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

APPLICATION OF MEWBOURNE OIL COMPANY FOR A NONSTANDARD SPACING AND PRORATION UNIT, COMPULSORY POOLING, AND AN UNORTHODOX WELL LOCATION, EDDY COUNTY, NEW MEXICO.

Case No. 15,510

AFFIDAVIT OF NOTICE

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

James Bruce, 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 an attorney for Mewbourne Oil Company.

3. Mewbourne Oil Company 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 interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

James Bruce

SUBSCRIBED AND SWORN TO before me this 28th day of September, 2016 by James Bruce.

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-22-18

My Commission Expires:

Notary Public

EXHIBIT 14

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

July 11, 2016

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Mineral Interest Owners or Claimants

Ladies and gentlemen:

Enclosed is an application for a non-standard spacing unit, compulsory pooling, and an unorthodox location, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Wolfcamp well in the SE/4 of Section 33, Township 23 South, Range 28 East, NMPM, and the E/2 of Section 4, Township 24 South, Range 28 East, NMPM, Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 4, 2016, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, July 28, 2016. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

ATTACHMENT A

Very truly yours,

James Bruce

James Bruce

Attorney for Mewbourne Oil Company

Parties Being Notified

Maria H. Vasquez, a single woman
Address Unknown

Esperanza F. Larez
4701 Adobe
Carlsbad, New Mexico 88220

Robert Chavez and wife, Elodia Chavez, as Joint Tenants
1410 W. Lea Street
Carlsbad, New Mexico 88256

Manuela Franco, a widow and d/b/a HV Franco, Minerals
1867 Pecos Highway
Loving, New Mexico 88256

Celia F. Hougland, as separate property
P.O. Box 1286
Loving, New Mexico 88256

George O. Stribling, Personal Representative of the Estate of Martha Stribling, Deceased
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

The Trustee of a trust created by Martha Stribling dated 9-24-1996
P.O. Box 95557
Albuquerque, New Mexico 87199

T.B. Stribling, III as Successor Trustee of the Martha G. Stribling Irrevocable Trust
P.O. Box 95557
Albuquerque, New Mexico 87199

George O. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

Martha J. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

Thomas B. Stribling, Trustee for Thomas Luke Stribling Trust
75 Circle Drive NE
Albuquerque, New Mexico 87122

George O. Stribling, Trustee for Margaret Stribling, Robert Cain and Salem Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

John D. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

Chasity Garza
1410 E. Broadway
Brownfield, Texas 79316

Pamela Ray Cummings
P.O. Box 817
Panhandle, Texas 797068

Patricia Gae Stamps
P.O. Box 249
Panhandle, Texas 79068

The Heirs or Devisees of John W. Osborn, Deceased
P.O. Box 419
Tipton, Oklahoma 76570

Geneva Floyd Osborn
500 N. Broadway
Tipton, Oklahoma 73570

Joel W. Osborn
2420 South Joplin Avenue
Tulsa, Oklahoma 74114

Heather O. Ward
P.O. Box 538
Roscoe, Texas 79545

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, Texas 78620

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, Texas 78681

Irma J. Gregory
14 Cork Street
Alva, Florida 33920

Tommy W. Gregory
1705 Black Gold St., SE
Albuquerque, New Mexico 87123

Daniel Taschner
No. 2 Meadowlark Court
Artesia, New Mexico 88210

Arin Bratcher
No. 2 Meadowlark Court
Artesia, New Mexico 88210

William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, New Mexico 87123

Kathy Gregory
608 Lakeside Drive
Carlsbad, New Mexico 88220

Brian McGonagill
1612 Westridge Road
Carlsbad, New Mexico 88220

George P. McGonagill
2610 B Mountain View
Carlsbad, New Mexico 88220

Cara McGonagill
611 1/2 N. Mesa
Carlsbad, New Mexico 88220

Shirley C. McGonagill
1612 Westridge
Carlsbad, New Mexico 88220

Ralph V. Robinson
Address Unknown

Childs & Bishop Law Office, Inc.
Address Unknown

Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

James W. Klipstine, Jr.
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Latannia Klipstine
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Kevin J. Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Helen Beeman
6801 Beckett Road, #134R
Austin, Texas 78749

Mary Jo Dickerson
P.O. Box 642
Glenpool, Oklahoma 74033

Virginia Lee Davis
P.O. Box 1065
Carlsbad, New Mexico 88221

LBD, a Limited Partnership
P.O. Box 686
Hobbs, New Mexico 88240

Charles L. Reitenger
Address Unknown

John Edward Hall, III
Address Unknown

The Successor of United New Mexico Bank of Carlsbad,
Wells Fargo Bank, N.A.
2318 W. Pierce St.
Carlsbad, New Mexico 88220

First Federal Savings and Loan Association of Littlefield, Texas
P.O. Box 1390
Littlefield, Texas 79339

Jonathan D. Knoerdel
Address Unknown

Panagoppulos Enterprises, LLC
511 W. Reinken Ave.
Belen, New Mexico 87002

Clarence W. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

The Heirs of Devisees of Mary I. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

Louis M. (Mickey) Ratliff, Jr.
8 Firwood Court
The Hills, Texas 78738

Mary D. Ratliff
8 Firwood Court
The Hills, Texas 78738

Nevill Manning
2112 Indiana
Lubbock, Texas 79410

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, Texas 79424

Seminole Memorial Hospital
209 NW 8th Street
Seminole, Texas 79360

Andreas P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

Pavlos P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

Panagiota P. Panagopoulos Tendall
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

Magdalene (or Magdaline) P. Panagopoulos
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

Peter A. Panagopoulos
209 W. McKay
Carlsbad, New Mexico 88220

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cara McGonagill
611 1/2 N. Mesa
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7888 98

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0615

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cara Callicoat ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Robert Chavez and wife, Elodia Chavez
Street and Apt. No., or 1410 W. Lea Street
City, State, ZIP+4® Carlsbad, New Mexico 88256

7015 0640 0001 6340 2997

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Cara McGonagill
Street and Apt. No., or 611 1/2 N. Mesa
City, State, ZIP+4® Carlsbad, New Mexico 88220

7015 0640 0001 6338 0615

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert Chavez and wife, Elodia Chavez
1410 W. Lea Street
Carlsbad, New Mexico 88256

9590 9402 1676 6053 7891 61

2. Article Number (Transfer from service label)
7015 0640 0001 6340 2997

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Roberto G. Chavez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Roberto G. Chavez C. Date of Delivery 7-18-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

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

1. Article Addressed to:

Arin Bratcher
No. 2 Meadowlark Court
Artesia, New Mexico 88210

9590 9402 1676 6053 7888 43

2. Article Nu 7015 0640 0001 6338 0660

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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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7015 0640 0001 6338 0677

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$

Postmark Here

Sent To Daniel Taschner
Street and Apt. No., or No. 2 Meadowlark Court
City, State, ZIP+4® Artesia, New Mexico 88210

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$

Postmark Here

Sent To Arin Bratcher
Street and Apt. No., or PO No. 2 Meadowlark Court
City, State, ZIP+4® Artesia, New Mexico 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Daniel Taschner
No. 2 Meadowlark Court
Artesia, New Mexico 88210

9590 9402 1676 6053 7886 21

2. Artic 7015 0640 0001 6338 0677

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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Irma J. Gregory
14 Cork Street
Alva, Florida 33920

9590 9402 1676 6053 7890 55

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0691

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Irma J. Gregory
☐ Agent
☒ Addressee

B. Received by (Printed Name) IRMA Gregory
C. Date of Delivery 7/18/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
cted Delivery

Domestic Return Receipt

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To Mary Camille Hall
Street and Apt. No., c 3812 Tailfeather Drive
City, State, ZIP+4® Round Rock, Texas 78681

Postmark Here

7015 0640 0001 6338 0707

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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To Irma J. Gregory
Street and Apt. N 14 Cork Street
City, State, ZIP+4® Alva, Florida 33920

Postmark Here

7015 0640 0001 6338 0691

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, Texas 78681

9590 9402 1676 6053 7890 62

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0707

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carrier (In box)
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
nected Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Heather O. Ward
P.O. Box 538
Roscoe, Texas 79545

9590 9402 1676 6053 7889 59

2. Article Number (Transfer from service label)

7015 0640 0001 6338 6211

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Curtis Ward ☐ Agent ☐ Addressee

B. Received by (Printed Name) Curtis Ward C. Date of Delivery 7/19/16

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

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Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Postmark Here

Sent To Geneva Floyd Osborn

Street and Apt. No., or PO 500 N. Broadway

City, State, ZIP+4® Tipton, Oklahoma 73570

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Postmark Here

Sent To Heather O. Ward

Street and Apt. No., or PO P.O. Box 538

City, State, ZIP+4® Roscoe, Texas 79545

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 6211

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Geneva Floyd Osborn
500 N. Broadway
Tipton, Oklahoma 73570

9590 9402 1676 6053 7889 73

2. Article Number (Transfer from service label)

7015 0640 0001 6340 5509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Geneva Osborn ☐ Agent ☑ Addressee

B. Received by (Printed Name) Geneva Osborn C. Date of Delivery 7-28-16

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

lox Spring Canyon Rd
Sacramento, NM
88347

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Manuela Franco, a widow
1867 Pecos Highway
Loving, New Mexico 88256

9590 9402 1676 6053 7891 54

2. Article Number (Transfer from service label)
7015 0640 0001 6340 2980

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Manuela Franco ☐ Agent ☒ Addressee

B. Received by (Printed Name) Manuela Franco

C. Date of Delivery 7/19/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

4

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7015 0640 0001 6340 5561

Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Postage $

Total Postage and Fees $

Sent To
George O. Stribling, Trustee for Margaret Stribling
Street and
6818 Academy Parkway West NE
City, State, ZIP+4®
Albuquerque, New Mexico 87109

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Postage $

Total Postage and Fees $

Sent To
Manuela Franco, a widow
Street and
1867 Pecos Highway
City, State, ...
Loving, New Mexico 88256

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

George O. Stribling, Trustee for Margaret Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

9590 9402 1676 6053 7890 31

2. Article Number (Transfer from service label)
7015 0640 0001 6340 5561

COMPLETE THIS SECTION ON DELIVERY

A. Signature UD 1-207 UCC-1 / NM 1-207UCC-1 all rights reserved / non assumpsit
X w/o prejudice margaret stribling ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARGARET STRIBLING

C. Date of Delivery

ALAMEDA STATION ALBUQUERQUE NM 87114

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

4

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Heirs of Devisees of Mary I. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7889 42

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0479

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7-18

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Clarence W. Ervin
Street and Apt. No., or: 4016 Jones Street
City, State, ZIP+4®: Carlsbad, New Mexico 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0486

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: The Heirs of Devisees of Mary I. Ervin
Street and Apt. No.: 4016 Jones Street
City, State, ZIP+4®: Carlsbad, New Mexico 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0479

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Clarence W. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7887 13

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0486

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7-18

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

3. Service Type
- ☐ Adult Signature
- ☑ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

First Federal Savings and Loan Association
P.O. Box 1390
Littlefield, Texas 79339

9590 9402 1676 6053 7887 37

2. Artic 7015 0640 0001 6338 0509

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lisa Muller ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lisa Muller C. Date of Delivery 7/18/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ed Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0001 6338 0509

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To First Federal Savings and Loan Association
Street and Apt. No., P.O. Box 1390
City, State, ZIP+4® Littlefield, Texas 79339

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0509

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To William E. Gregory
Street and Apt. No., 11910 Central Ave., SE, Suite B
City, State, ZIP+4® Albuquerque, New Mexico 87123

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0653

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and ~~3.~~
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, New Mexico 87123

9590 9402 1676 6053 7888 50

2. Artic 7015 0640 0001 6338 0653

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William E Gregory ☐ Agent ☑ Addressee

B. Received by (Printed Name) W. E. GREGORY C. Date of Delivery 7/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ed Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joel W. Osborn
2420 South Joplin Avenue
Tulsa, Oklahoma 74114

9590 9402 1676 6053 7889 66

2. 7015 0640 0001 6340 5493

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rhonda Cain ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rhonda Cain C. Date of Delivery 7-20-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To The Heirs or Devisees of John W. Osborn, Deceased
Street and Apt. No., or P.O. Box 419
City, State, ZIP+4® Tipton, Oklahoma 76570

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6340 5493

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and F
$

Postmark Here

Sent To Joel W. Osborn
Street and Apt. No., c 2420 South Joplin Avenue
City, State, ZIP+4® Tulsa, Oklahoma 74114

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6340 5493

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Heirs or Devisees of John W. Osborn, Deceased
P.O. Box 419
Tipton, Oklahoma 76570

9590 9402 1676 6053 7889 80

2. Article 7015 0640 0001 6340 5516

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Geneva F. Osborn ☐ Agent ☒ Addressee

B. Received by (Printed Name) Geneva F Osborn C. Date of Delivery 7-18-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patricia Gae Stamps
P.O. Box 249
Panhandle, Texas 79068

9590 9402 1676 6053 7889 97

2. Article Number (Transfer from service label)
7015 0640 0001 6340 5523

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) CARISSA DAVIS C. Date of Delivery 7.18.16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Klipstine & Hanratty
Street and Apt. No., 1601 N. Turner, Suite 400
City, State, ZIP+4® Hobbs, New Mexico 88240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0530

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Patricia Gae Stamps
Street and Apt. No., P.O. Box 249
City, State, ZIP+4® Panhandle, Texas 79068

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6340 5523

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7888 29

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0530

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7-22-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Shirley C. McGonagill
1612 Westridge
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7888 36

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0523

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Brian McGonagill
C. Date of Delivery 7-21-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®
OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Brian McGonagill
Street and Apt. No., or PO Box 1612 Westridge Road
City, State, ZIP+4® Carlsbad, New Mexico 88220

7015 0640 0001 6338 0639

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Shirley C. McGonagill
Street and Apt. No., or PO Box 1612 Westridge
City, State, ZIP+4® Carlsbad, New Mexico 88220

7015 0640 0001 6338 0523

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Brian McGonagill
1612 Westridge Road
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7888 67

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0639

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Brian McGonagill
C. Date of Delivery 7-21-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Latannia Klipstine
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7888 05

2. Article Number (Transfer from service label)

7015 0640 0001 6338 0554

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To James W. Klipstine, Jr.
Street and Apt. No., or PO 1601 N. Turner, Suite 400
City, State, ZIP+4® Hobbs, New Mexico 88240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0547

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James W. Klipstine, Jr.
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7888 12

2. Article Number (Transfer from service label)

7015 0640 0001 6338 0547

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elizabeth Neff C. Date of Delivery 7-18-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Latannia Klipstine
Street and Apt. No., or PO 1601 N. Turner, Suite 400
City, State, ZIP+4® Hobbs, New Mexico 88240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0554

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Pamela Ray Cummings
P.O. Box 817
Panhandle, Texas 797068

9590 9402 1676 6053 7890 00

2. Article 7015 0640 0001 6340 5530

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pamela Ray Cummings ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pamela Ray Cummings C. Date of Delivery 7-18-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

d Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0001 6340 5547

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Chasity Garza
Street and Apt. No., or PO 1410 E. Broadway
City, State, ZIP+4® Brownfield, Texas 79316

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6340 5530

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Pamela Ray Cummings
Street and Apt. No., P.O. Box 817
City, State, ZIP+4® Panhandle, Texas 797068

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chasity Garza
1410 E. Broadway
Brownfield, Texas 79316

9590 9402 1676 6053 7890 17

2. Arti 7015 0640 0001 6340 5547

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Chasity Garza C. Date of Delivery 7/21/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Thomas B. Stribling, Trustee for Thomas
75 Circle Drive NE
Albuquerque, New Mexico 87122

9590 9402 1676 6053 7890 86

2. Article Number (Transfer from service label)
7015 0640 0001 6340 5578

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lydia Allen ☐ Agent ☐ Addressee

B. Received by (Printed Name) L Allen C. Date of Delivery 7/16/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To T.B. Stribling, III as Successor Trustee
Street and Apt. No. P.O. Box 95557
City, State, ZIP+4® Albuquerque, New Mexico 87199

Postmark Here

7015 0640 0001 6340 2942

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To Thomas B. Stribling, Trustee for Thomas
Street and Apt. No. 75 Circle Drive NE
City, State, ZIP+4® Albuquerque, New Mexico 87122

Postmark Here

7015 0640 0001 6340 5578

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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.B. Stribling, III as Successor Trustee
P.O. Box 95557
Albuquerque, New Mexico 87199

9590 9402 1676 6053 7891 16

2. Article Number (Transfer from service label)
7015 0640 0001 6340 2942

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

ALBUQUERQUE NM 87106 JUL 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Trustee of a trust created by Martha Stribling
P.O. Box 95557
Albuquerque, New Mexico 87199

9590 9402 1676 6053 7891 23

2. 7015 0640 0001 6340 2959

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0001 6338 0561

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Kevin J. Hanratty
Street and Apt. No., or PO Box No. 1601 N. Turner, Suite 400
City, State, ZIP+4 Hobbs, New Mexico 88240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6340 2959

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To The Trustee of a trust created by Martha Stribling
Street and Apt. No., or PO Box No. P.O. Box 95557
City, State, ZIP+4 Albuquerque, New Mexico 87199

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kevin J. Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7887 99

2. Article Number (Transfer from service label) 7015 0640 0001 6338 0561

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7-28-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Successor of United New Mexico Bank
Wells Fargo Bank, N.A.
2318 W. Pierce St.
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7887 44

2. Article Number: 7015 0640 0001 6338 0516

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Karla Celaya C. Date of Delivery: 7.18.16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: Nolan Greak
Street and Apt. No.: 8008 Slide Road, Suite #33
City, State, ZIP+4®: Lubbock, Texas 79424

Postmark Here

7015 0640 0001 6338 0424

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: The Successor of United New Mexico Bank
Street and Apt. No.: Wells Fargo Bank, N.A.
City, State, ZIP+4®: 2318 W. Pierce St. Carlsbad, New Mexico 88220

Postmark Here

7015 0640 0001 6338 0516

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, Texas 79424

9590 9402 1676 6053 7887 51

2. Article Number: 7015 0640 0001 6338 0424

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nevill Manning
2112 Indiana
Lubbock, Texas 79410

9590 9402 1676 6053 7889 11

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0448

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jenae Flores ☑ Agent ☐ Addressee

B. Received by (Printed Name) Jenae Flores
C. Date of Delivery 7/18/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Mary D. Ratliff
Street and Apt. No. 8 Firwood Court
City, State, ZIP+4® The Hills, Texas 78738

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0455

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Nevill Manning
Street and Apt. No., or P 2112 Indiana
City, State, ZIP+4® Lubbock, Texas 79410

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0448

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary D. Ratliff
8 Firwood Court
The Hills, Texas 78738

9590 9402 1676 6053 7889 28

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0455

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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Louis M. (Mickey) Ratliff, Jr.
8 Firwood Court
The Hills, Texas 78738

9590 9402 1676 6053 7889 35

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0462

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0001 6338 0462

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$

Postmark Here

Sent To: Panagoppulos Enterprises, LLC
Street and Apt. No., or PO B: 511 W. Reinken Ave.
City, State, ZIP+4®: Belen, New Mexico 87002

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0462

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$

Postmark Here

Sent To: Louis M. (Mickey) Ratliff, Jr.
Street and Apt. No., or: 8 Firwood Court
City, State, ZIP+4®: The Hills, Texas 78738

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Panagoppulos Enterprises, LLC
511 W. Reinken Ave.
Belen, New Mexico 87002

9590 9402 1676 6053 7887 20

2. A 7015 0640 0001 6338 0493

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ ry Restricted Delivery
(over $500) tricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 tic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Magdalene (or Magdaline) P. Panagopoulos
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

9590 9402 1676 6053 7895 50

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2503

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Signed 2545 ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7/20

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 4 Domestic Return Receipt

0040 9E69 1000 0490 5707

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$

Postmark Here

Sent To Panagiota P. Panagopoulos Tendall
Street and Apt. No., o 10008 Ranch Hand Ave.
City, State, ZIP+4 Las Vegas, Nevada 89117

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7014 0510 0000 9539 2503

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 $

Postmark Here

Sent To Magdalene (or Magdaline) P. Panagopoulos
Street, Apt. No. or PO Box No. 10008 Ranch Hand Ave.
City, State, ZIP+4 Las Vegas, Nevada 89117

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Panagiota P. Panagopoulos Tendall
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

9590 9402 1676 6053 7886 76

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0400

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Signed 3849 ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7/20

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 4 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Pavlos P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

9590 9402 1676 6053 7887 06

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0394

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Andreas P. Panagopoulos
Street and Apt. No., or PO Box: 511 West Reinken Ave.
City, State, ZIP+4®: Belen, New Mexico 87002

7015 0640 0001 6338 0417

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

---

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Pavlos P. Panagopoulos
Street and Apt. No., or PO Box: 511 West Reinken Ave.
City, State, ZIP+4®: Belen, New Mexico 87002

7015 0640 0001 6338 0394

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

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SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Andreas P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

9590 9402 1676 6053 7886 90

2. Article Number (Transfer from service label)
7015 0640 0001 6338 0417

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Seminole Memorial Hospital
209 NW 8th Street
Seminole, Texas 79360

9590 9402 1676 6053 7886 83

2. A 7015 0640 0001 6338 0431

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Brenda Rolen ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

stricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0001 6338 0431

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Seminole Memorial Hospital
Street and Apt. No. 209 NW 8th Street
City, State, ZIP+4 Seminole, Texas 79360

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Celia F. Hougland, as separate property
Street and Apt. No.: P.O. Box 1286
City, State, ZIP+4®: Loving, New Mexico 88256

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6340 2973

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087648

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

7015 0640 0001 6340 2973

United States Postal Service
RETURN TO SENDER

...ite property

NIXIE 750 DE 1 0008/02/16

RETURN TO SENDER
NO MAIL RECEPTACLE
UNABLE TO FORWARD

NMR

BC: 87504105656 *2255-01633-14-42

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	$

Postmark Here

Sent To: Esperanza F. Larez
Street, Apt. No.; or PO Box No.: 4701 Adobe
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0001 2947 6694

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

7012 3050 0001 2947 6694

$6.47
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087651

7/18/11 2:23 8:33

Esperanza F. Larez
4701 Adobe

NIXIE 750 DE 1 0008/10/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105555 *2255-01613-14-42

UNC

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Sue Osborn Powell

Street and Apt. No.: 899 Hedgewood Drive

City, State, ZIP+4®: Georgetown, Texas 78620

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

7015 0640 0001 6338 6204

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087652

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

CERTIFIED MAIL®

7015 0640 0001 6338 6204

L/N 07/18

Sue Osborn Powell
899 Hedgewood Drive

NIXIE 787 DE 1 0008/19/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *2255-01617-14-42

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Kathy Gregory

Street and Apt. No., or P 608 Lakeside Drive

City, State, ZIP+4® Carlsbad, New Mexico 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0646

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087666

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

CERTIFIED MAIL®

7015 0640 0001 6338 0646

7-13

UNC

Kathy Gregory
608 Lakeside Drive

NIXIE 750 DE 1 0008/10/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *2755-01609-14-42

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Tommy W. Gregory

Street and Apt. No., or PO. 1705 Black Gold St., SE

City, State, ZIP+4® Albuquerque, New Mexico 87123

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0684

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087670

FWD

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

CERTIFIED MAIL®

7015 0640 0001 6338 0684

Tommy W. Gregory

NIXIE 871 NFE 1 16C0007/21/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *2255-01614-14-42

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mary Jo Dickerson
Street and Apt. No., or: P.O. Box 642
City, State, ZIP+4®: Glenpool, Oklahoma 74033

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0585

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087676

NOTICE 1 7-18
NOTICE

7015 0640 0001 6338 0585

Mary Jo Dickerson
P.O. Box 642

NIXIE 731 FE 1 0007/23/16
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF 8C: 87504105656 *2255-01599-14-42

7015 0640 0001 6338 0592

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Virginia Lee Davis
Street and Apt. No., or PO Box P.O. Box 1065
City, State, ZIP+4® Carlsbad, New Mexico 88221

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47[0]
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087675

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

CERTIFIED MAIL®

7015 0640 0001 6338 0592

Virginia Lee Davis
P.O. Box 1065
Carlsbad, New Mexico 88221

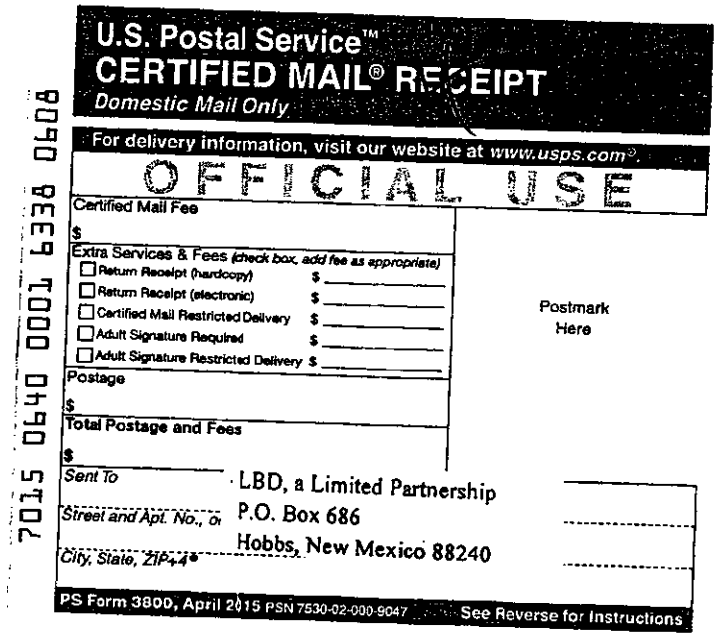
7/18 OTA

NIXIE 750 FE 1 0008/07/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *2255-01598-14-42

UTF
F-WD
88221>1065



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To LBD, a Limited Partnership
Street and Apt. No., or P.O. Box 686
City, State, ZIP+4® Hobbs, New Mexico 88240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0608

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087674

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

CERTIFIED MAIL®

7015 0640 0001 6338 0608

7/18

LBD, a Limited Partnership

NIXIE 750 DE 1 0008/07/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *2255-01597-14-42

UNC

7015 0640 0001 6338 0622

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: George P. McGonagill
Street and Apt. No., or PO Box No.: 2610 B Mountain View
City, State, ZIP+4®: Carlsbad, New Mexico 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7015 0640 0001 6338 0622

CN 7.25

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087664

George P. McGonagill

NIXIE 750 NFE 1 16I0007/16/16
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *2255-01607-14-42

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To John D. Stribling
Street and Apt. No., 6818 Academy Parkway West NE
City, State, ZIP+4® Albuquerque, New Mexico 87109

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6340 5554

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47[0]
US POSTAGE
FIRST-CLASS

071V00607931
87501
000037660

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

CERTIFIED MAIL®

7015 0640 0001 6340 5554

John D. Stribling
6818 Academy Parkway West NE
New Mexico 87109

NIXIE 871 FE 1 0007/20/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *2255-01625-14-42

7015 0640 0001 6340 2949

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com*®

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To George O. Stribling, Personal Representative
Street and Apt 6818 Academy Parkway West NE
City, State, ZIP+4® Albuquerque, New Mexico 87109

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000047647

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

CERTIFIED MAIL®

7015 0640 0001 6340 2966

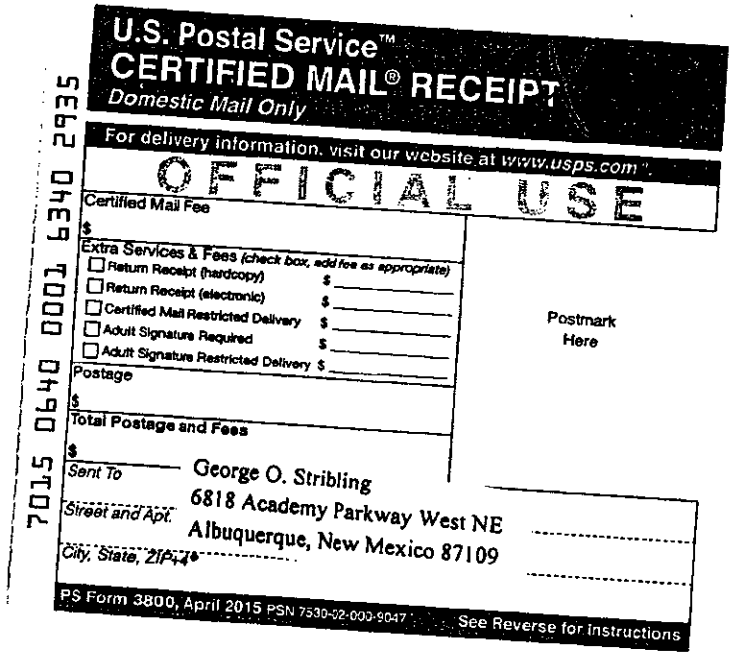
George O. Stribling,
6818 Academy Park
Albuquerque, New M

87103504060155

NIXIE 871 FE 1 0007/20/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *2255-01632-14-42



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To George O. Stribling
Street and Apt. 6818 Academy Parkway West NE
City, State, ZIP+4® Albuquerque, New Mexico 87109

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6340 2935

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087644

7015 0640 0001 6340 2935

George O. Stribling

NIXIE 871 FE 1 0007/20/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *2255-01629-14-42

7015 0640 0001 6340 5585

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To — Martha J. Stribling
Street and Apt. N — 6818 Academy Parkway West NE
City, State, ZIP+4® — Albuquerque, New Mexico 87109

PS Form 3800, April 2015 PSN7530-02-000-9047 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087643

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

CERTIFIED MAIL®

7015 0640 0001 6340 5585

Martha J. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

NIXIE 871 FE 1 0007/20/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *2255-01628-14-42

7014 0510 0000 9539 2497

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	$

Postmark Here

Sent To: Peter A. Panagopoulos
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PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
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