

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

**APPLICATION OF BTA OIL PRODUCERS, LLC  
FOR COMPULSORY POOLING, LEA COUNTY,  
NEW MEXICO.**

**Case No. 20914**

**APPLICATION OF BTA OIL PRODUCERS, LLC  
FOR COMPULSORY POOLING, LEA COUNTY,  
NEW MEXICO.**

**Case No. 20915**

**SELF-AFFIRMED STATEMENT OF NOTICE**

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

James Bruce 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 BTA Oil Producers, LLC.
3. BTA Oil Producers, LLC has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications 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.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 11/14/19

  
\_\_\_\_\_  
James Bruce

EXHIBIT 3

**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](mailto:jamesbruc@aol.com)

October 24, 2019

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of the following two applications for compulsory filed with the New Mexico Oil Conservation Division by BTA Oil Producers, LLC:

1. Case No. 20914, regarding a Bone Spring well in the W/2SW/4 of Section 2 the W/2W/2 of Section 11; and

2. Case No. 20915, regarding a Bone Spring well in the E/2SW/4 of Section 22 the E/2W/2 of Section 11; and

all in Township 23 South, Range 34 East, NMPM, Lea County, New Mexico.

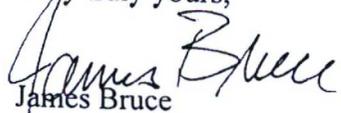
These matters are scheduled for hearing at 8:15 a.m. on Thursday, November 14, 2019, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an interest owner in the subject wells who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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, November 7, 2019. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The name(s) of the party and his or her 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

Attorney for Titus Oil & Gas, LLC

EXHIBIT A

Centennial Resource Production, LLC  
1001 17<sup>th</sup> Street, Suite 1800  
Denver, CO 80202  
Attn: Gavin Smith

Chevron U.S.A. Inc.  
6301 Deauville  
Midland, TX 79706  
Attn: Kristen Hunter

COG Operating LLC  
600 W. Illinois Avenue  
Midland, TX 79701

Edward R. Hudson, Jr.  
616 Texas Street  
Fort Worth, TX 76102-4696

Francis H. Hudson, Trustee of Lindy's Living Trust  
4200 S. Hulen, Suite 302  
Fort Worth, TX 76109  
Attn: Tanya Stout

Bank of America, N. A., Trustee of the Delmar Hudson Lewis Living Trust  
901 Main Street  
Dallas, TX 75202-3714  
(469) 201-8094  
Attn: Jeffrey Adams

Zorro Partners, Ltd.  
616 Texas Street  
Fort Worth, TX 76102  
Attn: Randall Hudson

Javelina Partners  
616 Texas Street  
Fort Worth, TX 76102  
Attn: Randall Hudson

Ard Oil, LTD  
P. O. Box 101027  
Fort Worth, TX 76185

Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o/ J. Terrell Ard  
640 Taylor Street, Floor 17  
Fort Worth, TX 76102  
Attn: Brad Ince

Apache Corporation  
303 Veterans Airpark Lane, Suite 1000  
Midland, TX 79705  
Attn: Nick Laris

Track Another Package +

Tracking Number: 70183090000147425560

Remove X

Your item was delivered at 9:31 am on November 4, 2019 in DALLAS, TX 75201.

**Delivered**

November 4, 2019 at 9:31 am

Delivered

DALLAS, TX 75201

Get Updates ▾

Feedback

0955 2474 TNNN NLNC ORNJ

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**OFFICIAL USE**

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
<b>Total Postage and Fees</b>	\$	

Postmark Here

Bank of America, N. A., Trustee of the Delmar Hudson Lewis Living Trust  
 901 Main Street  
 Dallas, TX 75202-3714

City, State, ZIP+4\*

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

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See Less ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

## Track Another Package +

Tracking Number: 70183090000147425607

Remove X

Your item was delivered to the front desk, reception area, or mail room at 12:48 pm on November 12, 2019 in MIDLAND, TX 79706.

### ✓ Delivered

November 12, 2019 at 12:48 pm  
Delivered, Front Desk/Reception/Mail Room  
MIDLAND, TX 79706

Get Updates ▾

Feedback

2019 3090 0000 4742 5607

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To Chevron U.S.A. Inc. 6301 Deauville Midland, TX 79706 Street and Apt. No., or P.O. Box, or Union Mailer City, State, ZIP+4®		

Postmark Here

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

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See Less ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

## Track Another Package +

**Tracking Number:** 70183090000147425591

[Remove X](#)

Your item has been delivered and is available at a PO Box at 8:44 am on November 12, 2019 in MIDLAND, TX 79702.

### **Delivered**

November 12, 2019 at 8:44 am  
Delivered, PO Box  
MIDLAND, TX 79702

[Get Updates v](#)

Feedback

70183090000147425591

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<b>CERTIFIED MAIL® RECEIPT</b>	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	COG Operating LLC
Street and Apt. No., or PO Box	600 W. Illinois Avenue
	Midland, TX 79701
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark  
Here

[See Less ^](#)

## Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions.

Track Another Package +

Tracking Number: 70183090000147425614

Remove X

Your item was delivered to an individual at the address at 3:16 pm on November 7, 2019 in DENVER, CO 80202.

**Delivered**

November 7, 2019 at 3:16 pm  
Delivered, Left with Individual  
DENVER, CO 80202

Get Updates v

Feedback

4195 244 1000 060E 9102

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL® RECEIPT</b>	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	Centennial Resource Production, LLC
Street and Apt. No.	1001 17 <sup>th</sup> Street, Suite 1800
	Denver, CO 80202
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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See Less ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**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:

Ard Oil, LTD  
P. O. Box 101027  
Fort Worth, TX 76185

9590 9402 4582 8278 6002 00

2. Article Number (Transfer from service label)

7018 3090 0001 4742 5539

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *KS Stotter*  Agent  
 Addressee  
 B. Received by (Printed Name)  
*B. Stockton*  
 C. Date of Delivery  
*11/4/19*  
 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)

8030

Domestic Return Receipt

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

Postmark Here

Postage \$  
 Total Postage and Fees \$

Sent To  
 Street and Apt. No., or P.O. Box No.  
 City, State, ZIP+4®

Zorro Partners, Ltd.  
616 Texas Street  
Fort Worth, TX 76102

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

9590 9402 4582 8278 6002 00

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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 \$

Postmark Here

Postage \$  
 Total Postage and Fees \$

Sent To  
 Street and Apt. No., or P.O. Box No.  
 City, State, ZIP+4®

Ard Oil, LTD  
P. O. Box 101027  
Fort Worth, TX 76185

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

9590 9402 4582 8278 6002 00

**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:

Zorro Partners, Ltd.  
616 Texas Street  
Fort Worth, TX 76102

9590 9402 4582 8278 6001 87

2. Article Number (Transfer from service label)  
 7018 3090 0001 4742 5553

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Shannee Bore*  Agent  
 Addressee  
 B. Received by (Printed Name)  
*Shannee Bore*  
 C. Date of Delivery  
*11-4*  
 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)

8030

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:

Edward R. Hudson, Jr.  
616 Texas Street  
Fort Worth, TX 76102-4696

9590 9402 4582 8278 6001 01

2. Article Number (Transfer from service label)  
7018 3090 0001 4742 5584

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Suzanne Poe*  Agent  Addressee

B. Received by (Printed Name)  
*Suzanne Poe*

C. Date of Delivery  
*11-4*

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

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

8030 Domestic Return Receipt

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

Sent To *Javelina Partners*  
*616 Texas Street*  
*Fort Worth, TX 76102*

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

City, State, ZIP+4®

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

7018 3090 0001 4742 5584

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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 *Edward R. Hudson, Jr.*  
*616 Texas Street*  
*Fort Worth, TX 76102-4696*

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

City, State, ZIP+4®

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

7018 3090 0001 4742 5584

**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:

Javelina Partners  
616 Texas Street  
Fort Worth, TX 76102

9590 9402 4582 8278 6001 94

2. Article Number (Transfer from service label)  
7018 3090 0001 4742 5584

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Suzanne Poe*  Agent  Addressee

B. Received by (Printed Name)  
*Suzanne Poe*

C. Date of Delivery  
*11-4*

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

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

8030 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:

Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust  
 640 Taylor Street, Floor 17  
 Fort Worth, TX 76102

9590 9402 4582 8278 6002 24

2. Article Number (Transfer from service label)

7018 3090 0001 4742 5522

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
**X**  
 B. Received by (Printed Name) *Wain Peadar* C. Date of Delivery *11-4-19*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

Restricted Delivery

Domestic Return Receipt

8030

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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 Apache Corporation  
 303 Veterans Airpark Lane, Suite 1000  
 Midland, TX 79705

Street and Apt. No., or P.O. Box No.  
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

7018 3090 0001 4742 5515

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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 Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust  
 640 Taylor Street, Floor 17  
 Fort Worth, TX 76102

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 3090 0001 4742 5522

**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:

Apache Corporation  
 303 Veterans Airpark Lane, Suite 1000  
 Midland, TX 79705

9590 9402 4582 8278 6002 17

2. Article Number (Transfer from service label)

7018 3090 0001 4742 5515

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
**X**  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *11-4-19*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

Restricted Delivery

8030

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:

Francis H. Hudson, Trustee of Lindy's Living Trust  
4200 S. Hulen, Suite 302  
Fort Worth, TX 76109

9590 9402 4582 8278 6002 31

2. Article Number: 7018 3090 0001 4742 5577

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Handwritten Signature]*  Agent  Addressee

B. Received by (Printed Name): *TANYA STOY* C. Date of Delivery: *11-4-14*

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

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

*8070*

7018 3090 0001 4742 5577

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*8070*  
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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: Francis H. Hudson, Trustee of Lindy's Living Trust  
4200 S. Hulen, Suite 302  
Fort Worth, TX 76109

Street and Apt. N. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_