

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

APPLICATION OF ENERVEST OPERATING LLC  
TO AMEND THE UNIT AGREEMENT AND THE  
UNIT OPERATING AGREEMENT FOR THE  
WEST LOCO HILLS GRAYBURG NO. 4 SAND  
UNIT, AND FOR STATUTORY UNITIZATION,  
EDDY COUNTY, NEW MEXICO.

Case No. 14,242

AFFIDAVIT OF NOTICE

COUNTY OF HARRIS       )  
                                      ) ss.  
STATE OF TEXAS        )

Dwain Blakley, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am a landman for Enervest Operating LLC
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Attached as Exhibit A is a listing of working interest owners in the unit area. Notice of the application was provided to the working interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit B.
5. Attached as Exhibit C is a listing of royalty interest owners in the unit area. Notice of the application was provided to the royalty interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit D.
6. Applicant has complied with the notice provisions of Division Rules.

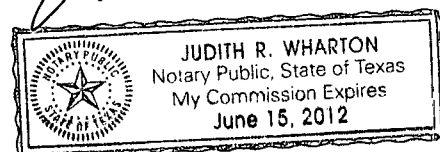
Dwain Blakley  
Dwain Blakley

SUBSCRIBED AND SWORN TO before me this 17<sup>th</sup> day of December, 2008 by  
Dwain Blakley.

My Commission Expires: 6-15-2012

Judith R. Wharton  
Notary Public

Oil Conservation Division  
Case No. 20  
Exhibit No. 20



Agreement to comply with all of its financial obligations provided herein shall be a material default.

Article 23.  
SUCCESSORS AND ASSIGNS

23.1 Successors and Assigns. The provisions hereof shall be covenants running with lands, leases, and interests covered hereby, and shall be binding upon and inure to the benefit of the respective heirs, devisees, legal representatives, successors, and assigns of the parties hereto.

IN WITNESS WHEREOF, The parties hereto have executed this agreement on the dates opposite their respective signatures.

UNIT OPERATOR:

ENERVEST OPERATING LLC

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*[Signature]*  
Stephen McDaniel  
VP

WORKING INTEREST OWNERS:

AUVENSHINE'S CHILDREN'S TESTAMENTARY  
TRUST

By: \_\_\_\_\_

CATHIE CONE McCOWN, TRUSTEE

By: \_\_\_\_\_

RANDY LEE CONE

By: \_\_\_\_\_

KENNETH G. CONE

By: \_\_\_\_\_

SHANNON EMMONS

By: \_\_\_\_\_  
FLORENCE MARTHA DOOLEY ESTATE

I & L DEVELOPMENT CO.

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

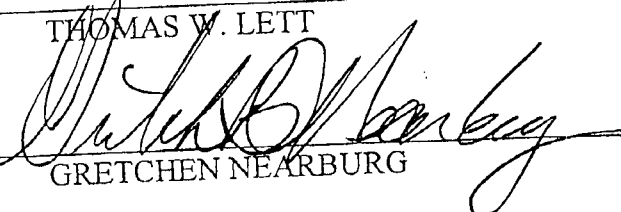
KATHLEEN CONE TRUST FBO T. CONE CHILDREN  
TRUST, BANK OF AMERICA, N.A., TRUSTEE

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

KATHLEEN CONE TRUST FBO K. CONE CHILDREN  
TRUST

By: \_\_\_\_\_  
KENNETH G. CONE, TRUSTEE

By: \_\_\_\_\_  
THOMAS W. LETT

By:   
GRETCHEN NEARBURG

SAM LETT TESTAMENTARY TRUST

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

THOMPSON PETROLEUM CORPORATION

By: James Cleo Thompson Jr  
Name: James Cleo Thompson, Jr.  
Title: President

ENERVEST ENERGY INSTITUTIONAL FUND X1-A,  
L.P.

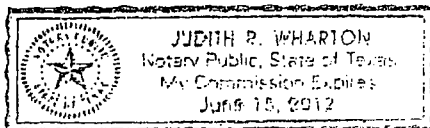
By: Step A - D  
Name: Stephen McDaniel  
Title: Sr. VP & GM - Western Division

ENERVEST ENERGY INSTITUTIONAL FUND X1-WI,  
L.P.

By: Step A - D  
Name: Stephen McDaniel  
Title: Sr. VP & GM - Western Division

STATE OF Texas §  
COUNTY OF Harris §

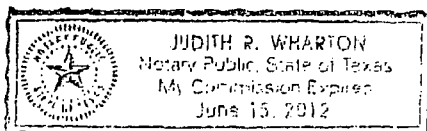
This instrument was acknowledged before me this 9th day of October, 2008, by Stephen A. McDaniel of Sr. VP & GM of EnerVest Management GP, L.P. a Texas corporation, on behalf of said corporation.



Judith R. Wharton  
Notary Public for the  
State of Texas

STATE OF Texas §  
COUNTY OF Harris §

This instrument was acknowledged before me this 9th day of October, 2008, by Stephen A. McDaniel of Sr. VP & GM of EnerVest Management GP, L.P. a Texas corporation, on behalf of said corporation.



Judith R. Wharton  
Notary Public for the  
State of Texas



November 23, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: All interest owners in the West Loco Hills Grayburg No. 4 Sand Unit

Ladies and gentlemen:

Enclosed is a copy of an application for amendment of the Unit Agreement and the Unit Operating Agreement for the West Loco Hills Grayburg No. 4 Sand Unit, and for statutory unitization, filed with the New Mexico Oil Conservation Division by Enervest Operating LLC.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 13, 2008, 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 this 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 Rule 1208.B to file a Pre-Hearing Statement no later than Thursday, November 6, 2008. This statement must be filed with the Division's Santa Fe office at the above address, and with the attorney for Enervest Operating LLC, 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.

Sincerely,

EXHIBIT B

R. Dwain Blakley  
Sr. Landman  
[dblakley@enervest.net](mailto:dblakley@enervest.net)  
EnerVest, Ltd.  
1001 Fannin St., Suite 800  
Houston, Texas 77002-6707

# COMPLETE THIS SECTION

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

1. Article Addressed to:

Kathleen Cone Trust fbo T. Cone Children  
Bank of Oklahoma, N.A., Trustee  
P.O. Box 1588  
Tulsa, OK 74101-1588

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7623

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

# COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return 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 W. Lett  
3500 Oak Lawn, Ste 720  
Dallas, TX 75219

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7630

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

# COMPLETE THIS SECTION

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

1. Article Addressed to:

Thompson Petroleum Corporation  
325 North St. Paul, Suite 4300  
Dallas, TX 75201-3993

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7661

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 1300 0000 4236 7623

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**OFFICIAL USE**

Postage	\$	
Certified Fee		10/24
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Duwin  
B.

Postmark  
Here

Sent To: Kathleen Cone Trust fbo T. Cone Children  
 Bank of Oklahoma, N.A., Trustee  
 P.O. Box 1588  
 Tulsa, OK 74101-1588

PS Form 3800, August 2004

See Reverse for Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SECTION ON DELIVERY**

Printed Name: C. Date of Delivery: 10/27/03

Address different from item 1? ☐ Yes ☒ No

Delivery address below: ☐ Yes ☒ No

all ☐ Express Mail

all ☒ Return Receipt for Merchandise

all ☐ C.O.D.

Delivery? (Extra Fee) ☐ Yes ☒ No

4236 7623 111

7006 1300 0000 4236 7630

**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage	\$	
Certified Fee		10/24
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Duwin  
B.

Postmark  
Here

Sent To: Thomas W. Lett  
 3500 Oak Lawn, Ste 720  
 Dallas, TX 75219

PS Form 3800, August 2004

See Reverse for Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SECTION ON DELIVERY**

Printed Name: H. Buys C. Date of Delivery: 10/27/03

Address different from item 1? ☐ Yes ☒ No

Delivery address below: ☐ Yes ☒ No

all ☐ Express Mail

all ☒ Return Receipt for Merchandise

all ☐ C.O.D.

Delivery? (Extra Fee) ☐ Yes ☒ No

4236 7630

7006 1300 0000 4236 7661

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**OFFICIAL USE**

Postage	\$	
Certified Fee		10/24
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Duwin  
B.

Postmark  
Here

Sent To: Thompson Petroleum Corporation  
 325 North St. Paul, Suite 4300  
 Dallas, TX 75201-3993

PS Form 3800, August 2004

See Reverse for Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SECTION ON DELIVERY**

Printed Name: er C. Date of Delivery: 10/27/03

Address different from item 1? ☐ Yes ☒ No

Delivery address below: ☐ Yes ☒ No

all ☐ Express Mail

all ☒ Return Receipt for Merchandise

all ☐ C.O.D.

Delivery? (Extra Fee) ☐ Yes ☒ No

4236 7661

Important Reminders:  
A record of delivery kept by the Postal Service for two years  
Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.  
Certified Mail is not available for any class of international mail.

### SECTION ON DELIVERY

item 4 if Restricted Delivery is desired.

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

1. Article Addressed to:

I & L Development Co.  
3500 Oak Lawn, Ste 720  
Dallas, TX 75219

☒ Agent  
☐ Addressee  
B. Received by (Printed Name) Thomas Lett C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7616

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

### COMPLETE THIS SECTION

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

Article Addressed to:

Shannon Emmons  
17 North Lancaster Lane  
Newton, PA 18940

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7593

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

### COMPLETE THIS SECTION

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

1. Article Addressed to:

Sam Lett Testamentary Trust  
3500 Oak Lawn, Ste 720  
Dallas, TX 75219

### COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
☒ Addressee  
B. Received by (Printed Name) Shannon Emmons C. Date of Delivery 10/27/08

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7654

PS Form 3811 February 2004

Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

Postage	\$	
Certified Fee		10/24
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

*Dwain*  
 Postmark  
 Here  
*B.*

I & L Development Co.  
 3500 Oak Lawn, Ste 720  
 Dallas, TX 75219

PS Form 3800, August 2006

See Reverse for Instructions

**SECTION ON DELIVERY**

☐ Agent  
☐ Addressee

Printed Name) *Left* C. Date of Delivery

Address different from item 1? ☐ Yes  
 Delivery address below: ☐ No

Mail ☐ Express Mail  
☒ Return Receipt for Merchandise  
 Mail ☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes

136 7616

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

Postage	\$	
Certified Fee		10/24
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

*Dwain*  
 Postmark  
 Here  
*B.*

Total

Sent To  
 Street, or PO Box  
 City, State

Shannon Emmons  
 17 North Lancaster Lane  
 Newton, PA 18940

PS Form 3800, August 2006

See Reverse for Instructions

**SECTION ON DELIVERY**

☐ Agent  
☐ Addressee

Printed Name) *Shannon* C. Date of Delivery  
*10/27*

Address different from item 1? ☐ Yes  
 Delivery address below: ☐ No

Mail ☐ Express Mail  
☒ Return Receipt for Merchandise  
 Mail ☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes

36 7593

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

Postage	\$	
Certified Fee		10/24
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

*Dwain*  
 Postmark  
 Here  
*B.*

Total

Sent To  
 Street, or PO Box  
 City, State

Sam Lett Testamentary Trust  
 3500 Oak Lawn, Ste 720  
 Dallas, TX 75219

PS Form 3800, August 2006

See Reverse for Instructions

**SECTION ON DELIVERY**

☐ Agent  
☐ Addressee

Printed Name) *Shannon* C. Date of Delivery  
*10/27/08*

Address different from item 1? ☐ Yes  
 Delivery address below: ☐ No

Mail ☐ Express Mail  
☒ Return Receipt for Merchandise  
 Mail ☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes

36 7654

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

1. Article Addressed to:

Florence Martha Dooley Estate  
1006 South 2<sup>nd</sup> Street  
Artesia, NM 88210

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7609

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

#### SECTION ON DELIVERY

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

1. Article Addressed to:

Gretchen Nearburg  
1129 Challenger Street  
Lakeway, TX 78734

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

10-30-08

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7647

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

#### COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Kenneth G. Cone  
PO BOX 11310  
Midland, TX 79702

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

11/16/08

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7586

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 1300 0000 4236 7609

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OFFICIAL USE

Postage	\$	
Certified Fee		10/24
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		

 Dwain  
 Postmark  
 Here

Sent To

 Street, A  
 or PO Box  
 City, State

 Florence Martha Dooley Estate  
 1006 South 2<sup>nd</sup> Street  
 Artesia, NM 88210

PS Form 3800, August 2006

See Reverse for Instructions

PS Form 3811, February 2004

## SECTION ON DELIVERY

☐ Agent☐ Addressee

Printed Name)

C. Date of Delivery

Is different from item 1? ☐ YesDelivery address below: ☐ No

Mail

☐ Express Mail

Mail

☒ Return Receipt for Merchandise

Mail

☐ C.O.D.

Delivery? (Extra Fee)

☐ Yes

1236 7609

102595-02-M-1540

7008 1300 0000 4236 7647

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OFFICIAL USE

Postage	\$	
Certified Fee		10/24
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

 Dwain  
 Postmark  
 Here

Sent To

 Street,  
 or PO Box  
 City, State

 Gretchen Nearburg  
 1129 Challenger Street  
 Lakeway, TX 78734

PS Form 3800, August 2006

See Reverse for Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SECTION ON DELIVERY

☐ Agent☐ Addressee

Printed Name)

C. Date of Delivery

Is different from item 1? ☐ YesDelivery address below: ☐ No

Mail

☐ Express Mail

Mail

☒ Return Receipt for Merchandise

Mail

☐ C.O.D.

Delivery? (Extra Fee)

☐ Yes

1236 7647

7008 1300 0000 4236 7586

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OFFICIAL USE

Postage	\$	
Certified Fee		10/24/08
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		

 Dwain  
 Postmark  
 Here

Sent To

 Street,  
 or PO Box  
 City, State

 Kenneth G. Cone  
 PO BOX 11310  
 Midland, TX 79702

PS Form 3800, August 2006

See Reverse for Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SECTION ON DELIVERY

☐ Agent☐ Addressee

Printed Name)

C. Date of Delivery

Is different from item 1? ☐ YesDelivery address below: ☐ No

Mail

☐ Express Mail

Mail

☒ Return Receipt for Merchandise

Mail

☐ C.O.D.

Delivery? (Extra Fee)

☐ Yes

00 4236 7586

For combined with First-Class Mail® or Priority Mail®  
For record of delivery kept by the Postal Service for two years

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
**X** *Randy Lee Cone* ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery  
*Randy Lee Cone* *NOV 1 2008*  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Randy Lee Cone  
PO BOX 552  
Jay, OK 74346

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

2. Article Number 7008 1300 0000 4236 7579  
(Transfer from service label)  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**Important Reminders:**  
Certified Mail is not available for any class of international mail.  
A record of delivery kept by the Postal Service for two years.  
A mailing receipt for your mailpiece.  
A unique identifier for your mailpiece.  
A record of delivery kept by the Postal Service for two years.

**COMPLETE THIS SECTION ON DELIVERY**

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

1. Article Addressed to:

Auvenshine's Childrens Testamentary Tr.  
Cathie Cone McCowen, Trustee  
PO BOX 507  
Dripping Spring, TX 78620

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

2. Article Number 7008 1300 0000 4236 7579  
(Transfer from service label)  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

Postage \$	1072408
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Post

Sent To  
 Street, Apt. 1  
 or PO Box A  
 City, State, Z

Randy Lee Cone  
 PO BOX 552  
 Jay, OK 74346

PS Form 3811, August 2006 See Reverse for Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

Postage \$	1072408
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total

Sent To  
 Street, Apt. 1  
 or PO Box A  
 City, State, Z

Auvenshine's Childrens Testamentary Tr.  
 Cathie Cone McCowen, Trustee  
 PO BOX 507  
 Dripping Spring, TX 78620

PS Form 3800, August 2006 See Reverse for Instructions

102595-02-M-1540

**SECTION ON DELIVERY**

Printed Name  
 C. Date of Delivery

Signature  
 C. Date of Delivery

Is delivery address below?

Yes No

NOV 1 2003

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

Extra Fee Yes

236 7579

**SECTION ON DELIVERY**

Printed Name  
 C. Date of Delivery

Signature  
 C. Date of Delivery

Is delivery address below?

Yes No

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

Extra Fee Yes

4236 7579

OWNER NAME -----	TYPE	RATIFICATION -----
ADDRESSEE UNKNOWN	RI	
COMMISSIONER OF PUBLIC LANDS	RI	
AL CONE EST & ANNIE H CONE DBA AL CONE PARTNERSHIP	RI	
WILLIAM H DWYER III	RI	
H & S OIL LLC	RI	
LESLIE M HEINSCH	RI	
ROBERT STEPHEN HEINSCH	RI	
H H HERREN	RI	
JENNIFER GRIER HOLMES	RI	
JANE R HEINSCH TESTAMENTARY TRUST	RI	
MINERALS MGMT SERVICE (D O I)	RI	
NMO&G LTD	RI	
HELEN W RHETT TRUST DTD 10-15 HELEN W RHETT TRUSTEE	RI	YES
STAGNER LLC C/O JOSEPH HANTTULA CPA	RI	
ALAMEDA CONTRA COSTA CENTRAL FOR THE BLIND INC	OR	
RUTH V ALLARD	OR	YES
PATRICIA J ALLEN Tax Id: 309-30-0440	OR	YES
AMERICAN HEART ASSOCIATION CALIFORNIA AFFILIATE	OR	
OSCAR A ANDERSON	OR	
B & G ROYALTIES A PARTNERSHIP	OR	
BALLARD E SPENCER TRUST INC C/O FIRST NATIONAL BANK TRUST	OR	
BRETT C BARTON	OR	

EXHIBIT

**C**

HEIDI C BARTON	OR	
ROY G BARTON III	OR	YES
ROY G BARTON SR & OPAL BARTON REV TRST ROY G BARTON JR TRSTE	OR	YES
KELLY H BAXTER	OR	
CLAUDIA BERRY	OR	
CORDELLIA MASTELLER BETZING	OR	
GLENN RANDALL BISHOP	OR	
JEFFERY RAY BLOOM	OR	YES
BOESCHE FAMILY TRUST	OR	
EDWINA K BRADY	OR	
KATHY GAIL BRAWLEY	OR	
JAMES ROBERT BRIGHT	OR	YES
JOHN BRIGHT	OR	YES
LOTTIE M BROOM	OR	
PATRICIA E BUNDRANT	OR	YES
SHARON FRANCES BURKHOLDER	OR	
JEAN ROGERS BUSH	OR	
LAURA CAMERON	OR	
JOSEPH R CANFIELD	OR	YES
KENNETH L CANFIELD	OR	
RUTH ANN CANFIELD	OR	
MARY CARRELL	OR	
EVA I CERNICH	OR	
DAVID ROYCE CHAMBERS	OR	YES
CHILDREN'S HOME SOCIETY OF CA	OR	YES

CLYDE & MARY JO GUY TRUST B	OR	
DAVID B CRAWFORD	OR	
REBECCA L CRAWFORD	OR	
FRANCES J DAY C/O MARY CARRELL	OR	
SUE LAFETT DAY	OR	YES
MARSHA DOLINSKY	OR	YES
EASTER SEAL SOCIETY FOR CRIPP CHILDREN AND ADULTS OF CALIFO	OR	
ELAINE B FLINT F/B/O ELOISE A GRISWOLD TR DAVID D GRISWOLD	OR	
ELYSE SAUNDERS PATTERSON TRUS FARMERS NATIONAL CO AGENT #61 OIL & GAS DIVISION	OR	YES
DONALD MCATEE ESTATE C/O RAE GALLEY	OR	YES
LAVERNE SHORT ESTATE	OR	
FIRST ROSWELL COMPANY	OR	
THOMAS W FLYNN C/O CAROLE FLYNN	OR	
KATHLEEN FOX	OR	
MARTHA I GAITHER	OR	YES
GATES PROPERTIES LTD	OR	
EUNICE CONE GIBSON REVOCABLE LORI GIBSON BANDUCCI TRUSTEE	OR	
SUE SAUNDERS GRAHAM	OR	
DAVID DWAIN GRISWOLD	OR	
WILLIAM H GRISWOLD	OR	YES
J EUSTACE GUEST	OR	
CLYDE & MARY JO GUY TRUST A	OR	

ELIZABETH HASSALL	OR	
FRANK EDWARD HAWLEY IN LIFE ESTATE	OR	YES
JIM & PEARL HAWLEY FAMILY LIV J C HAWLEY & P M HAWLEY TRUST	OR	YES
I & L DEVELOPMENT CO	OR	
IMPERIAL OIL COMPANY	OR	YES
ROBERT H IVEY SR PERSONAL REPRESENTATIVE	OR	YES
J RUTH BUHLER SUCCESSOR TRUST OF THE WILLIAM JACKSON TRUST	OR	YES
ELIZABETH JERRIGAN	OR	
JOHN R NORWOOD PENSION PLAN ATTN: JOHN R NORWOOD TR	OR	YES
JOHN W GATES LLC	OR	
JON M MORGAN MONEY PURCHASE P ATTN: JON M MORGAN TR	OR	YES
CYRUS H JONES ESTATE EL PASO NATIONAL BANK EXECUTO	OR	
DOROTHY K JONES	OR	
KATHRYN B JORGENSEN	OR	YES
MILTON M KRASNE PERSONAL REPR OF EST OF ELAINE GRAHAM KRASN	OR	YES
DESA L LEE-LAIRD	OR	YES
THOMAS W LETT	OR	
FRANK W LEWIS	OR	
LUCAS PROPERTIES LLC	OR	YES
JULIA MAY LUTZ	OR	YES
AL LYNCH	OR	
DAVID A LYNCH	OR	
CECILE MANN	OR	

MARCH OF DIMES BIRTH DEFECTS	OR	
MARICO EXPLORATION INC	OR	
MARY VALLE FOUNDATION FOR CEREBRAL PALSY	OR	
JULIA M MAUK	OR	
DENNIS K MCATEE SR	OR	
LAVERNE O MCATEE	OR	
OPAL WAYNE MCATEE	OR	
ROBERT GUY MCATEE	OR	
WILBUR E MCATEE	OR	
CURTIS MCBROOM	OR	
LARRY MCCAW	OR	
WILLIAM JACK MCCAW	OR	
JOHN WILLARD MCDONALD	OR	
GLORIA MEFFORD	OR	YES
ELIZABETH MENDENHALL	OR	YES
MICHEL FAMILY TRUST DATE 1-25 NELL T MICHEL TRUSTEE	OR	
ANNICE L MILLER	OR	
GLEN DAVID MILLER	OR	YES
JACK M MILLER	OR	
LORETTA J MOORE	OR	
JON MURCHISON	OR	YES
BERT H MURPHY	OR	
LINDA NEIDERT	OR	YES
ROBERT E OLDER	OR	
VIRGINIA C OLDER	OR	

PANSAM TRUST	OR	YES
ANNETTE KIRK PASCO	OR	
NORMA T PULLIAM TRUSTEE TRUST #1 U/W/O LAWRENCE TRUIT	OR	YES
RALSTON LIVING TRUST WALTER ROY RALSTON TRUSTEE	OR	
MARY RAINE RANDALL	OR	
PHILLIPS FAMILY REVOCABLE TRUST R D & J L PHILLIPS TRUSTEES	OR	YES
JOHN W REYNOLDS	OR	
KAY J REYNOLDS ESTATE MARGIE L REYNOLDS EXECUTOR	OR	YES
HELEN W RHETT TRUST DTD 10-15 HELEN W RHETT TRUSTEE	OR	YES
CYNTHIA RHINES	OR	YES
ALBERT Q & GERALDYN J ROGERS	OR	
BESS ROGERS	OR	
BRYON EUGENE ROGERS	OR	
HELEN L ROGERS	OR	
JACK ROGERS JR	OR	
LORAIN M ROGERS	OR	
ROBERT L ROGERS	OR	
THELMA ROGERS	OR	
LOUIS F ROSAS	OR	YES
RUBY BELL CROSBY FAMILY LP #1	OR	
SACRAMENTO PARTNERS LP	OR	
SAM LETT TESTAMENTARY TRUST	OR	
EVELYN DEE SANDERSON	OR	YES
SHARON SCHROEDER	OR	YES

JOHN P SEARLS	OR	
SEARLS-COLLIER LTD A TEXAS LIMITED PARTNERSHIP	OR	YES
JEAN SEYBERT	OR	YES
CLARENCE C SMITH JR	OR	
SPINDLETOP EXPLORATION CO INC	OR	YES
SPIRAL INC	OR	
SPURCK FAMILY TRUST DTD 12-16 B H CHILDS & D C STEAD CO-TRU	OR	
ROY E STEIN	OR	
KATHRYN A SMITH STEPHENS	OR	
MARY EDITH SWAFFORD	OR	
JACK WELLINGTON TAYLOR	OR	
PAUL TRETHEWAY TAYLOR	OR	
THE TOLES CO A LIMITED PARTNERSHIP	OR	YES
TRAVCO A MISSOURI PARTNERSHIP C/O GENE T IRVIN	OR	
GLADYS M TRAVIS TRUSTEE U/W/O H BROOKS TRAVIS	OR	
SHANNAN LYNN YATES UNSER	OR	
KATHERINE L WENIG	OR	
SHIRLEY D MALELLA WILBUR	OR	
WILLIAMS TR FBO MMP C/O TR DEPARTMENT AMERICAN STATE BANK	OR	YES
CORDELIA WILLIAMSON	OR	
WILLS ROYALTY INC	OR	
MAVIS L & HELEN L WISEMAN	OR	
AUSTIN WRIGHT	OR	YES

YATES BROTHERS	OR	
COLLEEN MICHELLE YATES	OR	
YATES DRILLING COMPANY	OR	
JAMES H YATES & NANCY B YATES REVOCABLE TRUST DATED MAY 22	OR	YES
KELLY S YATES LONGLEY	OR	
YATES PETROLEUM CORPORATION	OR	
PEYTON YATES	OR	
RICHARD YATES	OR	
AUVENSHINE CHILDREN'S TEST TR CATHIE MCCOWN TTEE	WI	
KENNETH G CONE KATHERINE SHAPIRA AIF	WI	
FLORENCE MARTHA DOOLEY ESTATE	WI	
GRETCHEN NEARBURG	WI	YES
I & L DEVELOPMENT CO	WI	BOUGHT
KATHLEEN CONE TRUST FBO K CON	WI	
KATHLEEN CONE TRUST FBO T CON	WI	
THOMAS W LETT	WI	BOUGHT
RANDY LEE CONE PO BOX 552 JAY, OK 74346	WI	YES
SAM LETT TESTAMENTARY TRUST	WI	BOUGHT
SHANNON EMMONS	WI	
THOMPSON PETROLEUM CORPORATIO	WI	YES



November 23, 2008

SECOND REQUEST

RE: West Loco Hills Grayburg #4 Sand Unit  
Eddy County, New Mexico  
Ratification

EXHIBIT **D**

Dear Royalty Owner:

EnerVest Operating LLC is the new operator of this unit that was put together in the early 1960's. It is our intention to do a new water flood project on this old unit to increase production and revenue for the interest owners. **The enclosed Amended Unit Agreement does not change your participation in the unit or your revenue interest in the proceeds, if you or a predecessor ratified the current unit. Currently we have the hearing on this matter and a new Operating Agreement set for December 18, 2008, at 8:15 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 may if you wish. If you wish to become a party of record and present testimony, you should attend or be precluded from contesting the matter at a later date.

The purpose of going to the new State of New Mexico unit form is to have a modern instrument that reflects current operating conditions and realities. Some of the requirements of the old form no longer make sense and would hinder us in creating value for the interest owners. This state form is accepted by the BLM (federal) and is designed specifically for units containing federal, state and fee lands as this one does. To go forward with the project and hopefully increase everyone's revenue, we need the participants to ratify the amended unit form.

Please review the enclosed Amended Unit Agreement and if you approve please sign four of the enclosed ratifications, have them notarized and return them to me in the enclosed envelope. As soon as we can get the required percentage of ratifications back, we can apply for permission to start the enhanced recovery project.

If you have any questions, please call me at 713-495-1529.

Sincerely,

R. Dwain Blakley  
Sr. Landman  
[dblakley@enervest.net](mailto:dblakley@enervest.net)  
EnerVest, Ltd.  
1001 Fannin St., Suite 800  
Houston, Texas 77002-6707

SECTION 1. Article Addressed to: James H Yates & Nancy B Yates Trustee 2843 Seccomb Street Fort Collins, CO 80536 2. Article Number 7008 1300 0000 4236 8002 3. Service Type Registered Express Mail Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes No 10255-02-M-1540 PS Form 3811, February 2004

SECTION 2. Article Addressed to: Richard Yates 105 South 4th Street Artesia, NM 88210 2. Article Number 7008 1300 0000 4236 8088 3. Service Type Registered Express Mail Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes No 10255-02-M-1540 PS Form 3811, February 2004

SECTION 3. Article Addressed to: Meliss Stewart 2. Article Number 7008 1300 0000 4236 7982 3. Service Type Registered Express Mail Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes No 10255-02-M-1540 PS Form 3811, February 2004

SECTION 1. Article Addressed to: James H Yates & Nancy B Yates Trustee 2843 Seccomb Street Fort Collins, CO 80536 2. Article Number 7008 1300 0000 4236 8002 3. Service Type Registered Express Mail Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes No 10255-02-M-1540 PS Form 3811, February 2004

SECTION 2. Article Addressed to: Richard Yates 105 South 4th Street Artesia, NM 88210 2. Article Number 7008 1300 0000 4236 8088 3. Service Type Registered Express Mail Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes No 10255-02-M-1540 PS Form 3811, February 2004

SECTION 3. Article Addressed to: Meliss Stewart 2. Article Number 7008 1300 0000 4236 7982 3. Service Type Registered Express Mail Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes No 10255-02-M-1540 PS Form 3811, February 2004

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**OFFICIAL USE**

Postmark Here

Postage \$ 11.70

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees \$11.70

James H Yates & Nancy B Yates  
 Trustee  
 2843 Soccornb Street  
 Fort Collins, CO 80526

**SECTION ON DELIVERY**

Agent ☒ Agent  
 Printed Name ELISSA STEWART  
 C. Date of Delivery 11/11/04  
 Has different from item 1? ☐ Yes ☐ No  
 Delivery address below: ☐ Yes ☐ No

☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Any? (Extra Fee) ☐ Yes ☐ No

1236 7962

102595-02-M-1540

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Postage \$ 11.70

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees \$11.70

James H Yates & Nancy B Yates  
 Trustee  
 2843 Soccornb Street  
 Fort Collins, CO 80526

**SECTION ON DELIVERY**

Agent ☒ Agent  
 Printed Name ELISSA STEWART  
 C. Date of Delivery 11/11/04  
 Has different from item 1? ☐ Yes ☐ No  
 Delivery address below: ☐ Yes ☐ No

☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Any? (Extra Fee) ☐ Yes ☐ No

1236 7962

102595-02-M-1540

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Postmark Here

Postage \$ 11.70

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total \$11.70

Sent To Richard Yates  
105 South 4th Street  
Artesia, NM 88210  
 City, St

**SECTION ON DELIVERY**

Agent ☒ Agent  
 Printed Name ELISSA STEWART  
 C. Date of Delivery 11/11/04  
 Has different from item 1? ☐ Yes ☐ No  
 Delivery address below: ☐ Yes ☐ No

☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Any? (Extra Fee) ☐ Yes ☐ No

236 8088

102595-02-M-1540

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**OFFICIAL USE**

Postmark Here

Postage \$ 11.70

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total \$11.70

Sent To Richard Yates  
105 South 4th Street  
Artesia, NM 88210  
 City, St

**SECTION ON DELIVERY**

Agent ☒ Agent  
 Printed Name ELISSA STEWART  
 C. Date of Delivery 11/11/04  
 Has different from item 1? ☐ Yes ☐ No  
 Delivery address below: ☐ Yes ☐ No

☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Any? (Extra Fee) ☐ Yes ☐ No

236 8088

102595-02-M-1540

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Postage \$ 12.10 DB  
 Certified Fee 12.10 DB  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

To: athryn A Smith Stephens  
RR 1 Box 225  
Mendon, MP 64660

PS Form 3811, February 2004 10295-02-M-1540

**SECTION ON DELIVERY**

Printed Name A. Stephens Agent ☐  
 C. Date of Delivery 12/18/08 Address ☐  
 Delivery address below: ☐ Yes ☐ No

☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
☐ Delivery (Extra Fee) ☐ Yes

237 1153

**U.S. Postal Service**  
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**OFFICIAL USE**

Postage \$ 12.10 DB  
 Certified Fee 12.10 DB  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

To: Spurck Family Trust DID 12-16-87  
B H Childs & D C Stead Co-  
Trustees  
22712 Erwin Street  
Woodland Hills, CA 91367

PS Form 3811, February 2004 10295-02-M-1540

**SECTION ON DELIVERY**

Printed Name W Agent ☐  
 C. Date of Delivery 12/18/08 Address ☐  
 Delivery address below: ☐ Yes ☐ No

☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
☐ Delivery (Extra Fee) ☐ Yes

237 1019

**U.S. Postal Service**  
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 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$ 12.10 DB  
 Certified Fee 12.10 DB  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

To: Mary Edith Swafford  
1318 E Huisache  
Kingsville, TX 78363

PS Form 3811, February 2004 10295-02-M-1540

**SECTION ON DELIVERY**

Printed Name Mary Edith Swafford Agent ☐  
 C. Date of Delivery 12/18/08 Address ☐  
 Delivery address below: ☐ Yes ☐ No

☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
☐ Delivery (Extra Fee) ☐ Yes

1 4236 7999

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**OFFICIAL USE**

Postage \$ 12.10 DB  
 Certified Fee 12.10 DB  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

To: Mary Edith Swafford  
1318 E Huisache  
Kingsville, TX 78363

PS Form 3811, February 2004 10295-02-M-1540

**SECTION ON DELIVERY**

Printed Name Mary Edith Swafford Agent ☐  
 C. Date of Delivery 12/18/08 Address ☐  
 Delivery address below: ☐ Yes ☐ No

☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
☐ Delivery (Extra Fee) ☐ Yes

1237 1125

THIS SECTION  
and 3. Also complete delivery is desired. address on the reverse the card to you. back of the mailpiece, a permits.

with Stephens  
Box 225  
MP 64660

7008 1300 0000 4237 1163

Domestic Return Receipt

10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *William A. Stephens*

B. Received by (Printed Name)  
William A. Stephens

C. Date of Delivery  
12/08/08

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

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

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

10

Street

10

Domestic Return Receipt

10295-02-M-1540

THIS SECTION  
and 3. Also complete delivery is desired. address on the reverse the card to you. back of the mailpiece, a permits.

Spurck Family Trust DTD 12-16-87  
B H Childs & D C Stead Co-  
Trustees  
22712 Erwin Street  
Woodland Hills, CA 91367

7008 1300 0000 4237 1019

Domestic Return Receipt

10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Mary Edith Swafford*

B. Received by (Printed Name)  
Mary Edith Swafford

C. Date of Delivery  
12/08/08

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

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

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

10

Street

10

Domestic Return Receipt

10295-02-M-1540

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**OFFICIAL USE**

Postage \$ 11.00  
 Certified Fee 0.00  
 Return Receipt Fee (Enclosurement Required) 0.00  
 Restricted Delivery Fee (Enclosurement Required) 0.00

Postmark Here

Sam Lett Testamentary Trust  
 3500 Oak Lawn Ste 720  
 Dallas, Texas 75219

February 2004 Domestic Return Receipt 10255-02-M-1540

**SECTION ON DELIVERY**

Printed Name Sam Lett Agent ☐  
 Address 3500 Oak Lawn Ste 720 Address ☐  
 City, State, ZIP+4<sup>®</sup> Dallas, TX 75219 Date of Delivery 3/20/04 C.O.D. ☐  
 Signature of Addressee [Signature] Yes different from item 1? ☐ No  
 delivery address below: ☐ Yes ☐ No

Express Mail ☐  
 Return Receipt for Merchandise ☒  
 C.O.D. ☐  
 Yes? (Extra Fee) ☐ Yes ☐ No

236 7890

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**OFFICIAL USE**

Postage \$ 10.11  
 Certified Fee 0.00  
 Return Receipt Fee (Enclosurement Required) 0.00  
 Restricted Delivery Fee (Enclosurement Required) 0.00

Postmark Here

Ruby Bell Crosby Family LP 1  
 1331 3rd Street  
 New Orleans, LA 70130

February 2004 Domestic Return Receipt 10255-02-M-1540

**SECTION ON DELIVERY**

Printed Name Ruby Bell Crosby Agent ☐  
 Address 1331 3rd Street Address ☐  
 City, State, ZIP+4<sup>®</sup> New Orleans, LA 70130 Date of Delivery 2/16/04 C.O.D. ☐  
 Signature of Addressee [Signature] Yes different from item 1? ☐ No  
 delivery address below: ☐ Yes ☐ No

Express Mail ☐  
 Return Receipt for Merchandise ☒  
 C.O.D. ☐  
 Yes? (Extra Fee) ☐ Yes ☐ No

8316

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**OFFICIAL USE**

Postage \$ 12.12  
 Certified Fee 0.00  
 Return Receipt Fee (Enclosurement Required) 0.00  
 Restricted Delivery Fee (Enclosurement Required) 0.00

Postmark Here

Spiral Inc  
 PO BOX 1933  
 Roswell, NM 88202-1933

February 2004 Domestic Return Receipt 10255-02-M-1540

**SECTION ON DELIVERY**

Printed Name Spiral Inc Agent ☐  
 Address PO BOX 1933 Address ☐  
 City, State, ZIP+4<sup>®</sup> Roswell, NM 88202-1933 Date of Delivery 2/18/04 C.O.D. ☐  
 Signature of Addressee [Signature] Yes different from item 1? ☐ No  
 delivery address below: ☐ Yes ☐ No

Express Mail ☐  
 Return Receipt for Merchandise ☒  
 C.O.D. ☐  
 Yes? (Extra Fee) ☐ Yes ☐ No

10 4237 1194

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**OFFICIAL USE**

Postage \$ 11.00  
 Certified Fee 0.00  
 Return Receipt Fee (Enclosurement Required) 0.00  
 Restricted Delivery Fee (Enclosurement Required) 0.00

Postmark Here

John P Searlis  
 PO BOX 4023  
 Odessa, Texas 79760

February 2004 Domestic Return Receipt 10255-02-M-1540

**SECTION ON DELIVERY**

Printed Name John P Searlis Agent ☐  
 Address PO BOX 4023 Address ☐  
 City, State, ZIP+4<sup>®</sup> Odessa, Texas 79760 Date of Delivery 2/24/04 C.O.D. ☐  
 Signature of Addressee [Signature] Yes different from item 1? ☐ No  
 delivery address below: ☐ Yes ☐ No

Express Mail ☐  
 Return Receipt for Merchandise ☒  
 C.O.D. ☐  
 Yes? (Extra Fee) ☐ Yes ☐ No

236 8019

Special Services

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) John P Searls C. Date of Delivery 3/20/04

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

If YES, enter delivery address below:

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

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

Article Number (Transfer from service label) 7006 1300 0000 4236 7890

Domestic Return Receipt

PS Form 3811, February 2004 10255-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) John P Searls C. Date of Delivery 3/20/04

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

If YES, enter delivery address below:

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

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

Article Number (Transfer from service label) 7006 1300 0000 4237 1194

Domestic Return Receipt

PS Form 3811, February 2004 10255-02-M-1540

Service for First-Class Mail and Registered Mail may be requested to provide postage and insurance coverage for the item. To receive a fee waiver for postage and insurance, the item must be marked with the appropriate postage and insurance indicia. To receive a fee waiver for postage and insurance, the item must be marked with the appropriate postage and insurance indicia.

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

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

Article Number (Transfer from service label) 7006 1300 0000 4236 8316

Domestic Return Receipt

PS Form 3811, February 2004 10255-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) John P Searls C. Date of Delivery 3/20/04

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

If YES, enter delivery address below:

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

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

Article Number (Transfer from service label) 7006 1300 0000 4236 8019

Domestic Return Receipt

PS Form 3811, February 2004 10255-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) John P Searls C. Date of Delivery 3/20/04

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

If YES, enter delivery address below:

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

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

Article Number (Transfer from service label) 7006 1300 0000 4236 8316

Domestic Return Receipt

PS Form 3811, February 2004 10255-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) John P Searls C. Date of Delivery 3/20/04

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

If YES, enter delivery address below:

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

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

Article Number (Transfer from service label) 7006 1300 0000 4236 8019

Domestic Return Receipt

PS Form 3811, February 2004 10255-02-M-1540

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SECTION ON DELIVERY

Printed Name: Rogers Agent ☐  
 C. Date of Delivery: 12-8-08 Address: ☐  
 Return Receipt for Merchandise ☐  
 C.O.D. ☐  
 Yes? (Extra Fee) ☐ Yes ☐ No ☐

Postage \$ 10.11  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

Total: 10.11

To: Q Geraldyn J Rogers  
ers Dr  
1 NM 88210

Postmark Here

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SECTION ON DELIVERY

Printed Name: Rogers Agent ☐  
 C. Date of Delivery: 12-8-08 Address: ☐  
 Return Receipt for Merchandise ☐  
 C.O.D. ☐  
 Yes? (Extra Fee) ☐ Yes ☐ No ☐

Postage \$ 10.11  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

Total: 10.11

To: Mary Raine Randall  
12 Douglas ST  
Homossia, FL 34446

Postmark Here

PS Form 3811, February 2004 10295-02-M-1540

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SECTION ON DELIVERY

Printed Name: Rogers Agent ☐  
 C. Date of Delivery: 12-8-08 Address: ☐  
 Return Receipt for Merchandise ☐  
 C.O.D. ☐  
 Yes? (Extra Fee) ☐ Yes ☐ No ☐

Postage \$ 10.11  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

Total: 10.11

To: Thelma Rogers  
PO BOX 633  
Artesia, NM 88211

Postmark Here

PS Form 3811, February 2004 10295-02-M-1540

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SECTION ON DELIVERY

Printed Name: Rogers Agent ☐  
 C. Date of Delivery: 12-8-08 Address: ☐  
 Return Receipt for Merchandise ☐  
 C.O.D. ☐  
 Yes? (Extra Fee) ☐ Yes ☐ No ☐

Postage \$ 10.11  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

Total: 10.11

To: Jack Rogers Jr  
8801 Hilton NE  
Albuquerque, NM 87111

Postmark Here

PS Form 3811, February 2004 10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jack Rogers Jr ☐ Agent ☒ Certified Mail ☐ Express Mail ☐ Registered Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

B. Received by (Printed Name) Jack Rogers Jr C. Date of Delivery 12-8-08

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

If YES, enter delivery address below:

to: aldyn J Rogers

88210

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

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

Article Number 7008 1300 0000 4236 8279

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jack Rogers Jr ☐ Agent ☒ Certified Mail ☐ Express Mail ☐ Registered Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

B. Received by (Printed Name) Jack Rogers Jr C. Date of Delivery 12-8-08

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

If YES, enter delivery address below:

to: aldyn J Rogers

88210

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

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

Article Number 7008 1300 0000 4236 8309

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Mary Raine Randall ☐ Agent ☒ Certified Mail ☐ Express Mail ☐ Registered Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

B. Received by (Printed Name) MARY R. RANDALL C. Date of Delivery 12-4-08

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

If YES, enter delivery address below:

to: Mary Raine Randall

12 Douglas ST

Homosassa, FL 34446

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

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

Article Number 7008 1300 0000 4236 8354

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jack Rogers Jr ☐ Agent ☒ Certified Mail ☐ Express Mail ☐ Registered Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

B. Received by (Printed Name) Jack Rogers Jr C. Date of Delivery 12-8-08

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

If YES, enter delivery address below:

to: aldyn J Rogers

88210

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

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

Article Number 7008 1300 0000 4236 8095

Domestic Return Receipt

102595-02-M-1540

Service  
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SECTION ON DELIVERY

Printed Name: JA JACK Agent ☐ Addressee ☐  
C. Date of Delivery: 1/21/04 Yes ☐ No ☐  
Is different from item 1? Yes ☐ No ☐  
Delivery address below:  
Postmark Here  
Postage \$ 1.21  
Certified Fee 0.00  
Return Receipt Fee (Endorsement Required) 0.00  
Restricted Delivery Fee (Endorsement Required) 0.00

To: Jack McCaw  
2X 376  
NM 88211

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

Service  
CERTIFIED MAIL<sup>TM</sup> RECEIPT  
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For delivery information visit our website at www.usps.com

SECTION ON DELIVERY

Printed Name: Kirk Pasco Agent ☐ Addressee ☐  
C. Date of Delivery: 1/21/04 Yes ☐ No ☐  
Is different from item 1? Yes ☐ No ☐  
Delivery address below:  
Postmark Here  
Postage \$ 1.21  
Certified Fee 0.00  
Return Receipt Fee (Endorsement Required) 0.00  
Restricted Delivery Fee (Endorsement Required) 0.00

To: Kirk Pasco  
Garfield Space 312  
Trenton, CA 90723

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

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SECTION ON DELIVERY

Printed Name: Annice L Miller Agent ☐ Addressee ☐  
C. Date of Delivery: 1/21/04 Yes ☐ No ☐  
Is different from item 1? Yes ☐ No ☐  
Delivery address below:  
Postmark Here  
Postage \$ 1.21  
Certified Fee 0.00  
Return Receipt Fee (Endorsement Required) 0.00  
Restricted Delivery Fee (Endorsement Required) 0.00

To: Annice L Miller  
PO BOX 298  
Flat Rock, IL 62427

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

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SECTION ON DELIVERY

Printed Name: Annice L Miller Agent ☐ Addressee ☐  
C. Date of Delivery: 1/21/04 Yes ☐ No ☐  
Is different from item 1? Yes ☐ No ☐  
Delivery address below:  
Postmark Here  
Postage \$ 1.21  
Certified Fee 0.00  
Return Receipt Fee (Endorsement Required) 0.00  
Restricted Delivery Fee (Endorsement Required) 0.00

To: Annice L Miller  
PO BOX 298  
Flat Rock, IL 62427

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

Car

Service for two years

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Jack McCaw*  
B. Received by (Printed Name)  
ANDREA KATZ  
C. Date of Delivery  
12/10/04  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

Jack McCaw  
376  
NM 88211

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4236 7437

Domestic Return Receipt

1, February 2004

10255-02-M-1540

COMPLETE THIS SECTION

1, 2, and 3. Also complete  
id Delivery is desired.  
and address on the reverse  
return to you.  
to the back of the mailpiece,  
space permits.

Pasco  
Id Space 312  
A 90723

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Ann L Miller*  
B. Received by (Printed Name)  
ANN L MILLER PAS 820 8002 8030  
C. Date of Delivery  
12/10/04  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4236 8330

Domestic Return Receipt

February 2004

10255-02-M-1540

Mail Provides  
our mailbox  
the Postal Service for two years

COMPLETE THIS SECTION ON DELIVERY

1, 2, and 3. Also complete  
id Delivery is desired.  
and address on the reverse  
return to you.  
to the back of the mailpiece,  
space permits.

Curtis McBroom  
200 Hillside Village  
Dallas, Texas 75214

A. Signature  
X *Curtis McBroom*  
B. Received by (Printed Name)  
CURTIS MCBROOM  
C. Date of Delivery  
12/10/04  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4236 7975

Domestic Return Receipt

1, February 2004

10255-02-M-1540

COMPLETE THIS SECTION

1, 2, and 3. Also complete  
id Delivery is desired.  
and address on the reverse  
return to you.  
to the back of the mailpiece,  
space permits.

Annice L Miller  
PO BOX 298  
Flat Rock, IL 62427

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Annice L Miller*  
B. Received by (Printed Name)  
ANNICE L MILLER  
C. Date of Delivery  
12/10/04  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4237 1064

Domestic Return Receipt

February 2004

10255-02-M-1540

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Postage \$ 12.11 DB  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

Postmark Here

Printed Name Wm. M. Mauk Agent  
 Address 1 Lee Street  
 City, State, ZIP+4® mwater WA 98501

PS Form 3811, February 2004 102595-02-M-1540

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Postage \$ 11.74 DB  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

Postmark Here

Printed Name Wm. M. Mauk Agent  
 Address 1 Lee Street  
 City, State, ZIP+4® mwater WA 98501

PS Form 3811, February 2004 102595-02-M-1540

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Postage \$ 12.11 DB  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

Postmark Here

Printed Name Wm. M. Mauk Agent  
 Address 1 Lee Street  
 City, State, ZIP+4® mwater WA 98501

PS Form 3811, February 2004 102595-02-M-1540

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Postage \$ 12.11 DB  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

Postmark Here

Printed Name Wm. M. Mauk Agent  
 Address 1 Lee Street  
 City, State, ZIP+4® mwater WA 98501

PS Form 3811, February 2004 102595-02-M-1540

**PS Form 3811, February 2004**  
10255-02-M-1540

**Domestic Return Receipt**

**THIS SECTION**

1. Article Addressed to:  
 Marico Exploration Inc  
 405 S 4<sup>th</sup>  
 Artesia, NM 88210

2. Article Number:  
 7008 1300 0000 4236 8378

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

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

5. Signature:  
 Melissa Strout

6. Received by (Printed Name):  
 Melissa Strout

7. Date of Delivery:  
 12/23/03

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

9. If YES, enter delivery address below:

**THIS SECTION**

1. Article Addressed to:  
 Dennis K McAtee Sr  
 9933 32<sup>nd</sup> Street  
 Oxford, IA 52323

2. Article Number:  
 7008 1300 0000 4236 8361

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

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

5. Signature:  
 Dennis K McAtee Sr

6. Received by (Printed Name):  
 Dennis K McAtee Sr

7. Date of Delivery:  
 12/23/03

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

9. If YES, enter delivery address below:

**PS Form 3811, February 2004**  
10255-02-M-1540

**Domestic Return Receipt**

**THIS SECTION**

1. Article Addressed to:  
 Marico Exploration Inc  
 405 S 4<sup>th</sup>  
 Artesia, NM 88210

2. Article Number:  
 7008 1300 0000 4236 8286

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

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

5. Signature:  
 Julie M. Mader

6. Received by (Printed Name):  
 Julie M. Mader

7. Date of Delivery:  
 12/23/03

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

9. If YES, enter delivery address below:

**THIS SECTION**

1. Article Addressed to:  
 Dennis K McAtee Sr  
 9933 32<sup>nd</sup> Street  
 Oxford, IA 52323

2. Article Number:  
 7008 1300 0000 4236 7944

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

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

5. Signature:  
 Dennis K McAtee Sr

6. Received by (Printed Name):  
 Dennis K McAtee Sr

7. Date of Delivery:  
 12/23/03

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

9. If YES, enter delivery address below:

**PS Form 3811, February 2004**  
10255-02-M-1540

**Domestic Return Receipt**

**THIS SECTION**

1. Article Addressed to:  
 Marico Exploration Inc  
 405 S 4<sup>th</sup>  
 Artesia, NM 88210

2. Article Number:  
 7008 1300 0000 4236 8286

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

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

5. Signature:  
 Julie M. Mader

6. Received by (Printed Name):  
 Julie M. Mader

7. Date of Delivery:  
 12/23/03

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

9. If YES, enter delivery address below:

**THIS SECTION**

1. Article Addressed to:  
 Dennis K McAtee Sr  
 9933 32<sup>nd</sup> Street  
 Oxford, IA 52323

2. Article Number:  
 7008 1300 0000 4236 7944

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

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

5. Signature:  
 Dennis K McAtee Sr

6. Received by (Printed Name):  
 Dennis K McAtee Sr

7. Date of Delivery:  
 12/23/03

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

9. If YES, enter delivery address below:

■ A mailing receipt  
■ A function of delivery kept by the Postal Service for two years

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Al Lynch  
8205 A Memphis Ave  
Lubbock, TX 79423

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ G.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4237 0852

Domestic Return Receipt  
PS Form 3811, February 2004

10295-02-M-1540

THIS SECTION

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

1. Article Addressed to:

March of Dimes Birth Defects  
1275 mamaronck AVE  
White Plains NY 10605

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ G.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8293

Domestic Return Receipt  
PS Form 3811, February 2004

10295-02-M-1540

COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return 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 W Lett  
3500 Oak Lawn Ste 720  
Dallas, TX 75219

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ G.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8187

Domestic Return Receipt  
PS Form 3811, February 2004

10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

March of Dimes Birth Defects  
1275 mamaronck AVE  
White Plains NY 10605

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ G.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8293

Domestic Return Receipt  
PS Form 3811, February 2004

10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Thomas W Lett  
3500 Oak Lawn Ste 720  
Dallas, TX 75219

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ G.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8187

Domestic Return Receipt  
PS Form 3811, February 2004

10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

March of Dimes Birth Defects  
1275 mamaronck AVE  
White Plains NY 10605

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ G.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8293

Domestic Return Receipt  
PS Form 3811, February 2004

10295-02-M-1540

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Printed Name Al Lynch  
 C. Date of Delivery 12/4/04  
 See different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
 5 Al Lynch  
 8205 A Memphis Ave  
 Lubbock, TX 79423

SECTION ON DELIVERY  
☐ Agent  
☒ Address  
 C. Date of Delivery  
 See different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes ☐ No

PS Form 3811, February 2004 10255-02-M-1540

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Printed Name March of Dimes Birth Defects  
 C. Date of Delivery  
 See different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
 1275 mamaronck AVE  
 White Plains NY 10605

SECTION ON DELIVERY  
☐ Agent  
☒ Address  
 C. Date of Delivery  
 See different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes ☐ No

PS Form 3811, February 2004 10255-02-M-1540

U.S. Postal Service<sup>TM</sup>  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Printed Name Thomas W Lett  
 C. Date of Delivery  
 See different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
 3500 Oak Lawn Ste 720  
 Dallas, TX 75219

SECTION ON DELIVERY  
☐ Agent  
☒ Address  
 C. Date of Delivery  
 See different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes ☐ No

PS Form 3811, February 2004 10255-02-M-1540

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

**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Printed Name David A Lynch  
 C. Date of Delivery  
 See different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
 PO BOX 1904  
 Lovington, NM 88260

SECTION ON DELIVERY  
☐ Agent  
☒ Address  
 C. Date of Delivery  
 See different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes ☐ No

PS Form 3811, February 2004 10255-02-M-1540

**THIS SECTION**  
102595-02-M-1540

1. Also complete delivery is desired, address on the reverse of the card to you, back of the mailpiece, permits.

A. Signature *[Signature]*  
B. Received by (Printed Name) *[Name]*  
C. Date of Delivery *12/14*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

ie 504

7008 1300 0000 4237 0890  
Domestic Return Receipt  
102595-02-M-1540

**THIS SECTION**  
102595-02-M-1540

1. Also complete delivery is desired, address on the reverse of the card to you, back of the mailpiece, permits.

A. Signature *[Signature]*  
B. Received by (Printed Name) *[Name]*  
C. Date of Delivery *12/08/08*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

IC dAve 3210

7008 1300 0000 4237 0999  
Domestic Return Receipt  
102595-02-M-1540

**THIS SECTION**  
102595-02-M-1540

1. Also complete delivery is desired, address on the reverse of the card to you, back of the mailpiece, permits.

A. Signature *[Signature]*  
B. Received by (Printed Name) *[Name]*  
C. Date of Delivery *12/14*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Ruth Ann Canfield, 2179 Birchdale Drive, Thousand Oaks, CA 91362

7008 1300 0000 4237 1095  
Domestic Return Receipt  
102595-02-M-1540

**THIS SECTION**  
102595-02-M-1540

1. Also complete delivery is desired, address on the reverse of the card to you, back of the mailpiece, permits.

A. Signature *[Signature]*  
B. Received by (Printed Name) *[Name]*  
C. Date of Delivery *12-4-08*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Gates Properties Ltd  
Po BOX 81119  
Midland, TX 79708

7008 1300 0000 4237 0906  
Domestic Return Receipt  
102595-02-M-1540

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**OFFICIAL USE**

Postage \$ 12.11 DB  
Certified Fee 1.00  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total F 13.11

Sent to Post Office  
Ruth Ann Canfield  
2179 Birchdale Drive  
Thousand Oaks, CA 91362

PS Form 3811, February 2004 102595-02-M-1540

**SECTION ON DELIVERY**  
Printed Name M. Canfield Agent ☐  
C. Date of Delivery 12/14 Address ☐  
less different from item 1? ☐ Yes ☐ No  
Delivery address below:  
Express Mail ☐  
Return Receipt for Merchandise ☒  
C.O.D. ☐  
Every? (Extra Fee) ☐ Yes ☐ No  
4237 0890

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**OFFICIAL USE**

Postage \$ 12.11 DB  
Certified Fee 1.00  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total F 13.11

Sent to Post Office  
Gates Properties Ltd  
PO BOX 81119  
Midland, TX 79708

PS Form 3811, February 2004 102595-02-M-1540

**SECTION ON DELIVERY**  
Printed Name Gates Agent ☐  
C. Date of Delivery 12-14-08 Address ☐  
less different from item 1? ☐ Yes ☐ No  
Delivery address below:  
Express Mail ☐  
Return Receipt for Merchandise ☒  
C.O.D. ☐  
Every? (Extra Fee) ☐ Yes ☐ No  
7 0999

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**OFFICIAL USE**

Postage \$ 12.11 DB  
Certified Fee 1.00  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total F 13.11

Sent to Post Office  
Ruth Ann Canfield  
2179 Birchdale Drive  
Thousand Oaks, CA 91362

PS Form 3811, February 2004 102595-02-M-1540

**SECTION ON DELIVERY**  
Printed Name Canfield Agent ☐  
C. Date of Delivery 12-14-08 Address ☐  
less different from item 1? ☐ Yes ☐ No  
Delivery address below:  
Express Mail ☐  
Return Receipt for Merchandise ☒  
C.O.D. ☐  
Every? (Extra Fee) ☐ Yes ☐ No  
4237 1095

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

**OFFICIAL USE**

Postage \$ 12.11 DB  
Certified Fee 1.00  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total F 13.11

Sent to Post Office  
Gates Properties Ltd  
PO BOX 81119  
Midland, TX 79708

PS Form 3811, February 2004 102595-02-M-1540

**SECTION ON DELIVERY**  
Printed Name Gates Agent ☐  
C. Date of Delivery 12-14-08 Address ☐  
less different from item 1? ☐ Yes ☐ No  
Delivery address below:  
Express Mail ☐  
Return Receipt for Merchandise ☒  
C.O.D. ☐  
Every? (Extra Fee) ☐ Yes ☐ No  
4237 0995

SECTION 3		COMPLETE THIS SECTION ON DELIVERY	
<p>Also complete is desired. is on the reverse and to you. of the mailpiece, nits.</p>		<p>A. Signature <u>Paul</u></p> <p>B. Received by (Printed Name) <u>W. L. Diaz</u></p> <p>C. Back of Railway Address <u>121008</u></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail</p> <p><input checked="" type="checkbox"/> Registered</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Restricted Delivery (Extra Fee)</p>		<p>4. Express Mail <input type="checkbox"/></p> <p>5. Return Receipt for Merchandise <input checked="" type="checkbox"/></p> <p>6. C.O.D. <input checked="" type="checkbox"/></p> <p>7. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	

[illegible]

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Sharon Frances Burkholder ☐ Agent ☐ Addressee

B. Received by (Printed Name) S. Burkholder C. Date of Delivery 1-23

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

If YES, enter delivery address below:

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

Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number \_\_\_\_\_  
 (Transfer from service label)

PS Form 3811, February 1994

7008 1300 0000 4236 8408

Domestic Return Receipt

1. Article Number \_\_\_\_\_

2. Article Number \_\_\_\_\_  
 (Transfer from service label)

PS Form 3811, February 1994

Domestic Return Receipt

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 12.11

Postmark Here

PS Form 3811, August 2004 102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

Stagner LLC  
 Joseph Hamula CPA  
 PO BOX 57  
 Carlsbad, NM 88221

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 12.11

Postmark Here

PS Form 3811, August 2004 102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

Sharon Frances Burkholder  
 879 Meadowland Drive E  
 Naples, FL 34108

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 12.11

Postmark Here

PS Form 3811, August 2004 102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

Stagner LLC  
 Joseph Hamula CPA  
 PO BOX 57  
 Carlsbad, NM 88221

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

**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 12.11

Postmark Here

PS Form 3811, August 2004 102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

Sharon Frances Burkholder  
 879 Meadowland Drive E  
 Naples, FL 34108

two years

COMPLETE THIS SECTION ON DELIVERY

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



3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

S Oil LLC  
30X 186  
Albuquerque, NM 88211

Article Number 7008 1300 0000 4236 8149  
Domestic Return Receipt  
PS Form 3811, February 2004

Article Addressed to:  
Jennifer Grier Holmes  
PO BOX 1287  
Belville, Texas 77418

COMPLETE THIS SECTION ON DELIVERY

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

venue P  
79403

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number 7008 1300 0000 4237 0968  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

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

Robert Stephen Heinsch  
4415 87th Street  
Lubbock, TX 79424

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number 7008 1300 0000 4236 8132  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number 7008 1300 0000 4236 8040  
Domestic Return Receipt  
PS Form 3811, February 2004

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

**OFFICIAL USE**

Postage \$ 11.70 108  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Printed Name Dunn Agent ☐  
 Address PO BOX 186 Date of Delivery 12-1-2008  
 City, State, Zip Artesia, NM 88211

Postmark Here PO BOX 186

To: H & S OIL LLC  
PO BOX 186  
Artesia, NM 88211

PS Form 3811, August 2008 PSN 7530-02-000-9000-13000 80007

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

Postage \$ 12.10 DB  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Printed Name Dunn Agent ☐  
 Address PO BOX 1287 Date of Delivery 12-1-2008  
 City, State, Zip Belleville, Texas 77418

Postmark Here PO BOX 1287

To: Jennifer Grier Holmes  
PO BOX 1287  
Belleville, Texas 77418

PS Form 3811, August 2008 PSN 7530-02-000-9000-13000 80007

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 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ 11.70 108  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Printed Name Dunn Agent ☐  
 Address PO BOX 186 Date of Delivery 12-1-2008  
 City, State, Zip Artesia, NM 88211

Postmark Here PO BOX 186

To: H & S OIL LLC  
PO BOX 186  
Artesia, NM 88211

PS Form 3811, August 2008 PSN 7530-02-000-9000-13000 80007

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Postage \$ 12.10 DB  
 Certified Fee 0.00  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Printed Name Dunn Agent ☐  
 Address PO BOX 1287 Date of Delivery 12-1-2008  
 City, State, Zip Belleville, Texas 77418

Postmark Here PO BOX 1287

To: Jennifer Grier Holmes  
PO BOX 1287  
Belleville, Texas 77418

PS Form 3811, August 2008 PSN 7530-02-000-9000-13000 80007

10295-02-M-1540

10295-02-M-1540

**COMPLETE THIS SECTION**

Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Attach this card to the reverse side of the mailpiece, so that it can be returned to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ates Longley  
 25663  
 que NM 87125

Signature *Michelle Yates*

B. Received by (Printed Name) *Michelle Yates*

C. Date of Delivery *12/18/04*

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

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

Article Number (Transfer from service label) *7006 1300 0000 4236 8248*

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION**

Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Attach this card to the reverse side of the mailpiece, so that it can be returned to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Colleen Michelle Yates  
 PO BOX 25663  
 Albuquerque, NM 87125

Signature *Michelle Yates*

B. Received by (Printed Name) *Michelle Yates*

C. Date of Delivery *12/18/04*

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

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

Article Number (Transfer from service label) *7006 1300 0000 4236 0920*

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

**COMPLETE THIS SECTION ON DELIVERY**

Signature *Michelle Yates*  
 B. Received by (Printed Name) *Michelle Yates*  
 C. Date of Delivery *12/18/04*  
 D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

Article Number (Transfer from service label) *7006 1300 0000 4236 8491*

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

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10295-02-M-1540

February 2004

Domestic Return Receipt

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10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

Signature *Michelle Yates*  
 B. Received by (Printed Name) *Michelle Yates*  
 C. Date of Delivery *12/18/04*  
 D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

Article Number (Transfer from service label) *7006 1300 0000 4236 8491*

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

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Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

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Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

Signature *Michelle Yates*  
 B. Received by (Printed Name) *Michelle Yates*  
 C. Date of Delivery *12/18/04*  
 D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

Article Number (Transfer from service label) *7006 1300 0000 4236 8491*

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

February 2004

Domestic Return Receipt

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10295-02-M-1540

February 2004

Domestic Return Receipt

PS Form 3811, February 2004

10295-02-M-1540

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Domestic Return Receipt

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PS Form 3811, February 2004

10295-02-M-1540

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**SECTION ON DELIVERY**

Printed Name: Yates Longley Agent ☐ Address ☐

Date of Delivery: 1/18/08

Postmark Here

Signature: [Signature]

Return Receipt for Merchandise ☐ Express Mail ☐

Return Receipt for Merchandise ☐ C.O.D. ☐

Very? (Extra Fee) ☐ Yes ☐ No

Delivery address below: ☐ Yes ☐ No

Postage: \$ 8.24

Certified Fee: \$ 0.00

Restricted Delivery Fee (Endorsement Required) ☐

Return Receipt Fee (Endorsement Required) ☐

Postage & Fees: \$ 8.24

Sort To: S. Yates Longley

Street, Apt. No., or PO Box No.: PO BOX 87125

City, State, ZIP+4: Albuquerque NM 87125

PS Form 3811, February 2004 10295-02-M-1540

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**SECTION ON DELIVERY**

Printed Name: Colleen Michelle Yates Agent ☐ Address ☐

Date of Delivery: 1/18/08

Postmark Here

Signature: [Signature]

Return Receipt for Merchandise ☐ Express Mail ☐

Return Receipt for Merchandise ☐ C.O.D. ☐

Very? (Extra Fee) ☐ Yes ☐ No

Delivery address below: ☐ Yes ☐ No

Postage: \$ 0.00

Certified Fee: \$ 0.00

Restricted Delivery Fee (Endorsement Required) ☐

Return Receipt Fee (Endorsement Required) ☐

Postage & Fees: \$ 0.00

Sort To: Colleen Michelle Yates

Street, Apt. No., or PO Box No.: PO BOX 25663

City, State, ZIP+4: Albuquerque NM 87125

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**SECTION ON DELIVERY**

Printed Name: Dwain Blawie Agent ☐ Address ☐

Date of Delivery: 1/18/08

Postmark Here

Signature: [Signature]

Return Receipt for Merchandise ☐ Express Mail ☐

Return Receipt for Merchandise ☐ C.O.D. ☐

Very? (Extra Fee) ☐ Yes ☐ No

Delivery address below: ☐ Yes ☐ No

Postage: \$ 11.18

Certified Fee: \$ 0.00

Restricted Delivery Fee (Endorsement Required) ☐

Return Receipt Fee (Endorsement Required) ☐

Postage & Fees: \$ 11.18

Sort To: Florence M. Dooley

Street, Apt. No., or PO Box No.: 10000 South 2nd Street

City, State, ZIP+4: Hyattsville, NM 88270

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**SECTION ON DELIVERY**

Printed Name: Colleen Michelle Yates Agent ☐ Address ☐

Date of Delivery: 1/18/08

Postmark Here

Signature: [Signature]

Return Receipt for Merchandise ☐ Express Mail ☐

Return Receipt for Merchandise ☐ C.O.D. ☐

Very? (Extra Fee) ☐ Yes ☐ No

Delivery address below: ☐ Yes ☐ No

Postage: \$ 0.00

Certified Fee: \$ 0.00

Restricted Delivery Fee (Endorsement Required) ☐

Return Receipt Fee (Endorsement Required) ☐

Postage & Fees: \$ 0.00

Sort To: Colleen Michelle Yates

Street, Apt. No., or PO Box No.: PO BOX 25663

City, State, ZIP+4: Albuquerque NM 87125

PS Form 3811, February 2004 10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:  
Roy E Stein  
Averill Way Apt 102W  
3S, TX 75225 - 3325

2. Article Number (Transfer from service label) 7008 1300 0000 4237 1156

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

5. Signature  
A. Signature  
B. Received by (Printed Name)  
C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

6. Service Label  
7008 1300 0000 4237 1156

7. Domestic Return Receipt  
February 2004

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:  
Inc  
8221

2. Article Number (Transfer from service label) 7008 1300 0000 4236 8224

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

5. Signature  
A. Signature  
B. Received by (Printed Name)  
C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

6. Service Label  
7008 1300 0000 4236 8224

7. Domestic Return Receipt  
February 2004

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:  
Loraine M Rogets  
1035 W POE  
Roswell, NM 88203

2. Article Number (Transfer from service label) 7008 1300 0000 4237 0883

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

5. Signature  
A. Signature  
B. Received by (Printed Name)  
C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

6. Service Label  
7008 1300 0000 4237 0883

7. Domestic Return Receipt  
February 2004

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:  
Trayco A Missouri Partnership  
370 W High Point Lane  
Columbia, MO 65203

2. Article Number (Transfer from service label) 7008 1300 0000 4236 8477

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

5. Signature  
A. Signature  
B. Received by (Printed Name)  
C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

6. Service Label  
7008 1300 0000 4236 8477

7. Domestic Return Receipt  
February 2004

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Postage: 1.15  
 Certified Fee: 0.00  
 Return Receipt Fee (Endorsement Required): 0.00  
 Restricted Delivery Fee (Endorsement Required): 0.00  
 Total: 1.15

PS Form 3811, February 2004  
 Domestic Return Receipt

PS Form 3811, February 2004  
 Domestic Return Receipt

102555-02-M-1540

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Postage: 1.15  
 Certified Fee: 0.00  
 Return Receipt Fee (Endorsement Required): 0.00  
 Restricted Delivery Fee (Endorsement Required): 0.00  
 Total: 1.15

PS Form 3811, February 2004  
 Domestic Return Receipt

PS Form 3811, February 2004  
 Domestic Return Receipt

102555-02-M-1540

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Postage: 1.15  
 Certified Fee: 0.00  
 Return Receipt Fee (Endorsement Required): 0.00  
 Restricted Delivery Fee (Endorsement Required): 0.00  
 Total: 1.15

PS Form 3811, February 2004  
 Domestic Return Receipt

PS Form 3811, February 2004  
 Domestic Return Receipt

102555-02-M-1540

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**OFFICIAL USE**

Postage: 1.15  
 Certified Fee: 0.00  
 Return Receipt Fee (Endorsement Required): 0.00  
 Restricted Delivery Fee (Endorsement Required): 0.00  
 Total: 1.15

PS Form 3811, February 2004  
 Domestic Return Receipt

PS Form 3811, February 2004  
 Domestic Return Receipt

102555-02-M-1540

**THIS SECTION**  
2, and 3. Also complete Restricted Delivery is desired so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Elizabeth Mendenhall  
1898 N Bruns Lane  
Springfield, IL 62707

2. Signature  
X *Elizabeth Mendenhall*  
B. Received by (Printed Name)  
Elizabeth Mendenhall  
C. Date of Delivery  
12/16/04  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4237 1071

Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

**THIS SECTION**  
2, and 3. Also complete Restricted Delivery is desired so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Norma T Pullman Trustee  
1530 Pullman Rd  
Springfield IL 62707

2. Signature  
X *Norma T Pullman*  
B. Received by (Printed Name)  
Norma T Pullman  
C. Date of Delivery  
12-01-05  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4236 8217

Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

**THIS SECTION**  
2, and 3. Also complete Restricted Delivery is desired so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Elizabeth Mendenhall  
1898 N Bruns Lane  
Springfield, IL 62707

2. Signature  
X *Elizabeth Mendenhall*  
B. Received by (Printed Name)  
Elizabeth Mendenhall  
C. Date of Delivery  
12/16/04  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4237 0975

Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

**THIS SECTION**  
2, and 3. Also complete Restricted Delivery is desired so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Norma T Pullman Trustee  
1530 Pullman Rd  
Springfield IL 62707

2. Signature  
X *Norma T Pullman*  
B. Received by (Printed Name)  
Norma T Pullman  
C. Date of Delivery  
12-01-05  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4236 8347

Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

**THIS SECTION**  
2, and 3. Also complete Restricted Delivery is desired so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Elizabeth Mendenhall  
1898 N Bruns Lane  
Springfield, IL 62707

2. Signature  
X *Elizabeth Mendenhall*  
B. Received by (Printed Name)  
Elizabeth Mendenhall  
C. Date of Delivery  
12/16/04  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4237 0975

Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

**THIS SECTION**  
2, and 3. Also complete Restricted Delivery is desired so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Norma T Pullman Trustee  
1530 Pullman Rd  
Springfield IL 62707

2. Signature  
X *Norma T Pullman*  
B. Received by (Printed Name)  
Norma T Pullman  
C. Date of Delivery  
12-01-05  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
7008 1300 0000 4236 8347

Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

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Postage \$ 12.11 DB  
Certified Fee 0.00  
Return Receipt Fee (Enclosurement Required) 0.00  
Registered Mailmark Here

To: Elizabeth Mendenhall  
1898 N Bruns Lane  
Springfield, IL 62707

PS Form 3811, February 2004 10255-02-M-1540

**SECTION ON DELIVERY**

Printed Name Elizabeth Mendenhall Agent ☐  
Address ☐  
C. Date of Delivery 12/14/02 ☐  
less different from item 1? ☐ Yes ☐ No  
delivery address below: ☐ Yes ☐ No

Express Mail ☐  
Return Receipt for Merchandise ☐  
C.O.D. ☐  
Insured? (Extra Fee) ☐ Yes ☐ No

37 0975

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Postage \$ 12.11 DB  
Certified Fee 0.00  
Return Receipt Fee (Enclosurement Required) 0.00  
Registered Mailmark Here

To: W Reynolds  
7 Abraham Drive  
Falls, LA 50613

PS Form 3811, February 2004 10255-02-M-1540

**SECTION ON DELIVERY**

Printed Name W Reynolds Agent ☐  
Address ☐  
C. Date of Delivery 12/14/02 ☐  
less different from item 1? ☐ Yes ☐ No  
delivery address below: ☐ Yes ☐ No

Express Mail ☐  
Return Receipt for Merchandise ☐  
C.O.D. ☐  
Insured? (Extra Fee) ☐ Yes ☐ No

236 8347

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Postage \$ 12.11 DB  
Certified Fee 0.00  
Return Receipt Fee (Enclosurement Required) 0.00  
Registered Mailmark Here

To: Elizabeth Mendenhall  
1898 N Bruns Lane  
Springfield, IL 62707

PS Form 3811, February 2004 10255-02-M-1540

**SECTION ON DELIVERY**

Printed Name Elizabeth Mendenhall Agent ☐  
Address ☐  
C. Date of Delivery 12/14/02 ☐  
less different from item 1? ☐ Yes ☐ No  
delivery address below: ☐ Yes ☐ No

Express Mail ☐  
Return Receipt for Merchandise ☐  
C.O.D. ☐  
Insured? (Extra Fee) ☐ Yes ☐ No

37 1071

**U.S. Postal Service™  
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**OFFICIAL USE**

Postage \$ 12.11 DB  
Certified Fee 0.00  
Return Receipt Fee (Enclosurement Required) 0.00  
Registered Mailmark Here

To: Norma T Pulliman Trustee  
1530 Pulliman Rd  
Springfield IL 62707

PS Form 3811, February 2004 10255-02-M-1540

**SECTION ON DELIVERY**

Printed Name Norma T Pulliman Trustee Agent ☐  
Address ☐  
C. Date of Delivery 12-01-08 ☐  
less different from item 1? ☐ Yes ☐ No  
delivery address below: ☐ Yes ☐ No

Express Mail ☐  
Return Receipt for Merchandise ☐  
C.O.D. ☐  
Insured? (Extra Fee) ☐ Yes ☐ No

236 8217

**SECTION 1**  
Also complete this section on delivery.  
1. Signature ☒ Agent  
2. Received by (Printed Name) ☒ Address  
3. Service Type  
A. Certified Mail ☒ Express Mail ☒  
B. Registered ☒ Return Receipt for Merchandise ☒  
C. Insured Mail ☒ C.O.D. ☒  
D. Restricted Delivery? (Extra Fee) ☒ Yes ☐ No

Article Number 7008 1300 0000 4236 8163  
Domestic Return Receipt

10255-02-M-1540

**SECTION 2**  
Also complete this section on delivery.  
1. Signature ☒ Agent  
2. Received by (Printed Name) ☒ Address  
3. Service Type  
A. Certified Mail ☒ Express Mail ☒  
B. Registered ☒ Return Receipt for Merchandise ☒  
C. Insured Mail ☒ C.O.D. ☒  
D. Restricted Delivery? (Extra Fee) ☒ Yes ☐ No

Article Number 7008 1300 0000 4236 8484  
Domestic Return Receipt

10255-02-M-1540

**SECTION 3**  
Also complete this section on delivery.  
1. Signature ☒ Agent  
2. Received by (Printed Name) ☒ Address  
3. Service Type  
A. Certified Mail ☒ Express Mail ☒  
B. Registered ☒ Return Receipt for Merchandise ☒  
C. Insured Mail ☒ C.O.D. ☒  
D. Restricted Delivery? (Extra Fee) ☒ Yes ☐ No

Article Number 7008 1300 0000 4237 1057  
Domestic Return Receipt

10255-02-M-1540

**SECTION 4**  
Also complete this section on delivery.  
1. Signature ☒ Agent  
2. Received by (Printed Name) ☒ Address  
3. Service Type  
A. Certified Mail ☒ Express Mail ☒  
B. Registered ☒ Return Receipt for Merchandise ☒  
C. Insured Mail ☒ C.O.D. ☒  
D. Restricted Delivery? (Extra Fee) ☒ Yes ☐ No

Article Number 7008 1300 0000 4237 0845  
Domestic Return Receipt

10255-02-M-1540

**SECTION 5**  
Also complete this section on delivery.  
1. Signature ☒ Agent  
2. Received by (Printed Name) ☒ Address  
3. Service Type  
A. Certified Mail ☒ Express Mail ☒  
B. Registered ☒ Return Receipt for Merchandise ☒  
C. Insured Mail ☒ C.O.D. ☒  
D. Restricted Delivery? (Extra Fee) ☒ Yes ☐ No

Article Number 7008 1300 0000 4237 1057  
Domestic Return Receipt

10255-02-M-1540

**SECTION 6**  
Also complete this section on delivery.  
1. Signature ☒ Agent  
2. Received by (Printed Name) ☒ Address  
3. Service Type  
A. Certified Mail ☒ Express Mail ☒  
B. Registered ☒ Return Receipt for Merchandise ☒  
C. Insured Mail ☒ C.O.D. ☒  
D. Restricted Delivery? (Extra Fee) ☒ Yes ☐ No

Article Number 7008 1300 0000 4237 0845  
Domestic Return Receipt

10255-02-M-1540

Article Addressed to:  
David Dwain Griswold  
1404 Forty Niners NE  
Albuquerque, NM 87111

Article Addressed to:  
David Dwain Griswold  
1404 Forty Niners NE  
Albuquerque, NM 87111

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1404 Forty Niners NE  
Albuquerque, NM 87111

Article Addressed to:  
David Dwain Griswold  
1404 Forty Niners NE  
Albuquerque, NM 87111

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) David Griswold  
 C. Date of Delivery 12/16/04  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Article Number (Transfer from service label) 7008 1300 0000 4237 0845  
 PS Form 3811, February 2004  
 Domestic Return Receipt

**PS SECTION**

1. Article Addressed to: Thomas W Flynn  
10780 Salisbury Rd  
Pleasant Plains IL 62677

2. Article Number (Transfer from service label) 7008 1300 0000 4236 8484  
 PS Form 3811, February 2004  
 Domestic Return Receipt

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) David Griswold  
 C. Date of Delivery 12/16  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Article Number (Transfer from service label) 7008 1300 0000 4237 0845  
 PS Form 3811, February 2004  
 Domestic Return Receipt

**COMPLETE THIS SECTION**

1. Article Addressed to: David Dwain Griswold  
1404 Forty Niners NE  
Albuquerque, NM 87111

2. Article Number (Transfer from service label) 7008 1300 0000 4237 0845  
 PS Form 3811, February 2004  
 Domestic Return Receipt

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

service for two years.  
 with First-Class Mail.  
 ss of international mail.  
 OVIDED with Certified  
 egistered Mail.  
 may be requested to provide  
 x, please complete and attach a Re-  
 id add applicable postage to cover it.  
 requested". To receive a fee waiver for  
 mark on your Certified Mail receipt is

be restricted to the addressee or  
 he clerk or mark the mailpiece with the  
 pt is desired, please present the arti-  
 l. If a postmark on the Certified Mail  
 label with postage and mail.

resent it when making an inquiry.  
 10-02-000-9047

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 Domestic Return Receipt

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**OFFICIAL USE**

Printed Name: W. Villa York Agent ☐ Addressee ☐  
 Date of Delivery: 12/11/04 Yes ☐ No ☐  
 See different from item 1? ☐ Yes ☐ No ☐  
 Delivery address below:  
W. Villa York  
83702

Postmark Here

Return Receipt for Merchandise ☐ Express Mail ☐  
 Return Receipt for Merchandise ☐ C.O.D. ☐ Yes ☐  
 Delivery? (Extra Fee) ☐ Yes ☐ No ☐

PS Form 3811, February 2004 10295-02-M-1540

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**OFFICIAL USE**

Printed Name: Willard McDonald Agent ☐ Addressee ☐  
 Date of Delivery: 12/11/04 Yes ☐ No ☐  
 See different from item 1? ☐ Yes ☐ No ☐  
 Delivery address below:  
Willard McDonald  
1 Sunnyhill CT  
Endorf, IA 52722

Postmark Here

Return Receipt for Merchandise ☐ Express Mail ☐  
 Return Receipt for Merchandise ☐ C.O.D. ☐ Yes ☐  
 Delivery? (Extra Fee) ☐ Yes ☐ No ☐

PS Form 3811, February 2004 10295-02-M-1540

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**OFFICIAL USE**

Printed Name: Thomas W Flynn Agent ☐ Addressee ☐  
 Date of Delivery: 12/11/04 Yes ☐ No ☐  
 See different from item 1? ☐ Yes ☐ No ☐  
 Delivery address below:  
Thomas W Flynn  
10780 Salisbury Rd  
Pleasant Plains IL 62677

Postmark Here

Return Receipt for Merchandise ☐ Express Mail ☐  
 Return Receipt for Merchandise ☐ C.O.D. ☐ Yes ☐  
 Delivery? (Extra Fee) ☐ Yes ☐ No ☐

PS Form 3811, February 2004 10295-02-M-1540

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**OFFICIAL USE**

Printed Name: David Dwan Griswold Agent ☐ Addressee ☐  
 Date of Delivery: 12/11/04 Yes ☐ No ☐  
 See different from item 1? ☐ Yes ☐ No ☐  
 Delivery address below:  
David Dwan Griswold  
1404 Forty Niners NE  
Albuquerque, NM 87111

Postmark Here

Return Receipt for Merchandise ☐ Express Mail ☐  
 Return Receipt for Merchandise ☐ C.O.D. ☐ Yes ☐  
 Delivery? (Extra Fee) ☐ Yes ☐ No ☐

PS Form 3811, February 2004 10295-02-M-1540

Section 1: Complete this section on delivery. Includes fields for Signature, Agent, Addressee, Received by, Date of Delivery, and Restricted Delivery. Address: Ballard E Spencer Trust Inc, c/o First National Bank Trust Dept, PO Drawer AA, Artesia, NM 88210. PS Form 3811, February 2004.

Section 2: Complete this section on delivery. Includes fields for Signature, Agent, Addressee, Received by, Date of Delivery, and Restricted Delivery. Address: Edwina K Brady, 100 Norton Avenue 2, S Easton MA 23750. PS Form 3811, February 2004.

Section 3: Complete this section on delivery. Includes fields for Signature, Agent, Addressee, Received by, Date of Delivery, and Restricted Delivery. Address: Trust, ad, 90041. PS Form 3811, February 2004.

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**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Total \$

Ballard E Spencer Trust Inc  
 c/o First National Bank Trust Dept  
 PO Drawer AA  
 Artesia, NM 88210

PS Form 3811, February 2004 Domestic Return Receipt  
 PS Form 3800, August 2005 See Reverse for Instructions

**SECTION ON DELIVERY**  
 Agent ☒ Addressed ☐  
 Printed Name Edwina K Brady C. Date of Delivery 12-17-04  
 less different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes ☐ No  
 4237 0944

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**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Total \$

Edwina K Brady  
 100 Norton Avenue 2  
 S Easton MA 23750

PS Form 3811, February 2004 Domestic Return Receipt  
 PS Form 3800, August 2005 See Reverse for Instructions

**SECTION ON DELIVERY**  
 Agent ☒ Addressed ☐  
 Printed Name Edwina K Brady C. Date of Delivery 12-17-04  
 less different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes ☐ No  
 4237 0814

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**OFFICIAL USE**

Postage \$ 12.2 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Total \$

Ballard E Spencer Trust Inc  
 c/o First National Bank Trust Dept  
 PO Drawer AA  
 Artesia, NM 88210

PS Form 3811, February 2004 Domestic Return Receipt  
 PS Form 3800, August 2005 See Reverse for Instructions

**SECTION ON DELIVERY**  
 Agent ☒ Addressed ☐  
 Printed Name Edwina K Brady C. Date of Delivery 12-17-04  
 less different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes ☐ No  
 4237 1170

**U.S. Postal Service<sup>™</sup>**  
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**OFFICIAL USE**

Postage \$ 12.11 DB  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Total \$

Edwina K Brady  
 100 Norton Avenue 2  
 S Easton MA 23750

PS Form 3811, February 2004 Domestic Return Receipt  
 PS Form 3800, August 2005 See Reverse for Instructions

**SECTION ON DELIVERY**  
 Agent ☒ Addressed ☐  
 Printed Name Edwina K Brady C. Date of Delivery 12-17-04  
 less different from item 1? ☐ Yes ☐ No  
 Delivery address below:  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
 Delivery? (Extra Fee) ☐ Yes ☐ No  
 4237 0821

**THIS SECTION**  
d 3. Also complete  
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**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature Leslie M Heinsch  
B. Received by (Printed Name) Leslie M Heinsch  
C. Date of Delivery 12/2  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8170

Domestic Return Receipt  
10255-02-M-1540

2004 PS Form 3811, February 2004

**THIS SECTION**  
and 3. Also complete  
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**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature Leslie M Heinsch  
B. Received by (Printed Name) Leslie M Heinsch  
C. Date of Delivery 12/2  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8170

Domestic Return Receipt  
10255-02-M-1540

2004 PS Form 3811, February 2004

**THIS SECTION**  
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**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature Leslie M Heinsch  
B. Received by (Printed Name) Leslie M Heinsch  
C. Date of Delivery 12/2  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8170

Domestic Return Receipt  
10255-02-M-1540

2004 PS Form 3811, February 2004

**THIS SECTION**  
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ack of the mailpiece,  
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**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature Leslie M Heinsch  
B. Received by (Printed Name) Leslie M Heinsch  
C. Date of Delivery 12/2  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8170

Domestic Return Receipt  
10255-02-M-1540

2004 PS Form 3811, February 2004

**THIS SECTION**  
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ack of the mailpiece,  
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**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature Leslie M Heinsch  
B. Received by (Printed Name) Leslie M Heinsch  
C. Date of Delivery 12/2  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8170

Domestic Return Receipt  
10255-02-M-1540

2004 PS Form 3811, February 2004

**THIS SECTION**  
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e card to you.  
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**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature Leslie M Heinsch  
B. Received by (Printed Name) Leslie M Heinsch  
C. Date of Delivery 12/2  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label) 7008 1300 0000 4236 8170

Domestic Return Receipt  
10255-02-M-1540

2004 PS Form 3811, February 2004

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**SECTION ON DELIVERY**

Printed Name: William H Dwyer III  
C. Date of Delivery: 12/22  
See different from item 1? ☐ Yes ☐ No  
Delivery address below:

Postage: \$ 11.20  
Certified Fee: 0.00  
Return Receipt Fee (Endorsement Required): 0.00  
Restricted Delivery Fee (Endorsement Required): 0.00  
Total Postage: \$ 11.20

Express Mail ☐  
Return Receipt for Merchandise ☒  
C.O.D. ☐  
Yes ☐ No ☐

PS Form 3811, February 2004 10255-02-M-1540

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**SECTION ON DELIVERY**

Printed Name: Jane R Heinsch Testament Trust  
C. Date of Delivery: 12-28  
See different from item 1? ☐ Yes ☐ No  
Delivery address below:

Postage: \$ 12.12  
Certified Fee: 0.00  
Return Receipt Fee (Endorsement Required): 0.00  
Restricted Delivery Fee (Endorsement Required): 0.00  
Total Postage & Fees: \$ 12.12

Express Mail ☐  
Return Receipt for Merchandise ☒  
C.O.D. ☐  
Yes ☐ No ☐

PS Form 3811, February 2004 10255-02-M-1540

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**SECTION ON DELIVERY**

Printed Name: Commissioner of public lands  
C. Date of Delivery: 12/22  
See different from item 1? ☐ Yes ☐ No  
Delivery address below:

Postage: \$ 11.20  
Certified Fee: 0.00  
Return Receipt Fee (Endorsement Required): 0.00  
Restricted Delivery Fee (Endorsement Required): 0.00  
Total Postage: \$ 11.20

Express Mail ☐  
Return Receipt for Merchandise ☒  
C.O.D. ☐  
Yes ☐ No ☐

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**SECTION ON DELIVERY**

Printed Name: Leslie M Heinsch  
C. Date of Delivery: 12/22  
See different from item 1? ☐ Yes ☐ No  
Delivery address below:

Postage: \$ 11.20  
Certified Fee: 0.00  
Return Receipt Fee (Endorsement Required): 0.00  
Restricted Delivery Fee (Endorsement Required): 0.00  
Total Postage & Fees: \$ 11.20

Express Mail ☐  
Return Receipt for Merchandise ☒  
C.O.D. ☐  
Yes ☐ No ☐

PS Form 3811, February 2004 10255-02-M-1540