

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

**APPLICATION OF SYNERGY OPERATING,
LLC FOR COMPULSORY POOLING, SAN
JUAN COUNTY, NEW MEXICO.**

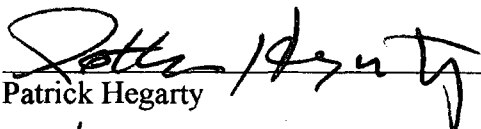
Case No. 13,539

AFFIDAVIT OF PATRICK HEGARTY

COUNTY OF SAN JUAN)
) ss.
STATE OF NEW MEXICO)

Patrick Hegarty, being duly sworn upon his oath, deposes and states:

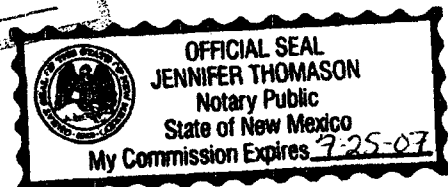
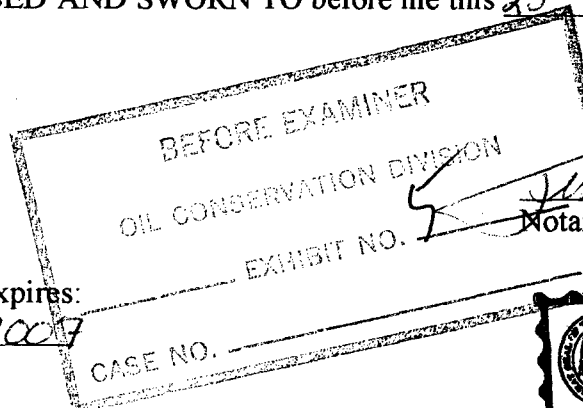
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am a principal of Synergy Operating, LLC.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the locatable interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.


Patrick Hegarty

SUBSCRIBED AND SWORN TO before me this 23rd day of August, 2005 by Patrick Hegarty.

My Commission Expires:

July 25, 2007



SYNERGY OPERATING

POSTAL RECEIPTS

and

RETURN RECEIPTS

Mailed July 7th

and

July 13th, 2005

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery 7/8 D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Jay Burnham, City Attorney City of Farmington 800 Municipal Drive Farmington, New Mexico 87401 Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4526	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 2890 0004 1770 4526

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	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

7/7/05
Postmark Here

Sent To JAY Burnham City of FM

Street, Apt. No.,
or PO Box No. 800 Municipal Dr.

City, State, ZIP+4 FM, NM 87401

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☐ Agent ☐ Addressee X	
1. Article Addressed to: BP America Production Co. 501 Westlake Park Blvd. Houston, TX 77079		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:	
2. Article Number (Transfer from service label)		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
7004 2890 0004 1770 4533		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 2890 0004 1770 4533

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To **BP America**

Street, Apt. No.,
or PO Box No. **501 Westlake Park Blvd.**

City, State, ZIP+4 **Houston TX 77079**

Postmark
Here

7/7/05

PS Form 3800, June 2002

See Reverse for Instructions

LANCE OIL & GAS COMPANY, INC.

1099 18th Street, Suite 1200 • Denver, Colorado 80202-1964
(303) 452-5603

July 29, 2005

Mr. Patrick Hegarty
Synergy Operating, LLC
P.O. Box 5513
Farmington, NM 87499

RE: Proposed Fruitland/Pictured Cliffs Test Wells
Township 29 North – Range 13 West, NMPM
Section 22: W1/2
San Juan County, New Mexico

Dear Mr. Hegarty:

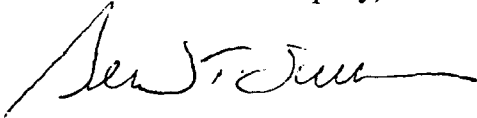
In reference to your letter to Lance Oil and Gas Company, Inc. dated July 13, 2005, please be advised that Lance has declined to execute your Joint Operating Agreement as proposed. As you are aware, Lance has a Fruitland/Pictured Cliffs well recently permitted in Section 22: NW1/4.

We strongly believe that Lance should be the Operator of the wells in the W1/2 spacing unit due to the far greater percentage of leasehold interest that Lance owns. In addition, it is our belief that Synergy's JOA has been furnished to Lance prematurely, given the ongoing leasing that both of our companies are still wrapping up. We are not able to sign a JOA in which the Exhibit "A" working interests of the respective parties are still to be determined.

Lance intends to proceed with the development of Section 22: W1/2 in a prompt and timely manner, and very much looks forward to working with Synergy when the leasing and surface owner issues have been completed.

Very truly yours,

Lance Oil & Gas Company, Inc.



Gerald T. Sullivan
Senior Landman

YOUR FILE COPY

SYNERGY OPERATING

POSTAL RECEIPTS

and

RETURN RECEIPTS

Mailed July 1, 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:

ABEYTA LEO P
P O BOX 901
IGNACIO CO, 81137-0901

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 843r

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)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

ABEYTA LEO P

Street, Apt. N
or PO Box No

P O BOX 901

City, State, Zi

IGNACIO CO, 81137-0901

PS Form 380

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

ADAMS LEWIS ROBERT ET UX

Street, Apt.
or PO Box

2416 SANTIAGO

City, State,

FARMINGTON NM, 87401-9067

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:

ADAMS LEWIS ROBERT ET UX
2416 SANTIAGO
FARMINGTON NM, 87401-9067

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9106

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:

ANSTEAD RICHARD R
1428 YORK AVE
FARMINGTON NM, 87401-6755

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Richard R. Anstead

C. Date of Delivery

7/18/05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Sent To

ANSTEAD RICHARD R
1428 YORK AVE
FARMINGTON NM, 87401-6755

Street, A

or PO Box

City, State

PS Form

Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Sent

ARCHULETA JOSE A ET UX
3423 RIDGEWAY DR
LOS ALAMOS NM, 87544-2139

Street, A

or PO Box

City, State

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:

ARCHULETA JOSE A ET UX
3423 RIDGEWAY DR
LOS ALAMOS NM, 87544-2139

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9168

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)

Jose A. Archuleta

C. Date of Delivery

7-7-05

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

3. Service Type

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

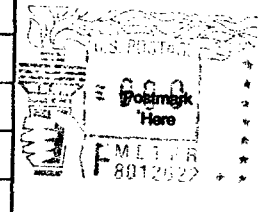
4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ASSOCIATES FINANCIAL SERVICES C/O FLORES, LUIS A ET UX PO BOX 1219 FLORA VISTA NM, 87415-7415	A. Signature X <u>Rara Seena</u> ☒ Agent ☐ Addressee B. Received by (Printed Name) <u>Rosa Flores</u> C. Date of Delivery <u>7-11</u> 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) 7002 0860 0003 4743 9212	
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)

OFFICIAL USE

Postage	\$ <u>1.15</u>	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent to ASSOCIATES FINANCIAL SERVICES
C/O FLORES LUIS A ET UX
PO BOX 1219
FLORA VISTA NM, 87415-7415

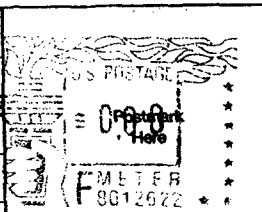
Street, or PO I
City, St

PS Form 3811, February 2004 Instructions

7002 0860 0003 4743 9212

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

OFFICIAL USE

Postage	\$ <u>1.15</u>	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent to ATENCIO VINCENTE ET UX
1404 GULLEDGE AVE
FARMINGTON NM, 87401-7214

Street, or PO I
City, St

PS Form 3811, February 2004 Instructions

7002 0860 0003 4743 9236

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ATENCIO VINCENTE ET UX 1404 GULLEDGE AVE FARMINGTON NM, 87401-7214	A. Signature X <u>Rosie Atencio</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>Rosie Atencio</u> C. Date of Delivery <u>7-7</u> 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) 7002 0860 0003 4743 9236	
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:

BEARDSLEY DOLORES A
617 POPLAR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9274

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dolores A Beardsley* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Dolores Beardsley

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 Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sen

BEARDSLEY DOLORES A
617 POPLAR
FARMINGTON NM, 87401-7401
City,

PS F

Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sen

BEGAYE EUNICE
PO BOX 61
REHOBOTH NM, 87322-7322
City,

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:

BEGAYE EUNICE
PO BOX 61
REHOBOTH NM, 87322-7322

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9281

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Deirryck Begaye* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Deirryck Begaye

C. Date of Delivery

7-6-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BLACK JIM MAC ET UX
1219 BLUFFVIEW AVE
FARMINGTON NM, 87401-7205

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9304

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jim Black*☐ Agent☐ Addressee

B. Received by (Printed Name)

Jim Black

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 Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Send

BLACK JIM MAC ET UX
1219 BLUFFVIEW AVE
FARMINGTON NM, 87401-7205

City

PS Form

Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Send

BIXLER LEONARD D
1301 CAMINO MONTE
FARMINGTON NM, 87401-8072

City

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:

BIXLER LEONARD D
1301 CAMINO MONTE
FARMINGTON NM, 87401-8072

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9298

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Candice Bixler*☐ Agent☐ Addressee

B. Received by (Printed Name)

Candi Bixler

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:

BLUFFVIEW PROPERTIES LLC
P O BOX 223
AZTEC NM, 87410-7410

COMPLETE THIS SECTION ON DELIVERY

A. Signature

R. Dickens

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

R. Dickens

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)

7002 0860 0003 4743 9311

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

BLUFFVIEW PROPERTIES LLC

Street
or PO

P O BOX 223

City, St

AZTEC NM, 87410-7410

PS Form

Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

BOSER ROBERT W

Street,
or PO

705 SYCAMORE

City, St

FARMINGTON NM, 87401-6667

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:

BOSER ROBERT W
705 SYCAMORE
FARMINGTON NM, 87401-6667

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert W. Boser

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Robert W. Boser

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)

7002 0860 0003 4743 9328

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BOWEN C B TRUST 2000 014
C/O GONZALEZ JOSE A AND CECILIA
1012 TAMARACK
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[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

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9342

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

BOWEN C B TRUST 2000 014
C/O GONZALEZ JOSE A AND CECILIA
1012 TAMARACK
FARMINGTON NM, 87401-7401

Street, Apt.
or PO Box

City, State, ZIP

PS Form 3811

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

BOYLE WILLIAM W
C/O STRAUSS GREGORY S ET UX
404 GODFREY AVE
BELEN NM, 87002-8313

Street,
or PO Box

City, State, ZIP

PS Form 3811

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BOYLE WILLIAM W
C/O STRAUSS GREGORY S ET UX
404 GODFREY AVE
BELEN NM, 87002-8313

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Greg Strauss

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)

7002 0860 0003 4743 9366

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BREWER EMMA JEAN
ATTN: BREWER PHILLIP
7855 CR 3520
FLORA VISTA NM, 87415-7415

2. Article Number
(Transfer from service)

7002 0860 0003 4743 9373

102595-02-M-0835

Domestic Return Receipt

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

James Woods
B. Received by (Printed Name)
James Woods

☐ Agent

☐ Addressee

C. Date of Delivery

7/5/05

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

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

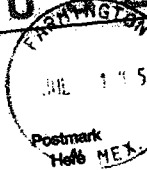
Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To BREWER EMMA JEAN
ATTN: BREWER PHILLIP
7855 CR 3520
FLORA VISTA NM, 87415-7415
Street, Apt. or PO Box
City, State,

PS Form 3811, August 2001



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

(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

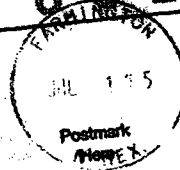
Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To BROWNING LARRY
PO BOX 2184
BLOOMFIELD NM, 87413-7413
Street, Apt. or PO Box
City, State,

PS Form 3811, August 2001



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BROWNING LARRY
PO BOX 2184
BLOOMFIELD NM, 87413-7413

2. Article Number
(Transfer from service)

7002 0860 0003 4743 9397

102595-02-M-0835

Domestic Return Receipt

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Larry Browning
B. Received by (Printed Name)
Larry Browning

☐ Agent

☐ Addressee

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

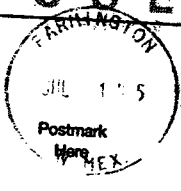


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: BUFFINGTON GUY TRUSTEES. C/O BENAVIDEZ ADAM G ET UX 602 N EXECUTIVE DR BLOOMFIELD NM, 87413-7413 2. Article Number (Transfer from service label)	A. Signature <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Bernard</i> C. Date of Delivery <i>7/11/05</i> 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
7002 0860 0003 4743 9410	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

0745 4743 4743 0000 0980 2002

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

OFFICIAL USE

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

Sent To: BUFFINGTON GUY TRUSTEES.
C/O BENAVIDEZ ADAM G ET UX
602 N EXECUTIVE DR
BLOOMFIELD NM, 87413-7413

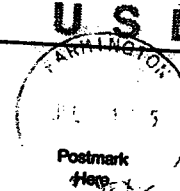
Street, Apt. 1 or PO Box N
City, State, Z

PS Form 3811

0745 4743 4743 0000 0980 2002

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

OFFICIAL USE

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

Sent To: BULLER MATTIE R
2103 SOUTHSIDE RIVER RD
FARMINGTON NM, 87401-7401

Street, Apt. 1 or PO Box
City, State, Z

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: BULLER MATTIE R 2103 SOUTHSIDE RIVER RD FARMINGTON NM, 87401-7401 2. Article Number (Transfer from service label)	A. Signature <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>MATTIE BULLER</i> C. Date of Delivery <i>7/8/2005</i> 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
7002 0860 0003 4743 9427	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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>[Signature]</i> ☐ 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
1. Article Addressed to: BURRELL RICHARD L ESTATE 3509 COLGATE AVE FARMINGTON NM, 87402-8827	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)	7002 0860 0003 4743 9434
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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

OFFICIAL USE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ _____

Sent To
BURRELL RICHARD L ESTATE
3509 COLGATE AVE
FARMINGTON NM, 87402-8827

Postmark Here
FARMINGTON
JUL 1 15
MEX

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

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

OFFICIAL USE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ _____

Sent To
BYRD RENAE A
72926 1/2 RD
GRAND JUNCTION CO, 81506-1506

Postmark Here
FARMINGTON
JUL 1 15
MEX

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

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>[Signature]</i> ☐ 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
1. Article Addressed to: BYRD RENAE A 72926 1/2 RD GRAND JUNCTION CO, 81506-1506	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)	7002 0860 0003 4743 9458
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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>Yolanda Cardenas</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Yolanda Cardenas</i> C. Date of Delivery <i>7-7-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: CARDENAS JACINTO ET UX 1418 BLUFFVIEW FARMINGTON NM, 87401-7210		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, August 2001		7002 0860 0003 4743 9465	
Domestic Return Receipt		102595-02-M-0835	

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

OFFICIAL USE

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

FARMINGTON
JUL 11 5
Postmark Here
4 MEX

Sent To: CARDENAS JACINTO ET UX
1418 BLUFFVIEW
FARMINGTON NM, 87401-7210

Street, Apt. or PO Box
City, State

PS Form 3800, April 2002

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

OFFICIAL USE

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

FARMINGTON
JUL 11 5
Postmark Here
4 MEX

Sent To: CASSIDA SCOTT W
325 SPRUCE ST
FARMINGTON NM, 87401-6631

Street, Apt. or PO Box
City, State

PS Form 3800, April 2002

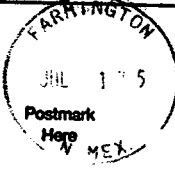
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Scott Cassida</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Scott Cassida</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: CASSIDA SCOTT W 325 SPRUCE ST FARMINGTON NM, 87401-6631		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, August 2001		7002 0860 0003 4743 9489	
Domestic Return Receipt		102595-02-M-0835	

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>x Oscar Cepeda</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Oscar Cepeda</i> C. Date of Delivery <i>7-6-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: CEPEDA OSCAR AND MONCLOVA ANA MARIA 1007 TAMARACK FARMINGTON NM, 87401-7245	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) 7002 0860 0003 4743 9496	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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

OFFICIAL USE

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



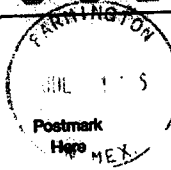
Sent To CEPEDA OSCAR AND MONCLOVA ANA MARIA
Street, Apt. N or PO Box N 1007 TAMARACK
City, State, ZIP FARMINGTON NM, 87401-7245

PS Form 3800, April 2002

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

OFFICIAL USE

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



Sent To CHAMBERLAIN-OLSON DIANA K
Street, Apt. N or PO Box N 2312 SANTIAGO
City, State, ZIP FARMINGTON NM, 87401-9065

PS Form 3800, April 2002 See Reverse for instructions

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>x Greg Crabtree</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Greg Crabtree</i> C. Date of Delivery <i>7-7-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: CHAMBERLAIN-OLSON DIANA K 2312 SANTIAGO FARMINGTON NM, 87401-9065	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) 7002 0860 0003 4743 9519	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: CHARLESWORTH ETHEL C ESTATE 1207 S BUTLER FARMINGTON NM, 87401-6645	A. Signature <u>[Signature]</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>THOMAS GRADY</u> C. Date of Delivery <u>7-6</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7002 0860 0003 4743 9526	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

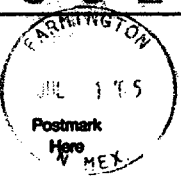
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

9526 4743 0003 0860 7002

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

OFFICIAL USE

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



Sent To CHARLESWORTH ETHEL C ESTATE
1207 S BUTLER
FARMINGTON NM, 87401-6645

Street or PO Box _____
City, State _____

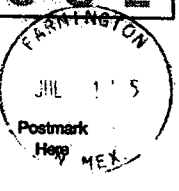
PS Form 3800, April 2002 See Reverse for Instructions

9526 4743 0003 0860 7002

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

OFFICIAL USE

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



Sent To CHARLEY HARRISON J
P O BOX 5641
FARMINGTON NM, 87499-5641

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

PS Form 3800, April 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: CHARLEY HARRISON J P O BOX 5641 FARMINGTON NM, 87499-5641	A. Signature <u>[Signature]</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>HARRISON CHARLEY</u> C. Date of Delivery <u>7-6</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7002 0860 0003 4743 9526	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, August 2001 Domestic Return Receipt 102595-02-M-0835

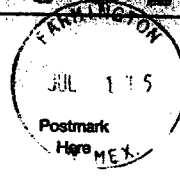
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  ☐ Agent ☐ Addressee	
1. Article Addressed to: CHRISTENSEN HAROLD A ESTATE ATTN: CHRISTENSEN BARBARA 506 E 16TH ST FARMINGTON NM, 87401-7401		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number _____ (Transfer from service label)		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	

7002 0860 0003 4743 9571

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$ _____	
Certified Fee _____	
Return Receipt Fee (Endorsement Required) _____	
Restricted Delivery Fee (Endorsement Required) _____	
Total Postage & Fees _____	
Sent To: CHRISTENSEN HAROLD A ESTATE ATTN: CHRISTENSEN BARBARA 506 E 16TH ST FARMINGTON NM, 87401-7401 Street, Apt. No., or PO Box No. _____ City, State, ZIP+4 _____	

PS Form 3800, April 2002

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$ _____	
Certified Fee _____	
Return Receipt Fee (Endorsement Required) _____	
Restricted Delivery Fee (Endorsement Required) _____	
Total Postage & Fees _____	
Sent To: CHURCH WORD OF LIFE CHRISTIAN CENTER PO BOX 202 FARMINGTON NM, 87499-0202 Street, Apt. No., or PO Box No. _____ City, State, ZIP+4 _____	

PS Form 3800, April 2002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  ☐ Agent ☐ Addressee	
1. Article Addressed to: CHURCH WORD OF LIFE CHRISTIAN CENTER PO BOX 202 FARMINGTON NM, 87499-0202		B. Received by (Printed Name) <u>Diana Justice</u> C. Date of Delivery _____	
2. Article Number _____ (Transfer from service label)		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	

7002 0860 0003 4743 9601

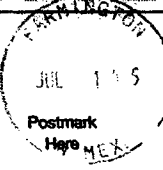
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

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>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>ELIARDO CRUZ</i> C. Date of Delivery <i>7-6-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: CRUZ CESAR A ET UX 601 POPLAR FARMINGTON NM, 87401-6675	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) 7002 0860 0003 4743 9649	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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

6449 9649 4743 9649 0003 4743 9649

OFFICIAL USE

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

Sent To CRUZ CESAR A ET UX
 601 POPLAR
 FARMINGTON NM, 87401-6675

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

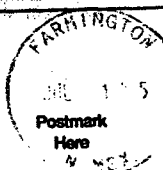
City, State, ZIP+

PS Form 3800, April 2002

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

6449 9649 4743 9649 0003 4743 9649

OFFICIAL USE

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

Sent To CRUZ GERARDO AND CRUZ CESAR A
 601 POPLAR
 FARMINGTON NM, 87401-7401

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

City, State, ZIP+ 4

PS Form 3800, April 2002

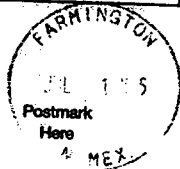
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☒ <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>ELIARDO CRUZ</i> C. Date of Delivery <i>7-6-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: CRUZ GERARDO AND CRUZ CESAR A 601 POPLAR FARMINGTON NM, 87401-7401	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) 9596 E424 E000 0990 2002	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Frank Ocanda</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: DE ANDA FRANK A 321 SPRUCE ST FARMINGTON NM, 87401-6631	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Transfer from service label) 7002 0860 0003 4743 9670	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

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

OFFICIAL USE

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

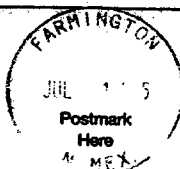
Sent To DE ANDA FRANK A
321 SPRUCE ST
FARMINGTON NM, 87401-6631

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

PS Form 3800, April 2002

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

OFFICIAL USE

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

Sent To DE LEON EDITH
712 TAMARACK AVE
FARMINGTON NM, 87401-6769

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

PS Form 3800, April 2002

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>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Edith DeLeon</i> C. Date of Delivery <i>7-9-02</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: DE LEON EDITH 712 TAMARACK AVE FARMINGTON NM, 87401-6769	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Transfer from service label) 7002 0860 0003 4743 9687	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: DELGADO MANUEL ET UX 709 SYCAMORE FARMINGTON NM, 87401-6667	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 7002 0860 0003 4743 9694 (Transfer from service lab)	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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

OFFICIAL USE

Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & F	
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Sent To **DELGADO MANUEL ET UX**
709 SYCAMORE
FARMINGTON NM, 87401-6667

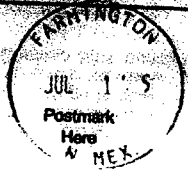
Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, April 2002 See Reverse for Instructions

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

OFFICIAL USE

Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & F	
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Sent To **DESERT INVESTMENTS LLC**
4510 W MAIN
FARMINGTON NM, 87402-7402

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

City, State, ZIP+4

PS Form 3800, April 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: DESERT INVESTMENTS LLC 4510 W MAIN FARMINGTON NM, 87402-7402	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7002 0860 0003 4743 9700 (Transfer from service lab)	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DIXON JERRY EMEL
401 CONCHO DR
FARMINGTON NM, 87401-6703

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 J. Dixon 7-7-05
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

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

2. Article Number
 (Transfer from service label)

7002 0860 0003 4743 9748

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-44-0835

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

OFFICIAL USE

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



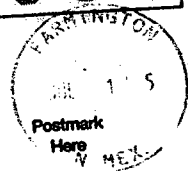
Sent to
 DIXON JERRY EMEL
 401 CONCHO DR
 FARMINGTON NM, 87401-6703

Instructions

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

OFFICIAL USE

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



Sent To
 DODSON MATTHEW AND MARIA A
 1009 N BUTLER AVE
 FARMINGTON NM, 87401-6848

PS Form 3800, Apr

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DODSON MATTHEW AND MARIA A
1009 N BUTLER AVE
FARMINGTON NM, 87401-6848

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Matthew Dodson 7-11-05
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

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

2. Article Number
 (Transfer from service label)

7002 0860 0003 4743 9755

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-44-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DRINKARD BOBBY
C/O ESTRADA FRANCISCO AND PILAR
718 POPLAR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Pilar Estrada

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Pilar Estrada

C. Date of Delivery

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

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0004 1770 0085

Domestic Return Receipt

102595-02-M-0835

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)

DRINKARD BOBBY

C/O ESTRADA FRANCISCO AND PILAR

718 POPLAR

FARMINGTON NM, 87401-7401



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

DUKE DAVID S AND GAIL S

Street or PO

446 EASY LIVING DR

City

LAS CRUCES NM, 88005-8005

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:

DUKE DAVID S AND GAIL S
446 EASY LIVING DR
LAS CRUCES NM, 88005-8005

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Duke David S. Duke

☐ 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

Article Number

(Transfer from service label)

7004 2890 0004 1770 0108

Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DURAN DANNY G
C/O NEWLON MARY
1300 BASIN RD
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 6117

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-01-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* *Jean Hendrick* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Jean Hendrick *07-05-06*

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

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 Post

Sent To

Street, Apt.
or PO Box
City, State,

DURAN DANNY G
C/O NEWLON MARY
1300 BASIN RD
FARMINGTON NM, 87401-7401

PS Form 3800, June 2002

See reverse for instructions

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)

Tot

Sent

Street
or P.O.
City,

DURAN RAYMOND E
4900 POQUITA
FARMINGTON NM, 87402-7402

PS Form 3800, June 2002

See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DURAN RAYMOND E
4900 POQUITA
FARMINGTON NM, 87402-7402

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 0139

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* *Clinton Duan* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Clinton Duan

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

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>Charlene Eaton</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>7-11-05</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: EATON CHARLENE 2650 WEST BARBARA CIRCLE NUM 1 MEMPHIS TN, 38128-8128		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4892		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, August 2001 Domestic Return Receipt

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)	
1. Article Addressed to: EATON CHARLENE 2650 WEST BARBARA CIRCLE NUM 1 MEMPHIS TN, 38128-8128	

PS Form 3811, August 2001

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 Po Sent To Street, Apt or PO Box City, State ESPARZA BETTY R TRUST ESTATE C/O MUNOZ GUMARO ET UX 1201 S BUTLER FARMINGTON NM, 87401-6645	

PS Form 3811, August 2001

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>Elaine Munoz</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Elaine Munoz</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: ESPARZA BETTY R TRUST ESTATE C/O MUNOZ GUMARO ET UX 1201 S BUTLER FARMINGTON NM, 87401-6645		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4908		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

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>Pilar Estrada</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Pilar Estrada</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: ESTRADA FRANCISCO SAUL ET UX 718 POPLAR FARMINGTON NM, 87401-6660	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4922	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

7004 2890 0004 1770 4922

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 P	



Sent To ESTRADA FRANCISCO SAUL ET UX
718 POPLAR
Street, A or PO Box FARMINGTON NM, 87401-6660
City, State

PS Form 3800, June 2002

7004 2890 0004 1770 4953

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)	



Sent To FITZGERALD SHANNON D AND DEBRA D
2333 E 11TH ST
Street, A or PO Box FARMINGTON NM, 87401-7401
City, State

PS Form 3800, June 2002 See Reverse for Instructions

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>Shannon D Fitzgerald</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>SHANNON D FITZGERALD</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: FITZGERALD SHANNON D AND DEBRA D 2333 E 11TH ST FARMINGTON NM, 87401-7401	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4953	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: FRANK LILLIAN AND MATTHEW S 613 POPLAR FARMINGTON NM, 87401-7401		3. Service type: ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)		7004 2890 0004 1770 4977	
PS Form 3811, August 2001		Domestic Return Receipt 02-2001-02-41-08-35	

7004 2890 0004 1770 4977

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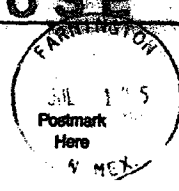
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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		



Sent FRANK LILLIAN AND MATTHEW S

Street or PO 613 POPLAR

City FARMINGTON NM, 87401-7401

PS Form 3811, June 2002

See reverse for instructions

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>X [Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>7/5/01</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: FOUR STATES COMMUNICATIONS INC 909 E MURRAY DR FARMINGTON NM, 87401-7201	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4960	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

7004 2890 0004 1770 4960

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



FOUR STATES COMMUNICATIONS INC
 909 E MURRAY DR
 FARMINGTON NM, 87401-7201

PS Form 3811, August 2001

See Reverse for Instructions

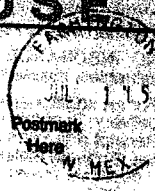
7004 2890 0004 1770 5011

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



FRIAS DANIEL AND BLANCA
 820 E SPRUCE
 FARMINGTON NM, 87401-7401

PS Form 3811, August 2001

See Reverse for Instructions

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>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>Blanca Frias</u> C. Date of Delivery <u>7-7</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: FRIAS DANIEL AND BLANCA 820 E SPRUCE FARMINGTON NM, 87401-7401	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5011	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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>Rebecca Harless</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: FRY JAMES R AND GLORIA J C/O HARLESS REBECCA J PO BOX 3944 FARMINGTON NM, 87499-7499		B. Received by (Printed Name) <i>Rebecca Harless</i> C. Date of Delivery <i>7-9-05</i>	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5028		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, August 2001		Domestic Return Receipt	

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	FRY JAMES R AND GLORIA J C/O HARLESS REBECCA J PO BOX 3944 FARMINGTON NM, 87499-7499
Street, Apt. or PO Box	
City, State	
PS Form 3800, June 2002	

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	GALLEGOS CARLOS ET UX 712 POPLAR FARMINGTON NM, 87401-6660
Street, Apt. or PO Box	
City, State	
PS Form 3800, June 2002	

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>Pamela Gallegos</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: GALLEGOS CARLOS ET UX 712 POPLAR FARMINGTON NM, 87401-6660		B. Received by (Printed Name) <i>Pamela Gallegos</i> C. Date of Delivery <i>7-6-05</i>	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5035		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, August 2001		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: GALLEGOS ERNIE D AND GALLEGOS EDWARD L 1203 S MONTEREY FARMINGTON NM, 87401-7401	A. Signature X <i>S. D. Gally</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>7/18/05</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5042	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

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7004 2890 0004 1770 5042

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Restricted Delivery Fee (Endorsement Required)	
Total Post	

Sent To GALLEGOS ERNIE D AND GALLEGOS EDWARD L
1203 S MONTEREY
FARMINGTON NM, 87401-7401

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7004 2890 0004 1770 5042

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Sent To GARDNER JESSE W ET AL
502 PIMA AVE
FARMINGTON NM, 87401-6721

PS Form 3800, June 2002

7004 2890 0004 1770 5042

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: GARDNER JESSE W ET AL 502 PIMA AVE FARMINGTON NM, 87401-6721	A. Signature X <i>Jennifer Gardner</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>Jessie Fes Gardner</u> C. Date of Delivery _____ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5080	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, August 2001 Domestic Return Receipt 102595-02-M-0835

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>X Jennifer Gardner</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Jennifer Gardner</i> C. Date of Delivery <i>7-13-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: GARDNER RUSSELL LEE ET AL 502 PIMA AVE FARMINGTON NM, 87401-6721	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5097	4. Restricted Delivery? (Extra Fee) ☐ Yes

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Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Post		



Sent To GARDNER RUSSELL LEE ET AL
502 PIMA AVE
FARMINGTON NM, 87401-6721

Street, Apt or PO Box
City, State

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™

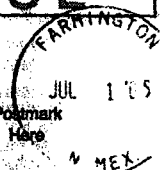
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OFFICIAL USE

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



Sent To GIRON SILAS S AND ELIZABETH J
584 HEAD ST
FARMINGTON NM, 87401-7401

Street, Apt or PO Box
City, State

PS Form 3800, June 2002 See Reverse for Instructions

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>X Elizabeth Giron</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Elizabeth Giron</i> C. Date of Delivery <i>7-13-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: GIRON SILAS S AND ELIZABETH J 584 HEAD ST FARMINGTON NM, 87401-7401	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5103	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☒ Agent ☐ Addressee <i>Connie Glover</i> 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
1. Article Addressed to: GLOVER PAUL A ET UX 1120 RANDOLPH RD FARMINGTON NM, 87401-6626	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5110	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total \$ _____	FARMINGTON JUL 1 15 Postmark Here MEX
Sent To: GLOVER PAUL A ET UX 1120 RANDOLPH RD FARMINGTON NM, 87401-6626 Street, Apt or PO Box _____ City, State _____	
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For delivery information visit our website at www.usps.com	
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Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Pos _____	FARMINGTON JUL 1 15 Postmark Here MEX
Sent To: GOMEZ RICHARDO 302 TAOS AVE FARMINGTON NM, 87401-7401 Street, Apt or PO Box _____ City, State _____	
PS Form 3800, June 2002 Instructions See Reverse for instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☒ Agent ☐ Addressee <i>R. Gomez</i> 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
1. Article Addressed to: GOMEZ RICHARDO 302 TAOS AVE FARMINGTON NM, 87401-7401	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5134	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: GORDON TIMOTHY LEE ET AL 408 SPRUCE FARMINGTON NM, 87401-6634	A. Signature X <i>Timothy L. Gordon</i> B. Received by (Printed Name) <i>Timothy L. Gordon</i> C. Date of Delivery <i>7/8/05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5189	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

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Restricted Delivery Fee (Endorsement Required)		

To: GORDON TIMOTHY LEE ET AL
408 SPRUCE
FARMINGTON NM, 87401-6634

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: HARRIS CHARLES H
1303 S BUTLER AVE
FARMINGTON NM, 87401-6647

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: HARRIS CHARLES H 1303 S BUTLER AVE FARMINGTON NM, 87401-6647	A. Signature X <i>Janet Harris</i> B. Received by (Printed Name) <i>JANET HARRIS</i> C. Date of Delivery <i>7-8-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5257	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, August 2001 Domestic Return Receipt 102595-02-M-0835

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 ☒ Mansfield Jr ☐ Agent ☐ Addressee B. Received by (Printed Name) 1107 S Monterey C. Date of Delivery JUL 18 2005 D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes ☒ No	
1. Article Addressed to: HARRIS MANSFIELD JR 1107 S MONTEREY ST FARMINGTON NM, 87401-6607		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5264		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent ☒ HARRIS MANSFIELD JR
 1107 S MONTEREY ST
 FARMINGTON NM, 87401-6607

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent ☒ HEAD JERRY R ET UX
 704 E HEAD ST
 FARMINGTON NM, 87401-6788

PS Form 3800, June 2002 See Reverse for Instructions

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 ☒ Bonhead ☐ Agent ☐ Addressee B. Received by (Printed Name) Bonhead C. Date of Delivery 7/6/05 D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: HEAD JERRY R ET UX 704 E HEAD ST FARMINGTON NM, 87401-6788		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 5288		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HEAD MARTHA A
1824 S BUTLER AVE
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5295

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Samantha Head

☐ Agent☐ Addressee

B. Received by (Printed Name)

Samantha Head

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total F

Sent To

HEAD MARTHA A
1824 S BUTLER AVE
FARMINGTON NM, 87401-7401

Street,
or PO Box
City, State, ZIP

PS Form 3800, June 2002

See Reverse for Instructions

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(Endorsement Required)

Total Postage

Sent To

HEFNER JULIA A
511 1/2 CONCHO DR
FARMINGTON NM, 87401-6765

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

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HEFNER JULIA A
511 1/2 CONCHO DR
FARMINGTON NM, 87401-6765

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5318

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Julia Gonzalez

☐ Agent☐ Addressee

B. Received by (Printed Name)

Julia Gonzalez

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

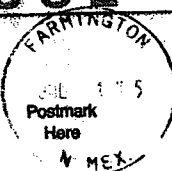
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature x <i>Don R Herrera</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) Don R Herrera C. Date of Delivery 7-11-03 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: HERRERA DON R ET UX 809 SYCAMORE ST FARMINGTON NM, 87401-6669	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 0177	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

7004 2890 0004 1770 0177

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OFFICIAL USE

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

Sent To
HERRERA DON R ET UX
809 SYCAMORE ST
FARMINGTON NM, 87401-6669

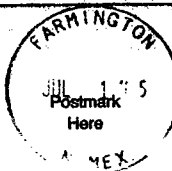
PS Form 3800

7004 2890 0004 1770 0184

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OFFICIAL USE

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

Sent To
HERRERA WILLIAM P
1211 S MONTEREY
FARMINGTON NM, 87401-6609

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>William P Herrera</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) WILLIAM P HERRERA C. Date of Delivery JUL 14 2005 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: HERRERA WILLIAM P 1211 S MONTEREY FARMINGTON NM, 87401-6609	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 0184	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: John R. and Fern A. Herron Trust 4513 Spring Valley Cir SW Albuquerque, NM 87105-6344	A. Signature ☐ Agent ☒ Addressee B. Received by (Printed Name) PCW C. Date of Delivery 7/27/05 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service)	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
7002 0860 0003 4743 8710	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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OFFICIAL USE

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

Sent To

HERRON JOHN R AND FERN A TRUST
9 SUZANNE CT
LOS LUNAS NM, 87031-7031

PS Form 3800, June 2001

U.S. Postal ServiceTM

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OFFICIAL USE

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

Sent To

HOCKENHULL CHESTER CARL
3250 SPENCER DR
FARMINGTON NM, 87401-2864

PS Form 3800, June 2001

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: HOCKENHULL CHESTER CARL 3250 SPENCER DR FARMINGTON NM, 87401-2864	A. Signature ☐ Agent ☒ Addressee B. Received by (Printed Name) Christine Hockenull C. Date of Delivery 7/6/05 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service)	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
7004 2890 0004 1770 0245	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

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 <u>Vanessa Pacheco</u> ☐ Agent ☒ Addressee B. Received by (Printed Name) <u>Vanessa Pacheco</u> C. Date of Delivery <u>7-8-05</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: HOLGUIN DAVID J 1115 S BLUFFVIEW AVE FARMINGTON NM, 87401-7401	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) <u>7004 2890 0004 1770 0283</u>	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

7004 2890 0004 1770 0283

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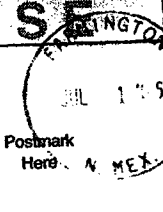
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To: HOLGUIN DAVID J
1115 S BLUFFVIEW AVE
FARMINGTON NM, 87401-7401

PS Form 3800, Jul



7004 2890 0004 1770 4090

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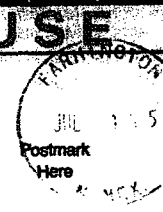
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To: JACQUEZ ANTOLINO I ET UX
1424 S BUTLER
FARMINGTON NM, 87401-6739

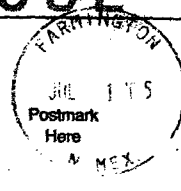
PS Form 3800, Jul



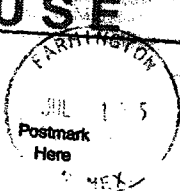
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <u>W. J. Pacheco</u> ☐ Agent ☒ Addressee B. Received by (Printed Name) <u>W. J. Pacheco</u> C. Date of Delivery <u>7-6-05</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: JACQUEZ ANTOLINO I ET UX 1424 S BUTLER FARMINGTON NM, 87401-6739	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) <u>7004 2890 0004 1770 4090</u>	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: JACQUEZ DILIA 1424 S BUTLER FARMINGTON NM, 87401-6739	A. Signature x <i>Dilia Jacques</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Dilia Jacques</i> C. Date of Delivery <i>7-6-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service) 7004 2890 0004 1770 4106	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, August 2001 Domestic Return Receipt 102595-02-M-0835

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OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	
Sent To JACQUEZ DILIA 1424 S BUTLER FARMINGTON NM, 87401-6739	

PS Form 3800, Jun

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 JACQUEZ FELIX 704 E SPRUCE ST FARMINGTON NM, 87401-6662	

PS Form 3800, Jun

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: JACQUEZ FELIX 704 E SPRUCE ST FARMINGTON NM, 87401-6662	A. Signature x <i>Dilia Jacques</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Dilia Jacques</i> C. Date of Delivery <i>7-7-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service) 7004 2890 0004 1770 4113	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, August 2001 Domestic Return Receipt 102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JACQUEZ FRANKIE D ET AL
1424 S BUTLER
FARMINGTON NM, 87401-6739

2. Article Number
(Transfer from service)

7004 2890 0004 1770 4120

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Frankie D Jacquez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Frankie D Jacquez

C. Date of Delivery

7-6-05

D. Is delivery address different from item 1?

☐ Yes☐ No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

JACQUEZ FRANKIE D ET AL
1424 S BUTLER
FARMINGTON NM, 87401-6739

PS Form 3800, Jun



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OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

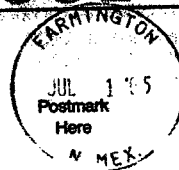
Total Postage & Fees

\$

Sent To

JACQUEZ KRISTI O
808 E SPRUCE
FARMINGTON NM, 87401-7401

PS Form 3800, Jun



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JACQUEZ KRISTI O
808 E SPRUCE
FARMINGTON NM, 87401-7401

2. Article Number
(Transfer from service)

7004 2890 0004 1770 4137

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kristi O Jacquez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Kristi O Jacquez

C. Date of Delivery

7-19-05

D. Is delivery address different from item 1?

☐ Yes☐ No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JACQUEZ TONY I
C/O PENN MABEL
P O BOX 3833
FARMINGTON NM, 87499-3833

2. Article Number
(Transfer from se

7004 2890 0004 1770 4144

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)

MABEL PENN

C. Date of Delivery

7-9-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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OFFICIAL 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

JACQUEZ TONY I
C/O PENN MABEL
P O BOX 3833
FARMINGTON NM, 87499-3833

PS Form 3800, June

U.S. Postal Service™

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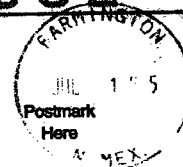
OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To

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

City, State, ZIP+4

JAQUEZ UBALDO ET UX
4401 ROWE AVE
FARMINGTON NM, 87401-3011

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:

JAQUEZ UBALDO ET UX
4401 ROWE AVE
FARMINGTON NM, 87401-3011

2. Article Number

(Transfer from service tag)

7004 2890 0004 1770 4168

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)

MABEL PENN

C. Date of Delivery

7-9-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 GERRY J ET AL
C/O WRIGHT ELTON L ET UX
1625 SILVER ST
FARMINGTON NM, 87401-7401

2. Article Number (Transfer from service label): 7004 2890 0004 1770 4175

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): *Wright Elton L* C. Date of Delivery: *7-12-05*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

FARMINGTON NM JUL 12 2005 USPS

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OFFICIAL USE

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

Sent To: JOHNSON GERRY J ET AL
C/O WRIGHT ELTON L ET UX
1625 SILVER ST
FARMINGTON NM, 87401-7401

PS Form 3800, Ju

7004 2890 0004 1770 4175

FARMINGTON NM JUL 12 2005

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: KENNEDY DELLAR A
310 PIMA AVE
FARMINGTON NM, 87401-6717

PS Form 3800, Ju

7004 2890 0004 1770 4205

FARMINGTON NM JUL 12 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:

KENNEDY DELLAR A
310 PIMA AVE
FARMINGTON NM, 87401-6717

2. Article Number (Transfer from service label): 7004 2890 0004 1770 4205

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): *Dellar A Kennedy* C. Date of Delivery: *7-7-05*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS 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 <i>X Jennifer Gardner</i> B. Received by (Printed Name) <i>Jennifer Gardner</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4212		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	

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

KENNEDY DELLAR A.
 C/O GARDNER WESLEY A
 502 PIMA AVE
 FARMINGTON NM, 87401-6721

PS Form 3800, June 2003

U.S. Postal ServiceTM

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

Sent To
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 City, State, ZIP+4

LEWIS LEONA
 1214 RANDOLPH RD
 FARMINGTON NM, 87401-6628

PS Form 3800, June 2003

SENDER: COMPLETE THIS SECTION		COMPLETE THIS 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 <i>X Leona Lewis</i> B. Received by (Printed Name) <i>Leona Lewis</i> C. Date of Delivery <i>7-9-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: LEWIS LEONA 1214 RANDOLPH RD FARMINGTON NM, 87401-6628		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4243			
PS Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: LOPEZ FRANK A AND EVA M C/O ACOSTA OSVALDO AND IMELDA 813 PEACH ST FARMINGTON NM, 87401-7401	A. Signature <i>X Imelda Acosta</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4267	
PS Form 3811, February 2004 Domestic Return Receipt 102505-02-04-1540	

7004 2890 0004 1770 4267

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

Sent To LOPEZ FRANK A AND EVA M
 C/O ACOSTA OSVALDO AND IMELDA
 813 PEACH ST
 FARMINGTON NM, 87401-7401

PS Form 3800, Jul

7004 2890 0004 1770 4274

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OFFICIAL USE

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

Sent To LOPEZ GUILLERMO ET UX
 722 POPLAR
 FARMINGTON NM, 87401-6660

PS Form 3800, Jul

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: LOPEZ GUILLERMO ET UX 722 POPLAR FARMINGTON NM, 87401-6660	A. Signature <i>X Guillermo Lopez</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>6/17/2004</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4274	
PS Form 3811, February 2004 Domestic Return Receipt 102505-02-04-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: LUCERO CELIA 924 S BOWEN FARMINGTON NM, 87401-7401		A. Signature <i>Valerie M. Lucero</i> B. Received by (Printed Name) <i>Valerie M. Lucero</i> C. Date of Delivery <i>7-11-2005</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4304			

PS Form 3811, February 2004 Domestic Return Receipt 102595-10-M-1290

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

Sent To
LUCERO CELIA
924 S BOWEN
FARMINGTON NM, 87401-7401

PS Form 3800, J

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	\$

Sent To
LUCERO VALERIE M
708 TAMARACK
FARMINGTON NM, 87401-6769

PS Form 3800, J

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: VALERIE M. LUCERO 816 HYDRO PLANT RD. FARMINGTON, NM 87401		A. Signature <i>Valerie M. Lucero</i> B. Received by (Printed Name) <i>Valerie M. Lucero</i> C. Date of Delivery <i>7-7-05</i> 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) E028 E424 E000 0980 2002			

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MACE RICK W ET UX
C/O TICE DOLLIE BABE
1218 RANDOLPH RD
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4328

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-14-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Richard Richter

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Richard Richter

C. Date of Delivery

7-6

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

U.S. Postal Service

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OFFICIAL USE

Postage

\$

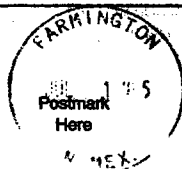
Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$



Sent To

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

MACE RICK W ET UX
C/O TICE DOLLIE BABE
1218 RANDOLPH RD
FARMINGTON NM, 87401-7401

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

MAESTAS MAX AND JEAN
801 E SPRUCE
FARMINGTON NM, 87401-6663

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MAESTAS MAX AND JEAN
801 E SPRUCE
FARMINGTON NM, 87401-6663

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4335

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-14-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Max Maestas

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Max Maestas

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MAESTAS RICHARD ET AL
807 E SPRUCE ST
FARMINGTON NM, 87401-6663

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4342

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-11-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Richard Maestas*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

MAESTAS RICHARD ET AL
807 E SPRUCE ST
FARMINGTON NM, 87401-6663

PS Form 3800, Jun

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rosalie E. Maestas*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Rosalie E. Maestas

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)

7004 2890 0004 1770 4359

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-11-1540

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

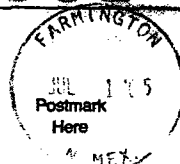
Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

MAEZ GENARO AND ROSALIE E
402 TAOS AVE
FARMINGTON NM, 87401-7401

PS Form 3800, Jun



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 8. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so 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> B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>7/5/05</i> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: MANGUM RALPH L P O BOX 2521 BLOOMFIELD NM, 87413-2521		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4366			
PS Form 3811, February 2004		Domestic Return Receipt 102585-02-41-1540	

7004 2890 0004 1770 4366

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	\$

Sent To
Street, Apt. No., or PO Box No. MANGUM RALPH L
City, State, ZIP+4 P O BOX 2521
BLOOMFIELD NM, 87413-2521

PS Form 3800, J

7004 2890 0004 1770 4373

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. No., or PO Box No. MANZANARES FRANCIS A ET UX
City, State, ZIP+4 303 OURAY AVE
FARMINGTON NM, 87401-6708

PS Form 3800, J

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>[Signature]</i> B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>7-7-05</i> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: MANZANARES FRANCIS A ET UX 303 OURAY AVE FARMINGTON NM, 87401-6708		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4373			
PS Form 3811, February 2004		Domestic Return Receipt 102585-02-41-1540	

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:

MARQUEZ TOMAS ET UX
203 W TYCKSEN
FARMINGTON NM, 87401-6153

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Agent

☐ Addressee

C. Date of Delivery

☐ 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

7004 2890 0004 1770 4380

102595-02-01-1540

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OFFICIAL USE

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



Sent To

MARQUEZ TOMAS ET UX
203 W TYCKSEN
FARMINGTON NM, 87401-6153

PS Form 3800, Jul

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

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OFFICIAL USE

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



Sent To

MARTIN PAULINE H
1795 S BUTLER AVE
FARMINGTON NM, 87401-6744

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:

MARTIN PAULINE H
1795 S BUTLER AVE
FARMINGTON NM, 87401-6744

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Agent

☐ Addressee

C. Date of Delivery

☐ 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

7004 2890 0004 1770 4397

Domestic Return Receipt

102595-02-01-1540

SENDER: COMPLETE THIS SECTION

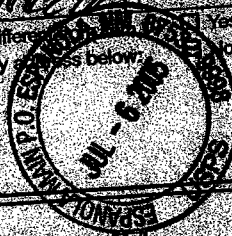
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

MARTINEZ JUAN D JR ET UX
P O BOX 2124
SPANOLA NM, 87532-7532

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 B. Received by (Printed Name) ☐ Yes
 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



Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

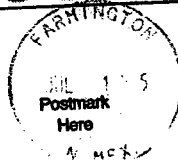
102595-02-M-1540

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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. No., or PO Box No.
 City, State, ZIP+4
 MARTINEZ ALBERTO
 619 POPLAR
 FARMINGTON NM, 87401-6675

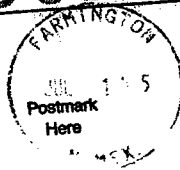
PS Form 3800, J

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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 \$



Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 MARTINEZ MARY E
 P O BOX 10398
 ALBUQUERQUE NM, 87184-0398

PS Form 3800, Ju

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 MARY E
 P O BOX 10398
 ALBUQUERQUE NM, 87184-0398

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 B. Received by (Printed Name) ☐ Yes
 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)

7004 2890 0004 1770 4434

102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>[Signature]</i> B. Received by (Printed Name) <i>TIM MARTINEZ</i> C. Date of Delivery <i>JUL 7 2005</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: MARTINEZ TIM AND IRENE TRUST 1405 GULLEDGE RD FARMINGTON NM, 87401-7401		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4472		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

U.S. Postal ServiceTM
CERTIFIED MAILTM 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. No., or PO Box No.
City, State, ZIP+4

MARTINEZ TIM AND IRENE TRUST
1405 GULLEDGE RD
FARMINGTON NM, 87401-7401

7004 2890 0004 1770 4472

U.S. Postal ServiceTM
CERTIFIED MAILTM 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. No., or PO Box No.
City, State, ZIP+4

MC DONALD CHARLES L ET UX
2208 CAMINO RIO
FARMINGTON NM, 87401-8150

7004 2890 0004 1770 4496

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>[Signature]</i> B. Received by (Printed Name) <i>Charles L. McDonald</i> C. Date of Delivery <i>JUL 6 2005</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: MC DONALD CHARLES L ET UX 2208 CAMINO RIO FARMINGTON NM, 87401-8150		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 4496		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: MC NEELY NAOMI RUTH 1119 GRAHAM RD FARMINGTON NM, 87401-7251 2. Article Number (Transfer from service label) 7004 2890 0004 1770 4519	A. Signature <i>Naomi R McNeely</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Naomi R McNeely</i> C. Date of Delivery <i>7-6-05</i> 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

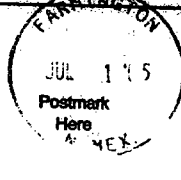
7004 2890 0004 1770 4519

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
MC NEELY NAOMI RUTH
1119 GRAHAM RD
FARMINGTON NM, 87401-7251

PS Form 3800, Ju

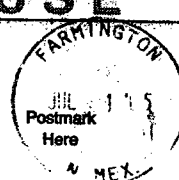
7004 2890 0004 1770 0016

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
MC NEELY WILLIAM PRESTON
1119 S GRAHAM RD
FARMINGTON NM, 87401-7251

PS Form 3800, Ju

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: MC NEELY WILLIAM PRESTON 1119 S GRAHAM RD FARMINGTON NM, 87401-7251 2. Article Number (Transfer from service label) 7004 2890 0004 1770 0016	A. Signature <i>Naomi R McNeely</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Naomi R McNeely</i> C. Date of Delivery <i>7-6-05</i> 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

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

1. Article Addressed to:

MC NELEY JAMES K AND GRACE ANNA
TRUST
18102 CR G
CORTEZ CO, 81321-1321

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 0023

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

James K. Neley

C. Date of Delivery

7/09/05

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

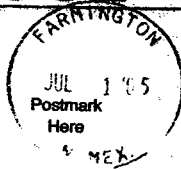
Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & F



Sent To

MC NELEY JAMES K AND GRACE ANNA
TRUSTStreet, Apt. No.,
or PO Box No.

18102 CR G

City, State, ZIP+4

CORTEZ CO, 81321-1321

PS Form 3800, June 2002

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

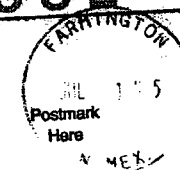
Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage &



Sent To

MERCADO GABRIEL ET UX

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

1421 TORY DR

City, State, ZIP+4

FARMINGTON NM, 87401-6754

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MERCADO GABRIEL ET UX
1421 TORY DR
FARMINGTON NM, 87401-6754

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 0030

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-23-05

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-11-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Becky Mitchell</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>BECKY MITCHELL</i> C. Date of Delivery <i>7/15/05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: MIHELICH JIMMY W ET UX P O BOX 1993 FARMINGTON NM, 87499-1993		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7002 0860 0003 4743 9762		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		U.S. Postal Service TM CERTIFIED MAIL TM 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 MIHELICH JIMMY W ET UX P O BOX 1993 FARMINGTON NM, 87499-1993 Street, Apt. No. or PO Box No. City, State, ZIP PS Form 3800, April 2002 See Reverse for Instructions		Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To MIHELICH JIM ET AL C/O TEVERBAUGH GAYLE B TRUST 77 CR 6480 KIRTLAND NM, 87417-7417 Street, Apt. No. or PO Box No. City, State, ZIP+4 PS Form 3800, July 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Gayle B Teverbaugh</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Gayle B Teverbaugh</i> C. Date of Delivery <i>JUL - 6 2005</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: MIHELICH JIM ET AL C/O TEVERBAUGH GAYLE B TRUST 77 CR 6480 KIRTLAND NM, 87417-7417		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 0061		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541

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>X Yvonne L. Boggio</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Yvonne L. Boggio</i> C. Date of Delivery <i>7-7-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: MONTOKA ELISAIDA ET AL 1407 BLUFFVIEW DR FARMINGTON NM, 87401-7401		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7002 0860 0003 4743 9847		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	MONTOKA ELISAIDA ET AL 1407 BLUFFVIEW DR FARMINGTON NM, 87401-7401
Street, Apt. No., or PO Box No.	
City, State, ZIP+	

PS Form 3800, April 2002 See Reverse

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	MONTANO PAUL ET UX P O BOX 5078 BERNALILLO NM, 87004-7004
Street, Apt. No., or PO Box No.	
City, State, ZIP+ 4	

PS Form 3800, April 2002 See Reverse for Instructions

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>X Paul Montano</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Paul Montano</i> C. Date of Delivery <i>7-8-05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: MONTANO PAUL ET UX P O BOX 5078 BERNALILLO NM, 87004-7004		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7002 0860 0003 4743 9830		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1540

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:

MULLINS CAROLYN J AND JAMES A
PO BOX 154
POINT BLANK TX, 77364-7364

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9892

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carolyn Mullins*☐ Agent☐ Addressee

B. Received by (Printed Name)

Carol Mullins

C. Date of Delivery

7-5-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Postmark
Here

MEX

Sent To

MULLINS CAROLYN J AND JAMES A
PO BOX 154
POINT BLANK TX, 77364-7364

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

City, State, ZIP+

PS Form 3800, April 2002

See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Postmark
Here

MEX

Sent To

MUNOZ FELIX
1017 ACACIA ST
FARMINGTON NM, 87401-7401

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

City, State, ZIP+

PS Form 3800, April 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MUNOZ FELIX
1017 ACACIA ST
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9908

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Felix Munoz*☐ Agent☐ Addressee

B. Received by (Printed Name)

Felix Munoz

C. Date of Delivery

5-10-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NELSON JUNE
801 SYCAMORE
FARMINGTON NM, 87401-6669

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9915

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J Nelson

☐ Agent☐ Addressee

B. Received by (Printed Name)

J Nelson

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 Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

NELSON JUNE
801 SYCAMORE
FARMINGTON NM, 87401-6669

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

City, State, ZIP+4

PS Form 3800, April 2002

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print)

NEWLON MARY A.
C/O HARMON DONNA K AND DOUGLAS
5765 US 64
FARMINGTON NM, 87401-7401

Street, Apt. No.,

City, State, ZIP+4

PS Form 3800, April 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NEWLON MARY A.
C/O HARMON DONNA K AND DOUGLAS
5765 US 64
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7709 3220 0002 9608

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Doug Harmon

☐ Agent☐ Addressee

B. Received by (Printed Name)

Doug Harmon

C. Date of Delivery

7-7-05

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NEWLON MARY A
1300 BASIN RD
FARMINGTON NM, 87401-8104

2. Article Number

(Transfer from service label)

7099 3220 0002 8979 9592

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-01-15-00

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dean Henrich*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

DEAN HENRICH

C. Date of Delivery

0705-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print)

Street, Apt. No.; or

City, State, ZIP+ 4

NEWLON MARY A
1300 BASIN RD
FARMINGTON NM, 87401-8104

PS Form 3800, July

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print)

Street, Apt. No.; or

City, State, ZIP+ 4

NORTON CLEO ET AL
511 CONCHO DR
FARMINGTON NM, 87401-6765

PS Form 3800, July

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NORTON CLEO ET AL
511 CONCHO DR
FARMINGTON NM, 87401-6765

2. Article Number

(Transfer from service label)

7099 3220 0002 8979 9615

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-01-15-00

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lillian Hunt*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

LILLIAN HUNT

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 THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: NORTON ROBERT K ET AL 515 TAOS AVE FARMINGTON NM, 87401-6749 2. Article Number (Transfer from service label) 7099 3220 0002 9639	A. Signature <i>Robert Norton</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Robert Norton</i> C. Date of Delivery <i>7-8</i> 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 102505-02-11-1540

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

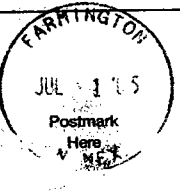
Article Sent To:

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

Name (Please Print)
NORTON ROBERT K ET AL

Street, Apt. No.; or P
515 TAOS AVE

City, State, ZIP+ 4
FARMINGTON NM, 87401-6749



7099 3220 0002 8979 9639

PS Form 3800, July

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

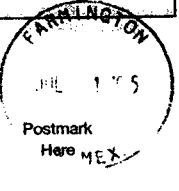
Article Sent To:

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

Name (Please Print)
OFF HAROLD C AND PHYLLIS W TRUST

Street, Apt. No.; or P
P O BOX 165

City, State, ZIP+ 4
FARMINGTON NM, 87499-0165



7099 3220 0002 8979 9646

PS Form 3800, July

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: OFF HAROLD C AND PHYLLIS W TRUST P O BOX 165 FARMINGTON NM, 87499-0165 2. Article Number (Transfer from service label) 7705 3220 0002 8979 9646	A. Signature <i>Phyllis W Trust</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Phyllis W Trust</i> C. Date of Delivery <i>7-11</i> 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

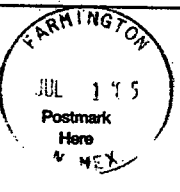
PS Form 3811, February 2004 Domestic Return Receipt 102505-02-11-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ORTEGA EMILIO AND IRMA 1213 S BUTLER AVE FARMINGTON NM, 87401-7401	A. Signature ☒ <i>Yoon Ortega</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>IRMA ORTEGA</i> C. Date of Delivery <i>7-7-05</i> 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)	7002 0860 0003 4743 8222

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1540

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

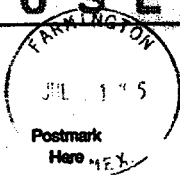
O F F I C I A L U S E

Postage \$		Certified Fee
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage /		
Sent To ORTEGA EMILIO AND IRMA 1213 S BUTLER AVE FARMINGTON NM, 87401-7401 Street, Apt. No., or PO Box No. City, State, ZIP+		

PS Form 3800, April 2002 See Reverse for Instructions

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

O F F I C I A L U S E

Postage \$		Certified Fee
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage /		
Sent To OWENS GERRY W ET UX 605 PIMA AVE FARMINGTON NM, 87401-4607 Street, Apt. No., or PO Box City, State		

PS Form 3800, April 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: OWENS GERRY W ET UX 605 PIMA AVE FARMINGTON NM, 87401-4607	A. Signature ☒ <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	7002 0860 0003 4743 8239

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: PAYAN MARTIN RAYMUNDO AND RITA A 811 PEACH ST FARMINGTON NM, 87401-7401	A. Signature ☒ <i>Rita Payne</i> ☐ 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
2. Article Number (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
7002 0860 0003 4743 8284	
PS Form 3811, February 2004 Domestic Return Receipt 10255-02-00-1540	

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

OFFICIAL USE

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

Sent To PAYAN MARTIN RAYMUNDO AND RITA A
 811 PEACH ST
 FARMINGTON NM, 87401-7401

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

PS Form 3800

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

OFFICIAL USE

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

Sent To PALOMINO RAMON JR ET UX
 1001 TAMARACK
 FARMINGTON NM, 87401-7285

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

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. 1. Article Addressed to: PALOMINO RAMON JR ET UX 1001 TAMARACK FARMINGTON NM, 87401-7285	A. Signature ☒ <i>Emma Palomino</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) _____ C. Date of Delivery <i>7/14/05</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (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
7002 0860 0003 4743 8260	
PS Form 3811, February 2004 Domestic Return Receipt 10255-02-00-1540	

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:

PATTERSON MAYELA
2707 SPENCER DR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8277

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-11-1540

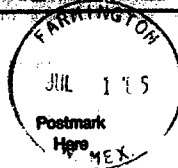
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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



Sent To PATTERSON MAYELA
2707 SPENCER DR
FARMINGTON NM, 87401-7401

**Street, Apt. N
or PO Box N:**

City, State, Z:

PS Form 3800, April 2002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mayela Silva

☐ Agent☐ Addressee

B. Received by (Printed Name)

Mayela Silva

C. Date of Delivery

7-8-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8277

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-11-1540

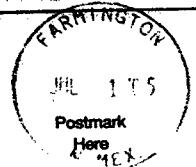
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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



Sent To PINEDA VICTOR M ET AL
700 TAMARACK
FARMINGTON NM, 87401-6769

**Street, Apt. N
or PO Box N:**

City, State, Z:

PS Form 3800, April 2002

See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PINEDA VICTOR M ET AL
700 TAMARACK
FARMINGTON NM, 87401-6769

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8291

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-11-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Maria Pineda

☐ Agent☐ Addressee

B. Received by (Printed Name)

Maria Pineda

C. Date of Delivery

7-7-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: RAYMOND THOMAS ET UX 502 OURAY AVE FARMINGTON NM, 87401-6713	A. Signature X <i>Shirley Raymond</i> ☐ 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
2. Article Number (Transfer from service label) 7002 0860 0003 4743 8314	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 102585-02-00-10-15

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
O F F I C I A L U S E	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & F _____	FARMINGTON NM JUL 1 '05 Postmark Hrb MEX
Sent To RAYMOND THOMAS ET UX 502 OURAY AVE FARMINGTON NM, 87401-6713 Street, Apt. No., or PO Box No. _____ City, State, ZIP+4 _____	

PS Form 3800, April 2002

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
O F F I C I A L U S E	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & F _____	FARMINGTON NM JUL 1 '05 Postmark Hrb MEX
Sent To REAL ESTATE CORP OF LOCAL UNION NO 16 1030 SAN PEDRO NE ALBUQUERQUE NM, 87110-6722 Street, Apt. No., or PO Box No. _____ City, State, ZIP+4 _____	

PS Form 3800, April 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: REAL ESTATE CORP OF LOCAL UNION NO 16 1030 SAN PEDRO NE ALBUQUERQUE NM, 87110-6722	A. Signature X <i>J. Ruiz</i> ☐ 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
2. Article Number (Transfer from service label) 7002 0860 0003 4743 8321	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 102585-02-00-10-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: RESECKER LEO 404 OURAY AVE FARMINGTON NM, 87401-4600	A. Signature <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>[Name]</i> C. Date of Delivery <i>[Date]</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number <i>(Transfer from service label)</i>	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes	
7002 0860 0003 4743 8338	
PS Form 3811, February 2004 Domestic Return Receipt 102995-02-41-1540	

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

7002 0860 0003 4743 8338

OFFICIAL USE

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

Sent To: RESECKER LEO
404 OURAY AVE
FARMINGTON NM, 87401-4600

PS Form 3800

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

7002 0860 0003 4743 8406

OFFICIAL USE

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

Sent To: ROBLES MAXIMILIANO ET UX
4208 BECKLAND DR
FARMINGTON NM, 87402-7402

PS Form 3800, April 2003 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ROBLES MAXIMILIANO ET UX 4208 BECKLAND DR FARMINGTON NM, 87402-7402	A. Signature <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>[Name]</i> C. Date of Delivery <i>[Date]</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number <i>(Transfer from service label)</i>	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes	
7002 0860 0003 4743 8406	
PS Form 3811, February 2004 Domestic Return Receipt 102995-02-41-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: SANCHEZ BENNY B 300 TAOS AVE FARMINGTON NM, 87401-6723 2. Article Number (Transfer from service label)	A. Signature <i>[Signature]</i> B. Received by (Printed Name) <i>Benny B. Sanchez</i> C. Date of Delivery <i>7-9-05</i> 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
7002 0860 0003 4743 8819	
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)	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	FARMINGTON JUL 1 15 Postmark Hep 4EX
Sent To SANCHEZ BENNY B 300 TAOS AVE FARMINGTON NM, 87401-6723 Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, April 2003 See Reverse for Instructions	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	FARMINGTON JUL 1 15 Postmark Hep 4EX
Sent To SANCHEZ TAMMY SUZZTTE ATENCIO ET AL 2700 FOX ST FARMINGTON NM, 87401-7401 Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, April 2003 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: SANCHEZ TAMMY SUZZTTE ATENCIO ET AL 2700 FOX ST FARMINGTON NM, 87401-7401 2. Article Number (Transfer from service label)	A. Signature <i>[Signature]</i> B. Received by (Printed Name) <i>Thomas Perez</i> C. Date of Delivery <i>7-9-05</i> 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
7002 0860 0003 4743 8826	
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:

SANDOVAL JOSEPH M
702 E SPRUCE
FARMINGTON NM, 87401-6662

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8833

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Joseph M Sandoval*☐ Agent☐ Addressee

B. Received by (Printed Name)

X *Joseph M Sandoval*

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

SANDOVAL JOSEPH M
702 E SPRUCE
FARMINGTON NM, 87401-6662

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

City, State, ZIP+

PS Form 3800, April 2002

See reverse for instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

SANDOVAL OCTAVIO ET UX C/O I
C/O BENAVIDEZ ADAM G ET UX
602 N EXECUTIVE DR
BLOOMFIELD NM, 87413-7413

Street, Apt. No.,
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:

SANDOVAL OCTAVIO ET UX C/O I
C/O BENAVIDEZ ADAM G ET UX
602 N EXECUTIVE DR
BLOOMFIELD NM, 87413-7413

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8840

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Desiree Bernadillo*☐ Agent☐ Addressee

B. Received by (Printed Name)

X *Desiree Bernadillo*

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: SCARPELLINI JOHN 1111 GRAHAM RD FARMINGTON NM, 87401-7401 2. Article Number (Transfer from service label)	A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>John Scarpellini</i> 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
FARMINGTON NM 87401 JUL 1 15	
7002 0860 0003 4743 8857 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)

O F F I C I A L U S E

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. 1111 GRAHAM RD

City, State, ZIP+4 FARMINGTON NM, 87401-7401

PS Form 3800, 7-05-05

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

O F F I C I A L U S E

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

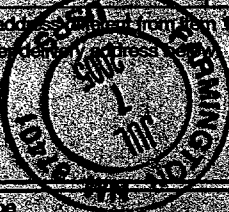
Sent To

Street, Apt. No.; or PO Box No. 1601 CAMINO RIO

City, State, ZIP+4 FARMINGTON NM, 87401-7401

PS Form 3800, 7-05-05

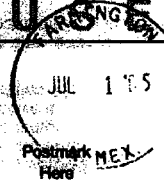
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: SCHILZ ARLIN M ET UX 1601 CAMINO RIO FARMINGTON NM, 87401-7401 2. Article Number (Transfer from service label)	A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Wanda Schilz</i> C. Date of Delivery <i>7-05-05</i> 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
FARMINGTON NM 87401 JUL 1 15	
7002 0860 0003 4743 8864 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: SELPH JOHN F ET UX 701 E SPRUCE ST FARMINGTON NM, 87401-6661	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>John Selph</i> C. Date of Delivery <i>7-14</i> 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) 7002 0860 0003 4743 8895	

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-04-1540

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

OFFICIAL USE

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

Sent To: SELPH JOHN F ET UX
701 E SPRUCE ST
FARMINGTON NM, 87401-6661

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

PS Form 3800, April 2003

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

OFFICIAL USE

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

Sent To: SERRANO AMALIA TRUST
709 PEACH ST
FARMINGTON NM, 87401-6653

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

PS Form 3800, April 2003

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: SERRANO AMALIA TRUST 709 PEACH ST FARMINGTON NM, 87401-6653	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Carman Shoy</i> C. Date of Delivery <i>7-14</i> 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) 7002 0860 0003 4743 8888	

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-04-1540

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:

SHORTHAIR ANNIE
1409 GULLEDGE RD
FARMINGTON NM, 87401-7213

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8925

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Allen Shorthair*☐ Agent☐ Addressee

B. Received by (Printed Name)

Allen Shorthair

C. Date of Delivery

7-8-05

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ YesU.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

SHORTHAIR ANNIE
1409 GULLEDGE RD
FARMINGTON NM, 87401-7213

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

City, State, ZIP+4

PS Form 3800, April 2002

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

SILVA ALFREDO
313 N MONTEREY
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

PS Form 3800, April 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SILVA ALFREDO
313 N MONTEREY
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8949

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carmen Silva*☐ Agent☐ Addressee

B. Received by (Printed Name)

Carmen Silva

C. Date of Delivery

7-29-05

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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>Phil Smith</i> ☐ Agent ☐ Addressee	
1. Addressee's name		B. Received by (Printed Name) <i>Phil Smith</i>	C. Date of Delivery
2. Addressee's address		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below	
SMITH VICKI R AND PHILLIP L 1705 S MILLER AVE FARMINGTON NM, 87401-7401		3. Service type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail	
4. Restricted Delivery (Extra Fee) ☐ Yes ☐ No		5. Restricted Delivery (Extra Fee) ☐ Yes ☐ No	
7004 2890 0004 1770 5332		7004 2890 0004 1770 5332	

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	
Collection Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: SMITH VICKI R AND PHILLIP L
 1705 S MILLER AVE
 FARMINGTON NM, 87401-7401

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

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SINGLETON SHERMAN AND HELEN
C/O RADFORD SUE
P O BOX 2001
FARMINGTON NM, 87499-2001

2. Article Number
(Transfer from service label)

7002 0860 0003 4743 8956

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Heleen Singleton*☐ Agent☐ Addressee

B. Received by (Printed Name)

Heleen Singleton

C. Date of Delivery

7-7-05

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ YesU.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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

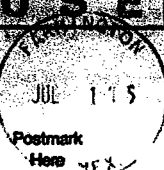
Sent To

SINGLETON SHERMAN AND HELEN
C/O RADFORD SUE
P O BOX 2001
FARMINGTON NM, 87499-2001

Street, Apt. No.
or PO Box No.

City, State, ZIP

PS Form 3800

U.S. Postal ServiceTMCERTIFIED MAILTM 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	

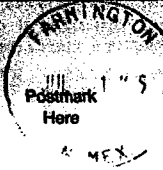
Sent To

SOLANO ARTHUR T TRUSTEES
1111 1/2 GRAHAM RD
FARMINGTON NM, 87401-7251

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

PS Form 3800, June 2003

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SOLANO ARTHUR T TRUSTEES
1111 1/2 GRAHAM RD
FARMINGTON NM, 87401-7251

2. Article Number
(Transfer from service label)

7004 2890 0004 1770 5349

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Arthur T. Solano*☐ Agent☐ Addressee

B. Received by (Printed Name)

Arthur T. Solano

C. Date of Delivery

7-8-05

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

T AND H INSULATION AND METAL
SUPPLY
C/O TADCO INC
P O BOX 46
FARMINGTON NM, 87499-7499

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. R. R. R.*☐ Agent☐ Addressee

B. Received by (Printed Name)

DENNY

C. Date of Delivery

7/15

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

7004 2890 0004 1770 5381

Domestic Return Receipt

102595-0244-1540

U.S. Postal ServiceTMCERTIFIED MAILTM 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 &

T AND H INSULATION AND METAL
SUPPLY

C/O TADCO INC

P O BOX 46

FARMINGTON NM, 87499-7499

Sent To

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal ServiceTMCERTIFIED MAILTM 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+4

TERAN JAVIER R AND THERESA ETAL
1406 BLUFFVIEW AVE
FARMINGTON NM, 87401-7401

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

TERAN JAVIER R AND THERESA ETAL
1406 BLUFFVIEW AVE
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. R. R. R.*☐ Agent☐ Addressee

B. Received by (Printed Name)

M. R. R. R.

C. Date of Delivery

7/15

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

7004 2890 0004 1770 5394

Domestic Return Receipt

102595-0244-1540

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:

THURSTON BERNARD AND MARVA
MARIE
C/O LA ASCENCION LLC
PO BOX 6724
FARMINGTON NM, 87499-7499

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Desos Villalobos

C. Date of Delivery

7-13

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

10255-02-01-15-00

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

THURSTON BERNARD AND MARVA
MARIEStreet, Apt. No.,
or PO Box No.C/O LA ASCENCION LLC
PO BOX 6724

City, State, ZIP+4

FARMINGTON NM, 87499-7499

PS Form 3800,

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

THURSTON KENNETH R
C/O TROXELL JIMMY
611 POPLAR
FARMINGTON NM, 87401-6675Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THURSTON KENNETH R
C/O TROXELL JIMMY
611 POPLAR
FARMINGTON NM, 87401-6675

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Beth Troxell

C. Date of Delivery

7-6

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

10255-02-01-15-00

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VALDEZ JAMES L ET AL
200 W 20TH ST
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amber Valdez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Amber Valdez

C. Date of Delivery

6/17

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

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 & Fe

Sent To

VALDEZ JAMES L ET AL
200 W 20TH ST
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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

VALDEZ PHILLIP A ET UX
1304 CAMINA VEGA
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VALDEZ PHILLIP A ET UX
1304 CAMINA VEGA
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Phillip Valdez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Phillip Valdez

C. Date of Delivery

07/15/04

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-44-1540

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:

VARELA CRUZBERTO AND GLORIA
1304 UTTON LN
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Gloria Varela

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Gloria Varela

C. Date of Delivery

7-7

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 ServiceTM

CERTIFIED MAILTM 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. No.,
or PO Box No.
City, State, ZIP+4

VARELA CRUZBERTO AND GLORIA
1304 UTTON LN
FARMINGTON NM, 87401-7401

PS Form 3800, July 2003

U.S. Postal ServiceTM

CERTIFIED MAILTM 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. No.,
or PO Box No.
City, State, ZIP+4

VARGAS SARAH C
1205 GRAHAM RD
FARMINGTON NM, 87401-7253

PS Form 3800, July 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:

VARGAS SARAH C
1205 GRAHAM RD
FARMINGTON NM, 87401-7253

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sarah Vargas Barrios

☐ Agent

B. Received by (Printed Name)

Sarah Vargas Barrios

C. Date of Delivery

7-7

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2890 0004 1770 5523

Domestic Return Receipt

102595-02-02-10-01

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 AMANDA C
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Helen Vigil*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Helen Vigil

C. Date of Delivery

7-6-05

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ YesU.S. Postal ServiceTMCERTIFIED MAILTM 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 & Fee

Sent To

VIGIL AMANDA C
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

PS Form 3800, June 2002

U.S. Postal ServiceTMCERTIFIED MAILTM 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 & Fee

Sent To

VIGIL RAMON PHILLIP ET UX
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VIGIL RAMON PHILLIP ET UX
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Helen Vigil*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Helen Vigil

C. Date of Delivery

7-6-05

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102545-02-00 (540)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: VIGIL RAYMOND ET UX 1408 BLUFFVIEW DR FARMINGTON NM, 87401-7401 2. Article Number (Transfer from service label)	A. Signature X <i>Helen Vigil</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Helen Vigil</i> C. Date of Delivery <i>7-6-05</i> 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 102505-02-01-1540	

7004 2890 0004 1770 5554

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 **VIGIL RAYMOND ET UX**
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

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

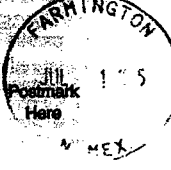
PS Form 3800, June 2003

7004 2890 0004 1770 5561

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 & Extra		

Sent To **VIGIL REYES ET UX**
1412 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

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

PS Form 3800, June 2003 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: VIGIL REYES ET UX 1412 BLUFFVIEW DR FARMINGTON NM, 87401-7401 2. Article Number (Transfer from service label)	A. Signature X <i>Rafaela Vigil</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Rafaela Vigil</i> C. Date of Delivery <i>7-7-05</i> 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 102505-02-01-1540	

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:

VON FAULK CILLA ET AL
2 CLEARVIEW DR
SCARBOROUGH ME, 04074-4074

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5578

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-04-1540

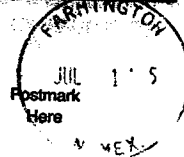
U.S. Postal ServiceTMCERTIFIED MAILTM RECEIPT

(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. No.,
or PO Box No.
City, State, ZIP+4

VON FAULK CILLA ET AL
2 CLEARVIEW DR
SCARBOROUGH ME, 04074-4074

PS Form 3800, June 2003

See Reverse for Instructions

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?

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)

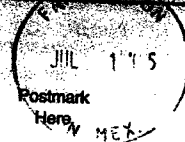
☐ YesU.S. Postal ServiceTMCERTIFIED MAILTM RECEIPT

(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. No.,
or PO Box No.
City, State, ZIP+4

WABBINGTON ENIOUS ET UX
501 OURAY AVE
FARMINGTON NM, 87401-6712

PS Form 3800, June 2003

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WABBINGTON ENIOUS ET UX
501 OURAY AVE
FARMINGTON NM, 87401-6712

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5585

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-04-1540

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?

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:

WALTON GLEORA JOAN
C/O CURRY CAROL
P O BOX 497
FARMINGTON NM, 87499-0497

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5616

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-04-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

Gleora Walton

C. Date of Delivery

7-5-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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. No.,
or PO Box No.

City, State, ZIP+4

WALTON GLEORA JOAN
C/O CURRY CAROL
P O BOX 497
FARMINGTON NM, 87499-0497

PS Form 3800, June 2002

See Reverse for Instructions

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. No.,
or PO Box No.

City, State, ZIP+4

WATSON JOHN W ET UX
C/O JARAMILLO SALVADOR ET UX
604 CHARLOFF
FARMINGTON NM, 87401-8526

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:

WATSON JOHN W ET UX
C/O JARAMILLO SALVADOR ET UX
604 CHARLOFF
FARMINGTON NM, 87401-8526

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5615

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-04-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

John W. Watson

C. Date of Delivery

7-17-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 ALFRED ET UX
1505 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jane W. Yazzie ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Jane W. Yazzie

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 ☐ G.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5677

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-04-1540

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 & I

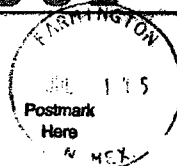
Sent To

YAZZIE ALFRED ET UX
1505 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

PS Form 3800, June 2002



7004 2890 0004 1770 5677

SYNERGY OPERATING

UNCLAIMED

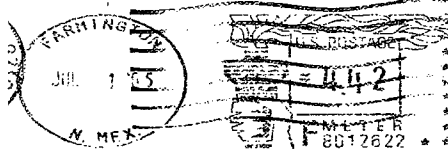
CERTIFIED LETTERS

**NOTIFICATION
of
FORCED-POOLING**

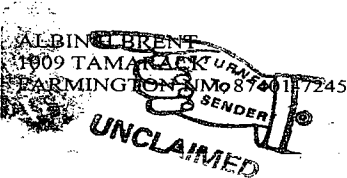
Mailed July 1, 2005

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499



AP 176
7-13
7-22



7401-7245

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

OFFICIAL USE

Postage	\$	FARMINGTON JUL 1 '05 N. MEX.
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

ALBIN H BRENT
1009 TAMARACK
FARMINGTON NM, 87401-7245

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

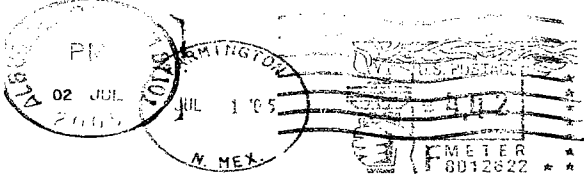
7002 0860 0003 4743 9120

AA 7/5
7-13
7-22

ALONZO ALBERTO JR AND YOLANDA
1115 SOUTH MONTEREY
FARMINGTON NM, 87401-7401



7401-6607



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

OFFICIAL USE

Postage	\$	FARMINGTON JUL 1 '05 N. MEX.
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

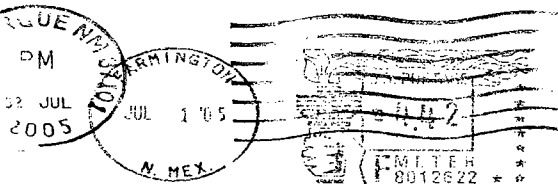
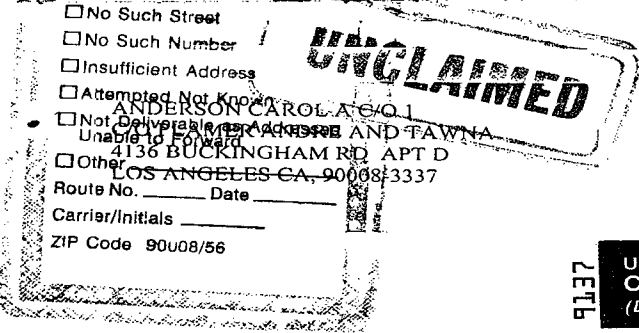
Sent To: ALONZO ALBERTO JR AND YOLANDA
1115 SOUTH MONTEREY
FARMINGTON NM, 87401-7401

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9137

8-1



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

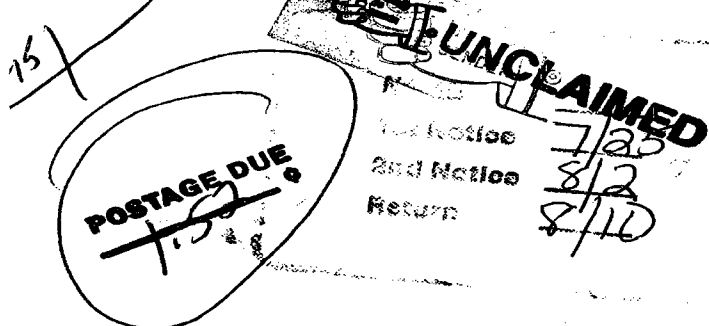
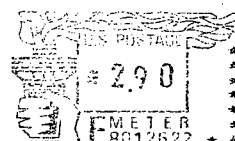
OFFICIAL USE

Postage	\$	FARMINGTON JUL 1 '05 N. MEX.
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: ANDERSON CAROL A C/O 1
C/O PLAMER ANDRE AND TAWNA
4136 BUCKINGHAM RD APT D
LOS ANGELES CA, 90008-3337

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499



Mark Anderson
1414 W. 26th St., Apt. 24
Minneapolis, MN 55405

NU
7-25

UNC

U.S. Postal ServiceTM CERTIFIED MAILTM 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	

Postmark
Here

Sent To
Street,
or PO Box
City, State

Mark Anderson
1414 W. 26th St., Apt. 24
Minneapolis, MN 55405

PS Form 3800, June 2002

See Reverse for Instructions

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

AUG 18 2005



U.S. Postal ServiceTM CERTIFIED MAILTM 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	

Postmark
Here

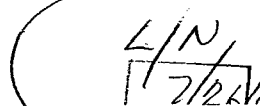
7/21/05

Sent To
Street,
or PO Box
City, State

Donald M. Baker
2014 Colts Neck, Apt. 21B
Reston, VA 22091

PS Form 3800, June 2002

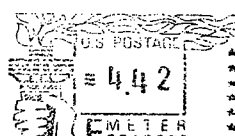
See Reverse for Instructions



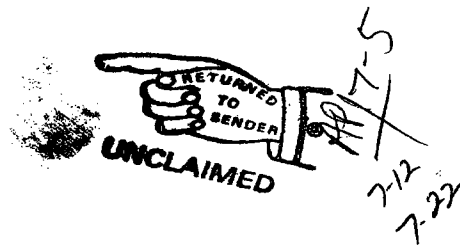
RETURN TO SENDER
UNCLAIMED
ABLE TO FORWARD
313 *0268-13254-22-46

Synergy Operating, LLC

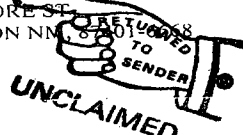
PO Box 5513
Farmington, NM 87499



7002 0860 0003 4743 9250



BAIR-CLINTON J ET UX
700 SYCAMORE ST
FARMINGTON NM, 87401



87401-6668 64

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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

BAIR-CLINTON J ET UX
700 SYCAMORE ST
FARMINGTON NM, 87401-6668

PS Form 3800, June 2002

**PO Box 5513
Farmington, NM 87499**

~~8-11 8-17~~

ATENCIO VICTOR B AND DOLORES
BOX 513
IGNACIO CO, 81137-0513

ARRINGTON
JUL 1 '65
N. MEX.

U.S. POSTAGE
\$4.42
METER
3012622

Postal Service
REGISTERED MAIL RECEIPT
(Registered Mail Only; No Insurance Coverage Provided)

NIXIE 000 1 00 00/07/04

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

EC: 87499551010 *0288-04063-02-37

| |

OFFICIAL USE

Postage

MINISTON, N.J.

JUN 1 1985

Certified Fee

Receipt Fee (not Required)

Delivery Fee (not Required)

Postmark Here

3

METER 8012622

ATENCIO VICTOR B AND DOLORES
BOX 513
IGNACIO CO, 81137-0513

ations

**PO Box 5513
Farmington, NM 87499**

$$\begin{array}{r|l} 7/5 & 7.13 \\ \hline & 7.22 \end{array}$$

7002 0860 0003 4743 9267

5

U.S. POSTAGE
\$4.42
METER
8012522

BARBER LEONARD
618 POPP
FARMINGTON NM, 87401-6674
UNCLAIMED

8740146674 66

Table 1

29002 0840 0003 4743 9267

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

O F F I C I A L U S

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

Sent To BARBER LEONARD
618 POPLAR
FARMINGTON NM, 87401-6674
Street, A or PO Box
City, State
PS Form

**PO Box 5513
Farmington, NM 87499**

~~7-12~~
7-12
7-22

BOTELLO DOMINGA D AND LUIS
1222 S BLUFF AVE
FARMINGTON NM, 87401-7206

UNCLAIMED

07901 + 7206 69

1000

INGTON
195
MEX.

1002 0860 0003 4743 9335

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

O F F I C I A L U S

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

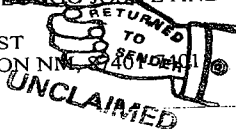
Sent To BOTELLO DOMINGA D AND LUIS
Street, or PO Box 1222 S BLUFFVIEW
City, State FARMINGTON NM, 87401-7206
PS Form

ergy Operating, LLC

PO Box 5513
Farmington, NM 87499

AP 7/5
7-B
7-22

CHAVEZ MICHAEL T SR AND TRUST
C/O MONTELONGO JOSE L AND
GEORGINA
819 PEACH ST
FARMINGTON NM, 87401



87401-6655



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage: CHAVEZ MICHAEL T SR AND TRUST
C/O MONTELONGO JOSE L AND
GEORGINA
819 PEACH ST
FARMINGTON NM, 87401-7401
City, State

PS Form 3800, April 2002

See Reverse for Instructions

ergy Operating, LLC

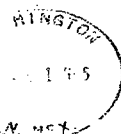
PO Box 5513
Farmington, NM 87499

NA 7/5
7-B 7-22

BREWER WALLACE AND CONNIE
C/O MC KINNEY RODNEY H SR AND
MELODY A
1305 S MONTEREY AVE
FARMINGTON NM, 87401-6611



87401-6611



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage & Fees: BREWER WALLACE AND CONNIE
C/O MC KINNEY RODNEY H SR AND
MELODY A
1305 S MONTEREY AVE
FARMINGTON NM, 87401-6611
City, State

PS Form

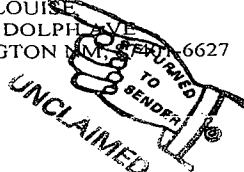
Instructions

ergy Operating, LLC

PO Box 5513
Farmington, NM 87499

NA 7/5
7-B 7-22

BOWEN LOUISE
1215 RANDOLPH AVE
FARMINGTON NM, 87401-6627



87401-6627



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OFFICIAL USE

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Certified Fee	
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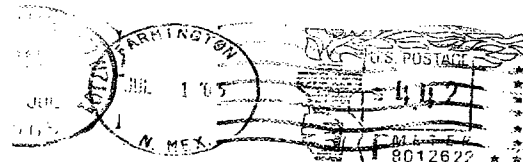
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1215 RANDOLPH AVE
FARMINGTON NM, 87401-6627
City, State

PS Form

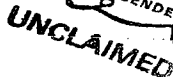
Instructions

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499



CURLEY JUSTIN H SR ET UX
701 SYCAMORE
FARMINGTON NM 87401-6667



U.S. Postal Service
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fr	

Sent To CURLEY JUSTIN H SR ET UX
701 SYCAMORE
FARMINGTON NM, 87401-6667

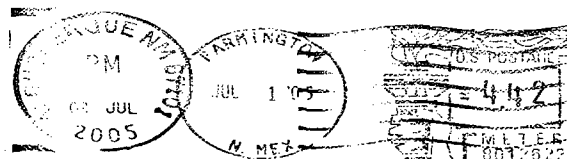
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, April 2002

Synergy Operating

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9595



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 & Fr	

Sent To CHURCH SEVENTH DAY ADVENTIST
ASSOC OF CO
C/O GRAVES EDNA JANE
PO BOX 215
FARMINGTON NM, 87499-7499

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

PS Form 3800, April 2002

CHURCH SEVENTH DAY ADVENTIST
ASSOC OF CO
C/O GRAVES EDNA JANE
PO BOX 215
FARMINGTON NM, 87499-7499

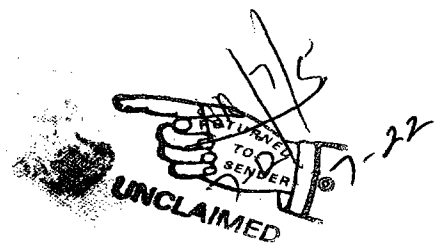
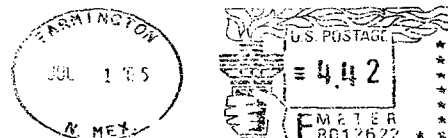


87499-0215

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9564



CHAVEZ TOBY AND HELEN
801 3/4 E MURRAY DR
FARMINGTON NM, 87401-7401



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Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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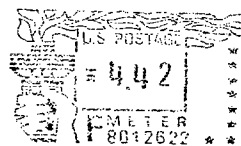
Sent To CHAVEZ TOBY AND HELEN
801 3/4 E MURRAY DR
FARMINGTON NM, 87401-7401

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

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87401+6681 66

Synergy Operating, LLC
PO Box 5513
Farmington, NM 87499



7-13/7-5
7-13/7-5
UNCLAIMED

DIAZ LUCIANO S ET UX
616 E POPLAR
FARMINGTON NM 87401-6674

RETURNED TO SENDER
UNCLAIMED

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

OFFICIAL USE

Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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Sent To DIAZ LUCIANO S ET UX
616 E POPLAR
FARMINGTON NM, 87401-6674

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

City, State, ZIP+

PS Form 3800, April 2002

8740146674 66

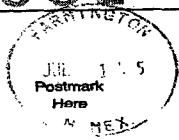
Synergy Operating, LLC

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7004 2890 0004 1770 4915

ESQUIBEL ABEL PETER
P O BOX 5504
FARMINGTON NM 87499-5504

RETURNED TO SENDER
UNCLAIMED

L ABEL PETER
5504
FARMINGTON NM, 87499-5504

Instructions

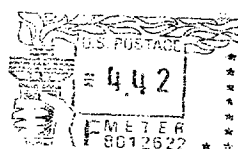
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7-5/7-13
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Synergy Operating, LLC

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Farmington, NM 87499



21/7-13/7-5
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7004 2890 0004 1770 4939

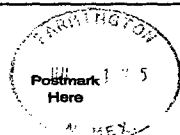
EVANS MARK D ET UX
1245 MORNING VIEW DR APT 213
ESCONDIDO CA, 92026-3432

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	



Sent To EVANS MARK D ET UX
1245 MORNING VIEW DR APT 213
ESCONDIDO CA, 92026-3432

Street, Apt. No., or P.O. Box No.

City, State, ZIP+

PS Form 3800, April 2002

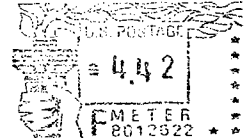
Instructions

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ergy Operating, LLC

PO Box 5513
armington, NM 87499

7004 2890 0004 1770 4984



KA 7/5
7.13 7-22

FREEMAN ROBERT M
304 TAOS AVE
FARMINGTON NM 87401-1369

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Return Receipt Fee (Endorsement Required)	
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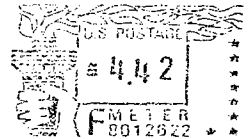
Sent To
FREEMAN ROGER ET UX
ATTN: FREEMAN DESMOND
634 MANSFIELD RD
CLEBURNE TX, 76031-3341



ergy Operating, LLC

PO Box 5513
irmington, NM 87499

7004 2890 0004 1770 5059



MOVED LEFT NO ADDRESS
FORWARDING ORDER EXPIRED
ATTEMPTED NOT KNOWN
UNCLAIMED ☒ REFUSED
NO SUCH STREET PO BOX 1369
NO SUCH NUMBER KIRTLAND NM, 87417-1369

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Return Receipt Fee (Endorsement Required)	
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Sent To
GALLEGOS ROBERT MAX
PO BOX 1369
KIRTLAND NM, 87417-1369

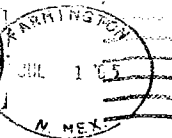
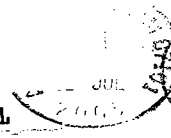


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JUL -9 2005
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nergy Operating, LLC

PO Box 5513
armington, NM 87499

7004 2890 0004 1770 5141



GONZALES AMADOR ET AL C/O I
C/O NEVAREZ HUGO ET UX
2904 SPENCER DR
FARMINGTON NM 87401-7401

UNCLAIMED

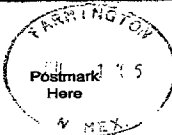
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Restricted Delivery Fee (Endorsement Required)	

To
GONZALES AMADOR ET AL C/O I
C/O NEVAREZ HUGO ET UX
2904 SPENCER DR
FARMINGTON NM, 87401-7401



7/6
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nergy Operating, LLC
PO Box 5513
Farmington, NM 87499

17/3
22
RETURNED TO SENDER
UNCLAIMED

HEMBO DENNIS M AND BERRY DOROTHY
400 CONCHO DR
FARMINGTON NM 87401
RETURNED TO SENDER
UNCLAIMED

FARMINGTON
JUL 1 105
N. MEX.

U.S. POSTAGE
442
FARMINGTON
8012822

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

0910 0221 4000 0692

FARMINGTON
Postmark Here
JUL 1 105
N. MEX.

87401+7204 64

1108 S BLUFFVIEW AVE
FARMINGTON NM 87401

UNCLAIMED
RETURNED TO SENDER
17/3
22

HINOJOSA JIM AND ELIZABETH C
1108 S BLUFFVIEW AVE
FARMINGTON NM 87401
UNCLAIMED
RETURNED TO SENDER


Synergy Operating, LLC
PO Box 5513
Farmington, NM 87499

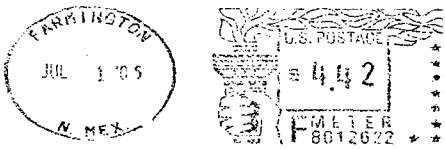
7004 2690 0004 1770 0221

FARMINGTON
JUL 1 105
N. MEX.

U.S. POSTAGE
442
FARMINGTON
8012822

CERTIFIED MAIL

ergy Operating, LLC
PO Box 5513
armington, NM 87499



AP 7-6
7-12
7-22

HOLDEN MARSHAL DALE ET UX
1012 SYCAMORE
FARMINGTON NM 87401-7240
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

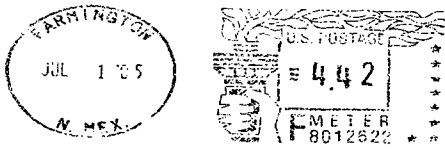
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City, State, ZIP+4

HOLDEN MARSHAL DALE ET UX
1012 SYCAMORE
FARMINGTON NM, 87401-7240

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87401+7240 64

rgy Operating, LLC
PO Box 5513
mington, NM 87499



AP 7-6
7-12
7-22

HOLDEN R ET UX
C/O YOUELL WILLIAM M ET UX
1010 SYCAMORE
FARMINGTON NM, 87401-7240
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

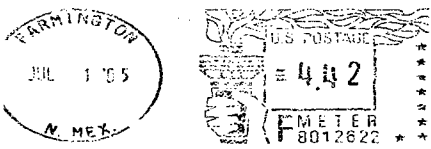
Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

HOLDEN R ET UX
C/O YOUELL WILLIAM M ET UX
1010 SYCAMORE
FARMINGTON NM, 87401-7240

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87401+7240 64

rgy Operating, LLC
PO Box 5513
mington, NM 87499



AP 7-6
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7-22

HOLDEN RM ET UX
1004 SYCAMORE
FARMINGTON NM 87401-7240
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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

HOLDEN RM ET UX
1004 SYCAMORE
FARMINGTON NM, 87401-7240

PS Form 3800, J

87401+7240 64

nergy Operating, LLC
PO Box 5513
Farmington, NM 87499

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7-12 7-22

HOSKINS ROGER D ET AL
603 PIMA AVE
FARMINGTON NM, 87401-7401

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

Sent To
Street, Apt. No., or PO Box No. HOSKINS ROGER D ET AL
City, State, ZIP+4 603 PIMA AVE
FARMINGTON NM, 87401-7401

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7004 2890 0004 1770 0306

FARMINGTON
JUL 1 '05
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8012622

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PO Box 5513
Farmington, NM 87499

7-5 / 7-13
7-22

7004 2890 0004 1770 4083

JACKSON LORI ET AL
9 CR 5759 NBU 3006
FARMINGTON NM, 87401-9537

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87401+9537 34

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

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Street, Apt. No., or PO Box No. JACKSON LORI ET AL
City, State, ZIP+4 9 CR 5759 NBU 3006
FARMINGTON NM, 87401-9537

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7004 2890 0004 1770 4083

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JUL 1 '05
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8012622

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JAQUEZ PORFIRIO ET UX
1112 BLUFFVIEW
FARMINGTON NM, 87401-7401

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

Sent To
Street, Apt. No., or PO Box No. JAQUEZ PORFIRIO ET UX
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FARMINGTON NM, 87401-7401

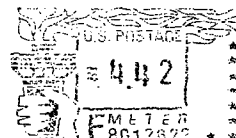
PS Form 3800, Jul

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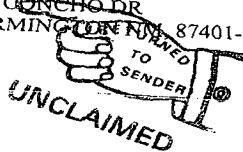
nergy Operating, LLC

PO Box 5513
Farmington, NM 87499



AK 7/5
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JONES WILMA M
514 CONCHO DR
FARMINGTON NM 87401-6791



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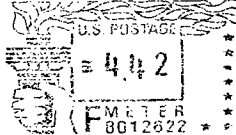
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Sent To
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514 CONCHO DR
FARMINGTON NM, 87401-6791

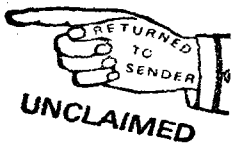
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PO Box 5513
Farmington, NM 87499



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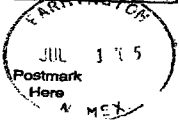
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
JUSTICE WESLEY GEORGE ET UX
103 N MESA VERDE AVE
AZTEC NM, 87410-1929

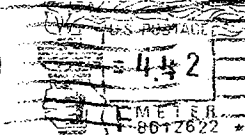
PS Form 3800, Jul



Name
1st Notice 7/5
2nd Notice 7/13
Return 7/20

Synergy Operating, LLC

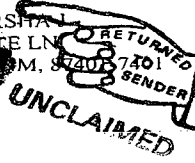
PO Box 5513
Farmington, NM 87499



15 7-13
7-22

7004 2890 0004 1770 4229

KENNETT MARSHA J
524 NORTHGATE LN
FARMINGTON NM, 87401-7401



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

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KENNETT MARSHA J
524 NORTHGATE LN
FARMINGTON NM, 87401-7401

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Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

AF 7/5
7-13 7-22

JONES WILMA M
514 CONCHO DR
FARMINGTON NM, 87401-6791

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

Sent To
JONES WILMA M
Street, Apt. No.,
or PO Box No. 514 CONCHO DR
City, State, ZIP+4 FARMINGTON NM, 87401-6791

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

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Name
1st Notice 7/5
2nd Notice 7/13
Return 7/20

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

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KENNETT MARSHA J
524 NORTHGATE LN
FARMINGTON NM, 87401-7401

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or PO Box No. 524 NORTHGATE LN
City, State, ZIP+4 FARMINGTON NM, 87401-7401

ergy Operating, LLC

PO Box 5513
rmington, NM 87499



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AA 7/5
7-13 7-22

KLIPSCH KARL E ET UX
505 CONCHO DR
FARMINGTON NM, 87401-7401



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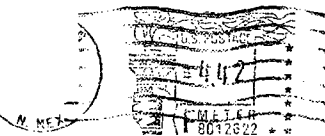
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87401-8765

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PO Box 5513
rmington, NM 87499



7004 2890 0004 1770 4281

AP 7-6
7-12 7-22

LOVATO TONY J ET UX
1112 BLUFFVIEW
FARMINGTON NM, 87401-7204



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FARMINGTON NM, 87401-7204

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armington, NM 87499



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AA 7/5
7-12 7-22

LOZANO ADRIAN ET UX
501 TAOS AVE
FARMINGTON NM, 87401-6734



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PO Box 5513
Farmington, NM 87499

RM 17/3
PB 17 22



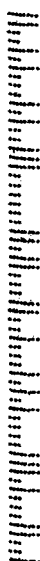
7004 2890 0004 1770 4403

MARTINEZ ALBERTO
619 POPULAR

619 POPULAR
FARMINGTON, NM 87401-6675



87401-6675



ergy Operating, LLC
PO Box 5513
rmington, NM 87499

AP 7/10
7-13
7-22

MARTINEZ FRANCISCO ET UX
1429 YORK AVE
FARMINGTON NM, 87401-1495
UNCLAIMED

87401-6790

7004 2890 0004 1770 4430

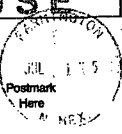
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AP 7/16
7-13
7-22

MARTINEZ ROSARIO
1208 S BUTLER
FARMINGTON NM, 87401-7401
UNCLAIMED

7004 2890 0004 1770 4465

87401-6646

7004 2890 0004 1770 4465

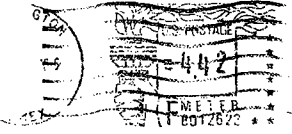
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1208 S Butler
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7-13
7-22

MC DANIEL BERNARD ET AL
314 CONCHO DR
FARMINGTON NM, 87401-6702
UNCLAIMED

87401-6702 66

7004 2890 0004 1770 4489

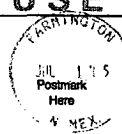
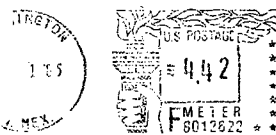
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MC KENZIE CECIL S ET UX
405 OURAY AVE
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Street, Apt. No.,
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AP 7/5
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MEYER WALTER W
1317 GRAHAM RD
FARMINGTON NM, 87401-7255
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City, State, ZIP+4 FARMINGTON NM, 87401-7255

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MONCLOVA CARLOS AND JOSEFINA
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FARMINGTON NM, 87401-7401
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City, State, ZIP+4 FARMINGTON NM, 87401-7401

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MONCLOVA MARTIN ET UX
1825 S BUTLER AVE
FARMINGTON NM 87401-4616

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1825 S BUTLER AVE
FARMINGTON NM, 87401-4616

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FARMINGTON NM, 87401-6606

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City, State, ZIP+4

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MONROY DONATO ET UX
1122 BOWEN AVE
FARMINGTON NM 87401-6606

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Synergy Operating, LLC
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MONROY GERARDO
1122 S BOWEN AVE
FARMINGTON NM 87401-7401

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FARMINGTON NM, 87401-7401

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MONTAÑA MIGUEL ET UX
1113 S BUTLER AVE
FARMINGTON NM 87401-6643
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1113 S BUTLER AVE
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City, State, ZIP+4

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MOORE
7-13
7-22

MOORE LEONARD BRYAN AND
CHRISTOPHER BRYAN
1424 YORK AVE
FARMINGTON NM 87401-7401
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1424 YORK AVE
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City, State, ZIP+4

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Synergy Operating, LLC

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MORA MIKE ET UX
408 SYCAMORE ST
FARMINGTON NM 87401-6729
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FARMINGTON NM, 87401-6729
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MORA MIKE AND MATA JUAN
406 SYCAMORE ST
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City, State, ZIP+4

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ORTEGA ARMANDO ET UX
1302 RANDOLPH AVE
FARMINGTON NM, 87401-7401
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FARMINGTON NM, 87401-7401
City, State, ZIP

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PO Box 5513
armington, NM 87499

RM 7/5
7-13
7-22
7-23/7-24

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RHODES JUANITA G
C/O MC MINN ROBERT L
304 SYCAMORE ST
FARMINGTON NM, 87401-6727
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C/O MC MINN ROBERT L
304 SYCAMORE ST
FARMINGTON NM, 87401-6727
City, State, ZIP

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rmington, NM 87499

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7-15 7-22

RHODES RAYMOND
C/O BREWER SHANE L AND PEGGY
407 SPRUCE ST.
FARMINGTON NM 87402-7402
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C/O BREWER SHANE L AND PEGGY
407 SPRUCE ST.
FARMINGTON NM, 87402-7402
City, State, ZIP+4

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RIBOTA ABIGAIL E ET UX
1111 S BUTLER AVE
FARMINGTON NM 87401-6643
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FARMINGTON NM, 87401-6643
City, State, ZIP+4

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ROBERTS JAMES B
C/O ROBERTS MELVIN LEE
1301 S MONTEREY
FARMINGTON NM 87401-6611
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C/O ROBERTS MELVIN LEE
1301 S MONTEREY
FARMINGTON NM, 87401-6611
City, State, ZIP+4

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SAIZ BERNADINE ET VIR
704 TAMARACK
FARMINGTON NM 87401-6769
UNCLAIMED

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SAIZ BERNADINE ET VIR
704 TAMARACK
FARMINGTON NM, 87401-6769

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or PO Box No.

City, State, ZIP+

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PO Box 5513
Farmington, NM 87499

? 17-6
35
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7-22

SALAZAR ANNA M
CONCHO DR
FARMINGTON NM 87401-7401
UNCLAIMED

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Restricted Delivery Fee (Endorsement Required)	
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CONCHO DR
FARMINGTON NM, 87401-7401

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Sent To
SANCHEZ BEN LEE
1432 S BUTLER
FARMINGTON NM, 87401-6739

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

City, State, ZIP+

SANCHEZ BEN LEE
1432 S BUTLER
FARMINGTON NM 87401-6739
UNCLAIMED

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ergy Operating, L

PO Box 5513
Farmington, NM 87499

AM 7/5
7/3
7-22

SHAY JIM
708 POPLAR ST
FARMINGTON NM, 87401-6660

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Postage	\$
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Return Receipt Fee (Endorsement Required)	
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Sent To: SHAY JIM
708 POPLAR ST
FARMINGTON NM, 87401-6660
City, State, ZIP: FARMINGTON, NM, 87401-6660

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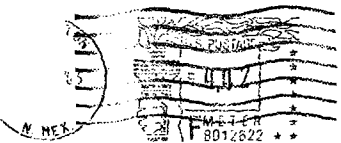
PO Box 5513
Farmington, NM 87499

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SHORTY EMMA J
1603 S BUTLER AVE
FARMINGTON NM, 87401-6799

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1603 S BUTLER AVE
FARMINGTON NM, 87401-6799
City, State, ZIP: FARMINGTON, NM, 87401-6799

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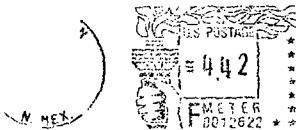
PO Box 5513
Farmington, NM 87499

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7/3
7-22

STALLINGS ROBERT R ET UX
600 TAOS AVE
FARMINGTON NM, 87401-6737

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Farmington, NM 87499

TEHS 022T 4004 1770 5431

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7-10-68
8012622

☐ Moved
☒ Attended
☐ No Show
☐ No Will Represent
☐ Not Asked
☐ Pending Live

TORREZ DAVID F ET UX
10 RD 6735
FBI/MEH-10 RD 6735, 87416-97

10/6-9/16-9/01

7/0

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7/20

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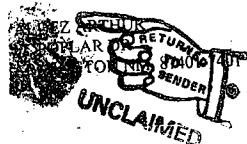
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Postage	\$
Certified Fee	
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Restricted Delivery Fee (Endorsement Required)	

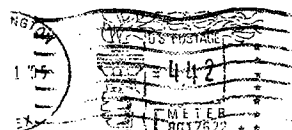
Total Postage & F

Sent To VALDEZ ARTHUR
717 POPLAR DR
FARMINGTON NM, 87401-7401
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002



APR 15
7-13
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87401-6655



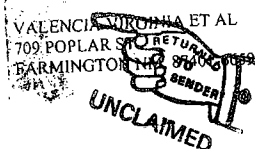
Synergy Operating, LLC

PO Box 5513

Farmington, NM 87499

7004 2890 0004 1770 5509

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U.S. Postal Service
CERTIFIED MAIL[®] RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
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Total Postage & F

Sent To VALENCIA VIRGINIA ET AL
709 POPLAR ST
FARMINGTON NM, 87401-6659
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002



87401-6655



Synergy Operating, LLC

PO Box 5513

Farmington, NM 87499

7004 2890 0004 1770 5646

WHARTON JIMMY R ET UX
502 TAOS AVE
FARMINGTON NM 87401-4606



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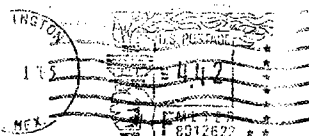
OFFICIAL USE

Postage	\$
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Total Postage & F

Sent To WHARTON JIMMY R ET UX
502 TAOS AVE
FARMINGTON NM, 87401-4606
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002



87401-6746



APR 15
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SYNERGY OPERATING

UNDELIVERABLE

CERTIFIED LETTERS

**NOTIFICATION
of
FORCED POOLING**

Mailed July 1, 2005



Farmington, NM 87499

7002 0860 0003 4743 9403

~~BUFFINGTON GUY TRUSTEES
C/O ARAIZA PATRICIA
704 SYCAMORE
FARMINGTON NM, 87401-7401~~

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**U.S. Postal Service
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OFFICIAL USE

69

Certified Fee

**Return Receipt Fee
(Endorsement Required)**

**Restricted Delivery Fee
(Endorsement Required)**

Total Postage & Fees

5

Sent To BUFFINGTON GUY TRUSTEES

C/O ARAIZA PATRICIA

704 SYCAMORE

FARMINGTON NM, 87401-7401

City, State, Zip _____

PS Form 38

SEE REVERSE FOR INSTRUCTIONS



Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

df

Unclaimed

FREEMAN ROGER ET UX
ATTN: FREEMAN DESMOND
634 MANSFIELD RD
CLEBURNE TX, 76031-3341

7004 2890 0004 1770 4991

3/10/05
7-5-05
7-5-05



07499551319

NAME
1st Notice ~~7-5~~
2nd Notice ~~7-5~~

NIXIE 780 0 1 00 08/02/05
RETURN TO SENDER
UNABLE TO FORWARD
BC: 07499551319 *0780-02799-02-95

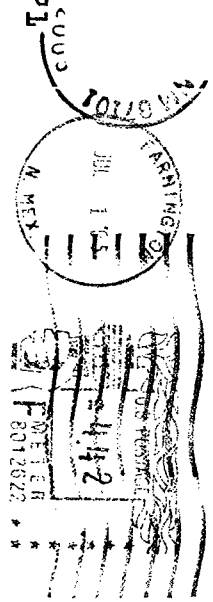




Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7004 2890 0004 1770 5271



HATTIE MCCLURE TRUST
1600 YORK ST
FARMINGTON NM, 87401-6724

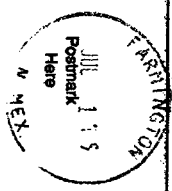
☐ Not Deliverable As Addressed
☐ Not Deliverable To Forwarders
☐ Unable to Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Refused
☐ Undelivered - Not Known
☒ Attempted - Street Number
☐ No Such Street
☐ Vacant
☐ No Mail Receipt
☐ Box Closed - No Order
☐ Returned For Better Address
☐ Postage Due

87401-6724

7004 2890 0004 1770 5271

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



Sent **HATTIE MCCLURE TRUST**
 Signed **1600 YORK ST**
 or PC **FARMINGTON NM, 87401-6724**
 City:

PS Form 3800, June 2002

ATTACH HERE

See Reverse for Instructions



Synergy Operating, LLC

PO Box 5513

Farmington, NM 87499

7002 0860 0003 4743 8918

~~JUL 7 2008~~

Handwritten: FUD, ANt, 5-1405

SHERLOCK HAROLD JR ET UX - *not in QRS Bk*
C/O CAMPUZANO JOSE ET UX - *not in QRS Bk*
1309 S MONTEREY
FARMINGTON NM, 87401-7401

Handwritten: 3/1/2008

87401-6611

11111111

7002 0860 0003 4743 8918

U.S. Postal Service
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (optional)	
Postnet Delivery Fee (optional)	
Total Postage & Fees	\$

Sent To
SHERLOCK HAROLD JR ET UX
C/O CAMPUZANO JOSE ET UX
1309 S MONTEREY
FARMINGTON NM, 87401-7401

PS Form 3800, 1-07

Handwritten: 18 days complete in stock Bk. none in NW. No handle the book for an extra Bk.

