0001 1455 5672

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit www.usps.com

ENCANA/BETTONIE WASH

OFFICIAL USE

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®

WERITO, ARTHUR
 PO BOX 2046
 BLOOMFIELD, NM 87413

PS Form 3811, July 2013

Letter
 Returned

2995 554T 1455 5672

7013 2630 0001 1455 5672

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No International Mail)
 For delivery information visit our website at www.usps.com

ENCANA/BETTONIE WASH

OFFICIAL USE

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®

WERITO, BESSIE Y
 PO BOX 122
 NAGEEZI, NM 87037

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so 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, BESSIE Y
 PO BOX 122
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7013 2630 0001 1455 5672

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Bessie Werito
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 Bessie Werito 9/15/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 5689

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
For delivery information:	ENCANA/BETTONIE WASH
OFFICIAL	SEP 12 2014
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	WERITO, BLANCHE J
Street, Apt. or PO Box	PO BOX 5615
City, State	FARMINGTON, NM 87499

PS Form 3811

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WERITO, BLANCHE J
PO BOX 5615
FARMINGTON, NM 87499

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5689

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Blanche Werito

☐ Agent☐ Addressee

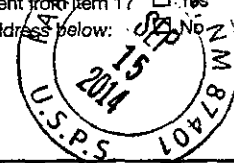
B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:



3. Service Type

☒ Certified Mail[®]☐ Priority Mail Express[™]☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 5719

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
For delivery information:	ENCANA/BETTONIE WASH
OFFICIAL	SEP 12 2014
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	WERITO, CECILIA
Street, Apt. or PO Box	PO BOX 1274
City, State	FRUITLAND, NM 87416

PS Form 3811

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WERITO, CECILIA
PO BOX 1274
FRUITLAND, NM 87416

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5719

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Cecilia Werito

☐ Agent☐ Addressee

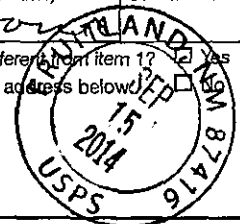
B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:



3. Service Type

☒ Certified Mail[®]☐ Priority Mail Express[™]☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

194

7013 2630 0001 1455 5702

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MHF Coverage Provided**

For delivery information: ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State

WERITO, CLIFFORD
 113 EAST PINE
 BLOOMFIELD, NM 87413

PS Form 3811, July 2013

Letter Returned



5045 5541 1000 0392 E102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) **MHF Coverage Provided**

For delivery information: ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State

WERITO, ERMA J
 c/o RENA WERITO
 PO BOX 215
 NAGEEZI, NM 87037

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Rena Werito</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>WERITO, ERMA J c/o RENA WERITO PO BOX 215 NAGEEZI, NM 87037</p>		<p>B. Received by (Printed Name) <i>Rena Werito</i></p> <p>C. Date of Delivery <i>9/16/14</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7013 2630 0001 1455 5405</p>			
PS Form 3811, July 2013		Domestic Return Receipt	

7013 2630 0001 1455 5696

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; MHF)
 For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage: _____
 Certified Fee: _____
 Return Receipt Fee (Endorsement Required): _____
 Restricted Delivery Fee (Endorsement Required): _____
 Total Postage: _____

Postmark Here

Sent To: **WERITO JR, GILBERT**
 Street, Apt. No., or PO Box: **PO BOX 5615**
 City, State: **FARMINGTON, NM 87499**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 JR, GILBERT
PO-BOX 5615
FARMINGTON, NM 87499

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 5696

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: _____

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: _____

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5429

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; MHF)
 For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage: _____
 Certified Fee: _____
 Return Receipt Fee (Endorsement Required): _____
 Restricted Delivery Fee (Endorsement Required): _____
 Total Postage: _____

Postmark Here

Sent To: **WERITO, LOUISE**
 Street, Apt. No., or PO Box No.: **PO BOX 541**
 City, State, ZIP: **BLOOMFIELD, NM 87413**

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, LOUISE
PO BOX 541
BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 5429

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name): **WILLARD CANUTO** C. Date of Delivery: **9-17-14**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: _____

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5443

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information ENCANA/BETTONIE WASH
OFF
 Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage
 Sent To
 Street, Apt. or PO Box
 City, State, Zip
 PS Form 3800, August 2000

Postmark Here

VERITO, RAE
 PO BOX 71
 BLOOMFIELD, NM 87413

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

VERITO, RAE
 PO BOX 71
 BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Phoebe Werito ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Phoebe Werito

C. Date of Delivery

9-19-14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 5443

Domestic Return Receipt

7013 2630 0001 1455 5443

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information ENCANA/BETTONIE WASH
OFF
 Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$
 Sent To
 Street, Apt. or PO Box
 City, State, Zip
 PS Form 3800, August 2000

Postmark Here

VERITO, RENA
 PO BOX 215
 NAGEEZI, NM 87037

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

VERITO, RENA
 PO BOX 215
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Rena Werito ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Rena Werito

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 5436

Domestic Return Receipt

2145 5541 1000 0392 E102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF
 For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State

WERITO, ROGER
 PO BOX 1032
 FRUITLAND, NM 87416

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, ROGER
 PO BOX 1032
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 1011 17013 2630 0001 1455 5412

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) ADRIAN A WERITO

C. Date of Delivery SEP 16 2014

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2145 5541 1000 0392 E102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No) MHF
 For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage \$

Postmark Here

Sent To
 Street, Apt. or PO Box N
 City, State, Z

WERITO, SONYA F
 PO BOX 417
 NAGEEZI, NM 87037

PS Form 3800, August 2000

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, SONYA F
 PO BOX 417
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7013 2630 0001 1455 5481

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rena Werito

C. Date of Delivery 9/16/14

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

194

7013 2630 0001 1455 5467

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information: ENCANA/BETTONIE WASH

OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To: WATCHMAN, YOLANDA
 PO BOX 2733
 FT. DEFIANCE, AZ 8504

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

WATCHMAN, YOLANDA
 PO BOX 2733
 FT. DEFIANCE, AZ 8504

2. Article Number (Transfer from service label)

7013 2630 0001 1455 5467

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Yolanda Watchman* ☐ Agent ☐ Addressee
- B. Received by (Printed Name): *Yolanda Watchman*
- C. Date of Delivery: *8/16/13*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5474

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information: ENCANA/BETTONIE WASH

OFF

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To: WESLEY, SAM
 C/O EASTERN NAVAJO AGENCY
 PO BOX 328
 CROWNPOINT, NM 87313

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:

WESLEY, SAM
 C/O EASTERN NAVAJO AGENCY
 PO BOX 328
 CROWNPOINT, NM 87313

2. Article Number (Transfer from service label)

7013 2630 0001 1455 5474

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Loretta Barkane* ☐ Agent ☐ Addressee
- B. Received by (Printed Name): *Loretta Barkane*
- C. Date of Delivery: *9/16/14*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0001 1455 5504

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICIAL

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

WETHINGTON, TAMMY R
 PO BOX 6429
 NAVAJO DAM, NM 87419

PS Form 3800, August 2012

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

WETHINGTON, TAMMY R
 PO BOX 6429
 NAVAJO DAM, NM 87419

 2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 5504

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tammy R Wethington*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Tammy R Wethington

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 5528

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BETTONIE WASH**
OFFICIAL

Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

WILCOX, DEANNA
 622 JEFFERSON ST
 WINSLOW, AZ 86047

PS Form 3800, August 2012

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

WILCOX, DEANNA
 622 JEFFERSON ST
 WINSLOW, AZ 86047

 2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 5528

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Deanna Wilcox*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Deanna Wilcox

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

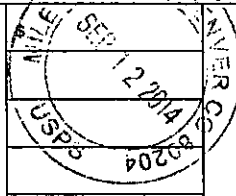
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

196

7013 3020 0002 1796 2694

U.S. Postal Service TM		
CERTIFIED MAILTM RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit	ENCANA/BETTONIE WASH	
OFFICIAL USE		
Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent To		
WILLIE, ALVIN		
PO BOX 105		
NAGEEZI, NM 87037		
PS Form 3800 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:

WILLIE, ALVIN
PO BOX 105
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2694

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Alvin Willie

☐ Agent☐ Addressee

B. Received by (Printed Name)

Alvin Willie

C. Date of Delivery

9/19/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

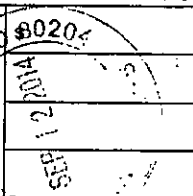
Service Type

☒ Certified Mail[®] ☐ Priority Mail Express[™]☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0001 1455 5498

U.S. Postal Service TM		
CERTIFIED MAILTM RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at	www.usps.com [®]	
OFFICIAL USE		
Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent To		
WILLIE, MELVIN		
PO BOX 1288		
TEEC NOS POS, AZ 86514		
PS Form 3800, A		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

WILLIE, MELVIN
PO BOX 1288
TEEC NOS POS, AZ 86514

2. Article Number

(Transfer from service label)

7013 2630 0001 1455 5498

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Melvin Willie

☐ Agent☐ Addressee

B. Received by (Printed Name)

Melvin Willie

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

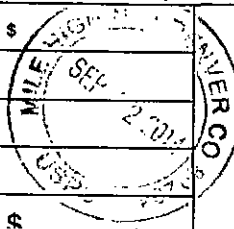
☒ Certified Mail[®] ☐ Priority Mail Express[™]☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

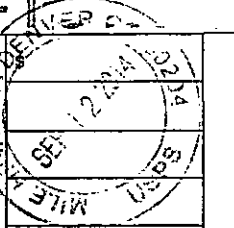
197

7013 2630 0001 1455 5511

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Return Receipt)	
For delivery information visit usps.com	
MHF ENCANA/BETTONIE WASH	
OFFICE	
Postage \$ Certified Fee \$ Return Receipt Fee (Endorsement Required) \$ Restricted Delivery Fee (Endorsement Required) \$ Total Postage & Fees \$	Postmark Here 
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	WILLIE, RENIA L 288 N 800 E ROOSEVELT, UT 84066
PS Form 3800, 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 so 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 <i>Renia Thompson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Renia Thompson</i> C. Date of Delivery <i>9/16/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: WILLIE, RENIA L 288 N 800 E ROOSEVELT, UT 84066	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

7013 3020 0002 1796 2687

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Return Receipt)	
For delivery information visit usps.com	
MHF ENCANA/BETTONIE WASH	
OFFICE	
Postage \$ Certified Fee \$ Return Receipt Fee (Endorsement Required) \$ Restricted Delivery Fee (Endorsement Required) \$ Total Postage & Fees \$	Postmark Here 
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	WILSON, ETTA W PO BOX 66 NAGEEZI, NM 87037
PS Form 3800, 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 so 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 <i>Wilberta Becenti</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Wilberta Becenti</i> C. Date of Delivery <i>9/15/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: WILSON, ETTA W PO BOX 66 NAGEEZI, NM 87037	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

198

7013 3020 0002 1796 2755

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information: ENCANA/BETTONIE WASH

OFFICIAL

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

YAZZIE, ALBERT
 PO BOX 5235
 FARMINGTON, NM 87499

PS Form 3800, August 2006

7013 3020 0002 1796 2724

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information: ENCANA/BETTONIE WASH

OFFICIAL

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

YAZZIE, BETTY
 PO BOX 124
 NAGEEZI, NM 87037

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, BETTY
 PO BOX 124
 NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2724

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Betty Yazzie

☐ Agent☐ Addressee

B. Received by (Printed Name)

Betty L. Yazzie

C. Date of Delivery

9-17-14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

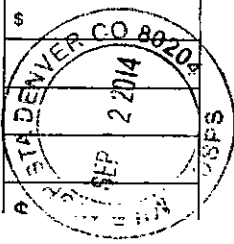
4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

199

7013 3020 0002 1796 2717

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No MF)		MHF ENCANA/BETTONIE WASH	
For delivery information visit OFFICIAL			
Postage \$		Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage			
Sent To		YAZZIE, EMERSON	
Street, Apt. No., or PO Box No.		PO BOX 356	
City, State, ZIP		NAGEEZI, NM 87037	
PS Form 3800, July 2013			

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, EMERSON
PO BOX 356
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2717

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Emerson Yazzie ☐ Agent
☐ Addressee

B. Received by (Printed Name)

emerson yazzie ☐ Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

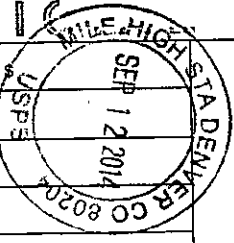
3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

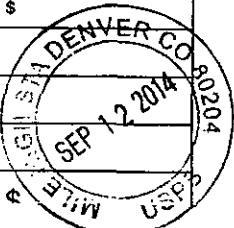
☐ Yes

7013 3020 0002 1796 2748

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No MF)		MHF ENCANA/BETTONIE WASH	
For delivery information visit OFFICIAL			
Postage \$		Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage			
Sent To		YAZZIE, EVANGELINE	
Street, Apt. No., or PO Box No.		PO BOX 5235	
City, State, ZIP		FARMINGTON, NM 87499	
PS Form 3800, August 2008 See Reverse for Instructions			

200

7013 3020 0002 1796 2731

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only) (Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Postmark Here
Sent To	
YAZZIE, FRANK	
7230 CR 24.3	
CORTEZ, CO 81321	
PS Form 3800, August 2003	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YAZZIE, FRANK
7230 CR 24.3
CORTEZ, CO 81321

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2731

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mark Yazzie* ☐ 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:

SEP 15 2014

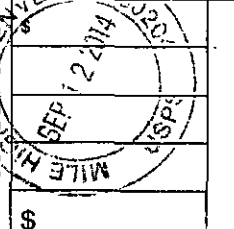
3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 2700

U.S. Postal Service™ CERTIFIED MAIL™ (Domestic Mail Only) (Coverage Provided)	
For delivery information	ENCANA/BETTONIE WASH
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Postmark Here
Sent To	
YAZZIE, IRENE	
PO BOX 245	
NAGEEZI, NM 87037	
PS Form 3800, August 2003	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YAZZIE, IRENE
PO BOX 245
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2700

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Irene Yazzie* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Irene Yazzie

9-17-14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

20

7013 3020 0002 1796 2779

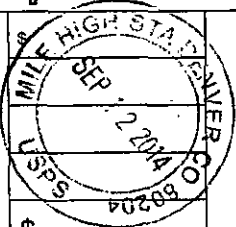
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance)

MHF

For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
YAZZIE, JERILYN A
PO BOX 5235
FARMINGTON, NM 87499

PS Form 3800

7013 3020 0002 1796 2793

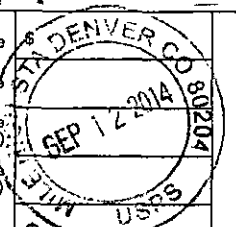
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance)

MHF

For delivery information ENCANA/BETTONIE WASH

OFFICIAL

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
YAZZIE, JOE J
PO BOX 1222
WATERFLOW, NM 87421

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:

YAZZIE, JOE J
PO BOX 1222
WATERFLOW, NM 87421

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Eugenia Yazze* Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Eugenia Yazze 9/17/14

D. Is delivery address different from item 1? ☐ Yes42 If YES, enter delivery address below: ☒ No

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)

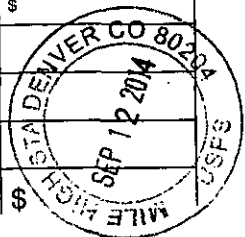
7013 3020 0002 1796 2793

PS Form 3811, July 2013

Domestic Return Receipt

201

7013 3020 0002 1796 2816

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; N... MHF For delivery information ENCANA/BETTONIE WASH OFFICIAL	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here 
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 YAZZIE, KEE PO BOX 427 NAGEEZI, NM 87037-0427	
PS Form 3800, 7/13	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, KEE
 PO BOX 427
 NAGEEZI, NM 87037-0427

2. Article Number
(Transfer from ser)

7013 3020 0002 1796 2816

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X KEE YAZZIE

☐ Agent
☒ Addressee

B. Received by (Printed Name)

KEE YAZZIE

C. Date of Delivery

9/16/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

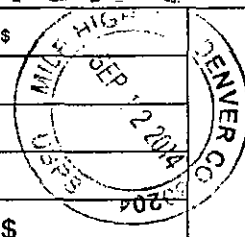
3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0002 1796 2762

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; N... MHF For delivery information ENCANA/BETTONIE WASH OFFICIAL	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here 
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 YAZZIE, SARAH PO BOX 1031 AZTEC, NM 87410	
PS Form 3800, Aug	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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, SARAH
 PO BOX 1031
 AZTEC, NM 87410

2. Article Number

(Transfer from service label)

7013 3020 0002 1796 2762

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X SARAH YAZZIE

☒ Agent
☐ Addressee

B. Received by (Printed Name)

SARAH YAZZIE

C. Date of Delivery

09/15/14

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 Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

203

7013 3020 0002 1796 2786

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; NMF)
For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Sent To
Street, Apt. or PO Box
City, State, ZIP+4

YAZZIE, VERA
306A N OLIVER
AZTEC, NM 87410

PS Form 3800, A

7013 3020 0002 1796 2809

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; NMF)
For delivery information visit **ENCANA/BETTONIE WASH**

OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

YAZZIE, VICTORIA A
PO BOX 4012
SHIPROCK, NM 87420

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so 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

2. Article Number (Transfer from service label) 7013 3020 0002 1796 2809

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:

3. Service Type
4. Restricted Delivery? (Extra Fee)

PS Form 3811, July 2013 Domestic Return Receipt

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