

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.

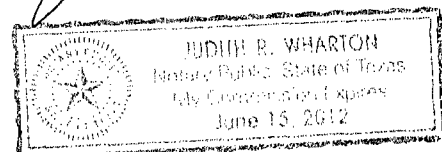
Dwain Blakley
Dwain Blakley

SUBSCRIBED AND SWORN TO before me this 17th 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.

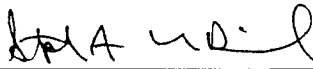
Article 23
SUCCESSORS AND ASSIGNS

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: Stephen McDaniel
Title: 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.

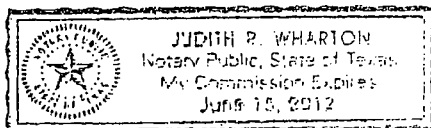
By: Steph A - Daniel
Name: Stephen McDaniel
Title: Sr. VP & GM - Western Division

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

By: Steph A - Daniel
Name: Stephen McDaniel
Title: Sr. VP & GM - Western Division

STATE OF Texas §
COUNTY OF Harris §

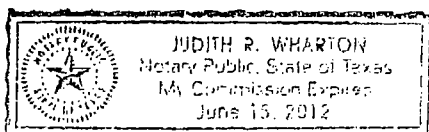
This instrument was acknowledged before me this 9th day of October, 2008, by Stephen A. McDaniel, of Sr. VP & GM of EnerVest Management GP, L.P. a Texas corporation, on behalf of said corporation.



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
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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1640

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:

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ 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)

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

7008 1300 0000 4236 7623

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com**OFFICIAL USE**

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

 Duwain
 B.

 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 2000

See Reverse for Instructions

SECTION ON DELIVERY

Printed Name)	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
C. Date of Delivery	
Address different from item 1?	<input type="checkbox"/> Yes
Delivery address below:	<input type="checkbox"/> No

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

4236 7623 111

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 1300 0000 4236 7630

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

 Duwain
 B.

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

PS Form 3800, August 2000

See Reverse for Instructions

SECTION ON DELIVERY

Printed Name)	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
C. Date of Delivery	
Address different from item 1?	<input type="checkbox"/> Yes
Delivery address below:	<input type="checkbox"/> No

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

4236 7630

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 1300 0000 4236 7661

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

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

 Duwain
 B.

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

PS Form 3800, August 2000

See Reverse for Instructions

SECTION ON DELIVERY

Printed Name)	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
C. Date of Delivery	
Address different from item 1?	<input type="checkbox"/> Yes
Delivery address below:	<input type="checkbox"/> No

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

4236 7661

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Important Reminders: Certified Mail may ONLY be combined with First-Class Mail or Priority Mail. A record of delivery kept by the Postal Service for two years.

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 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

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) Sam Lett 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

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

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

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

36 7616

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL USE

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

Dwain
Postmark Here
B.

Total

Sent To Shannon Emmons
Street, or PO E 17 North Lancaster Lane
City, State Newton, PA 18940

PS Form 3800, August 2006

See Reverse for Instructions

SECTION ON DELIVERY

☐ A
☐ Ad

Printed Name) C. Date of Delivery

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

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

36 7593

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL USE

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

Dwain
Postmark Here
B.

Total

Sent To Sam Lett Testamentary Trust
Street, or PO E 3500 Oak Lawn, Ste 720
City, State Dallas, TX 75219

PS Form 3800, August 2006

See Reverse for Instructions

SECTION ON DELIVERY

☐ Agent
☐ Addressee

Printed Name) C. Date of Delivery

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

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

36 7654

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 2nd 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

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 other service

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

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

11/6/08

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

Sent To
Street, A or PO Box
City, State

Florence Martha Dooley Estate
1006 South 2nd Street
Artesia, NM 88210

Postmark Here
B

PS Form 3811, February 2004 See Reverse for Instructions

SECTION ON DELIVERY

☐ Agent
☐ Addressee

Printed Name) C. Date of Delivery
10/24/08

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

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

Delivery? (Extra Fee) ☐ Yes

1236 7609

102595-02-M-1540

7008 1300 0000 4236 7647

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

OFFICIAL USE

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

Sent To
Street, A or PO Box
City, State

Gretchen Nearburg
1129 Challenger Street
Lakeway, TX 78734

Postmark Here
B

PS Form 3811, February 2004 See Reverse for Instructions

SECTION ON DELIVERY

☐ Agent
☒ Addressee

Printed Name) C. Date of Delivery
10-30-08

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

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

Delivery? (Extra Fee) ☐ Yes

1236 7647

102595-02-M-1540

7008 1300 0000 4236 7586

U.S. Postal ServiceTM
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(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Street, A or PO Box
City, State

Kenneth G. Cone
PO BOX 11310
Midland, TX 79702

Postmark Here
B

PS Form 3811, February 2004 See Reverse for Instructions

SECTION ON DELIVERY

☐ Agent
☒ Addressee

Printed Name) C. Date of Delivery
11/6/08

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

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

Delivery? (Extra Fee) ☐ Yes

00 4236 7586

102595-02-M-1540

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

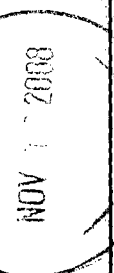
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Randy Lee Cone
PO BOX 552
Jay, OK 74346

COMPLETE THIS SECTION ON DELIVERY

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



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

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

For Certified Mail, Registered Mail, Return Receipt for Merchandise, Insured Mail, or Certified Mail, a mailing identification number must be placed on the mailpiece. A restricted delivery receipt must be placed on the mailpiece for Restricted Delivery. For Restricted Delivery, the mailpiece must be kept by the addressee for two years.

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

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

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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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Postage \$	10/24/08
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Post

Sent To

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

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

Total

Sent To

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: Cone, Randy L.
C. Date of Delivery: NOV 1 2008
Return Receipt for Merchandise: ☒ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Express Mail: ☐ Yes ☐ No
Return Receipt for Merchandise: ☒ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

PS Form 3811, August 2006 See Reverse for Instructions

102595-02-M-1540

SECTION ON DELIVERY

Printed Name: Cone, Cathie
C. Date of Delivery: NOV 1 2008
Return Receipt for Merchandise: ☒ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Express Mail: ☐ Yes ☐ No
Return Receipt for Merchandise: ☒ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

PS Form 3800, August 2006 See Reverse for Instructions

102595-02-M-1540

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 MCCAWE	OR	
WILLIAM JACK MCCAWE	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
EnerVest, Ltd.
1001 Fannin St., Suite 800
Houston, Texas 77002-6707

[illegible]

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

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

SECTION ON DELIVERY

Printed Name: James H Yates Agent ☐ ELISSA STEWART Agent ☐

C. Date of Delivery: 1/11/04 ☐ Yes ☐ No

Is different from item 1? ☐ Yes ☐ No

Delivery address below:

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

Postmark Here

Package \$ 1176.10

Certified Fee 1176.10

Return Receipt Fee (Endorsement Required) 1176.10

Standard Delivery Fee (Endorsement Required)

Total Package & Fees \$ 1176.10

PS Form 3811, February 2004 Domestic Return Receipt

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 Fort Collins, CO 80526

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C. Date of Delivery: 1/11/04 ☐ Yes ☐ No

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James H Yates & Nancy B Yates
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 Fort Collins, CO 80526

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Printed Name: James H Yates Agent ☐ ELISSA STEWART Agent ☐

C. Date of Delivery: 1/11/04 ☐ Yes ☐ No

Is different from item 1? ☐ Yes ☐ No

Delivery address below:

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

Postmark Here

Package \$ 1176.10

Certified Fee 1176.10

Return Receipt Fee (Endorsement Required) 1176.10

Standard Delivery Fee (Endorsement Required)

Total Package & Fees \$ 1176.10

PS Form 3811, February 2004 Domestic Return Receipt

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SECTION ON DELIVERY

Printed Name: La Stephens Agent: ☐ Agent: ☐ Addressee: ☐ Addressee: ☐

Date of Delivery: 12/18/08

Postage: DB

Return Receipt Fee (Endorsement Required): ☐ Yes ☐ No

Insurance (Endorsement Required): ☐ Yes ☐ No

Postmark Here

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

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

U.S. Postal Service
CERTIFIED MAIL - RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

SECTION ON DELIVERY

Printed Name: La Stephens Agent: ☐ Agent: ☐ Addressee: ☐ Addressee: ☐

Date of Delivery: 12/18/08

Postage: DB

Return Receipt Fee (Endorsement Required): ☐ Yes ☐ No

Insurance (Endorsement Required): ☐ Yes ☐ No

Postmark Here

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

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

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

SECTION ON DELIVERY

Printed Name: La Stephens Agent: ☐ Agent: ☐ Addressee: ☐ Addressee: ☐

Date of Delivery: 12/18/08

Postage: DB

Return Receipt Fee (Endorsement Required): ☐ Yes ☐ No

Insurance (Endorsement Required): ☐ Yes ☐ No

Postmark Here

1 Fourth Street
 NM 88210

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

U.S. Postal Service
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 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

SECTION ON DELIVERY

Printed Name: La Stephens Agent: ☐ Agent: ☐ Addressee: ☐ Addressee: ☐

Date of Delivery: 12/18/08

Postage: DB

Return Receipt Fee (Endorsement Required): ☐ Yes ☐ No

Insurance (Endorsement Required): ☐ Yes ☐ No

Postmark Here

Mary Edith Swafford
 1318 E Huisache
 Kingsville, TX 78363

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

<p>THIS SECTION</p> <p>card 3. Also complete delivery is desired. address on the reverse the card to you. back of the mailpiece, permits.</p>		<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>Signature <u>X Katherine A. Stephens</u> <input type="checkbox"/> agent</p> <p>Received By (Printed Name) <u>Kathy Stephens</u> <input type="checkbox"/> Date of Delivery <u>12/18/88</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>with Stephens</p> <p>Box 225</p> <p>AMP 64660</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Domestic Return Receipt</p> <p>7008 1300 0000 4237 1163</p>		<p>10255-02-M-1540</p>	
<p>THIS SECTION</p> <p>card 3. Also complete delivery is desired. address on the reverse the card to you. back of the mailpiece, permits.</p>		<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>Signature <u>X Melissa Stewart</u> <input type="checkbox"/> agent</p> <p>Received By (Printed Name) <u>MELISSA STEWART</u> <input type="checkbox"/> Date of Delivery <u>12/18/88</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>with Stephens</p> <p>Box 225</p> <p>AMP 64660</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Domestic Return Receipt</p> <p>7008 1300 0000 4236 7999</p>		<p>10255-02-M-1540</p>	

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OFFICIAL USE

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

Printed Name: Sam Lett Testamentary Trust
 C. Date of Delivery: Feb 3 2004
 See different from item 1? ☐ Yes ☐ No
 delivery address below: ☐ Yes ☐ No

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

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

PS Form 3811, February 2004
 Domestic Return Receipt
 102555-02-M-1540

SECTION ON DELIVERY

Printed Name: Sam Lett
 C. Date of Delivery: Feb 3 2004
 See different from item 1? ☐ Yes ☐ No
 delivery address below: ☐ Yes ☐ No

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

1236 7890

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OFFICIAL USE

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

Printed Name: Ruby Bell Crosby Family LP 1
 C. Date of Delivery: Feb 3 2004
 See different from item 1? ☐ Yes ☐ No
 delivery address below: ☐ Yes ☐ No

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

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

PS Form 3811, February 2004
 Domestic Return Receipt
 102555-02-M-1540

SECTION ON DELIVERY

Printed Name: Andrew X
 C. Date of Delivery: Feb 3 2004
 See different from item 1? ☐ Yes ☐ No
 delivery address below: ☐ Yes ☐ No

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

6316

U.S. Postal Service
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OFFICIAL USE

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

Printed Name: Spiral Inc
 C. Date of Delivery: Feb 3 2004
 See different from item 1? ☐ Yes ☐ No
 delivery address below: ☐ Yes ☐ No

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

Spiral Inc
 PO BOX 1933
 Roswell, NM 88202-1933

PS Form 3811, February 2004
 Domestic Return Receipt
 102555-02-M-1540

SECTION ON DELIVERY

Printed Name: Spiral Inc
 C. Date of Delivery: Feb 3 2004
 See different from item 1? ☐ Yes ☐ No
 delivery address below: ☐ Yes ☐ No

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

10 4237 1194

U.S. Postal Service
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OFFICIAL USE

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

Printed Name: John P Searls
 C. Date of Delivery: Feb 3 2004
 See different from item 1? ☐ Yes ☐ No
 delivery address below: ☐ Yes ☐ No

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

John P Searls
 PO BOX 4023
 Odessa, Texas 79760

PS Form 3811, February 2004
 Domestic Return Receipt
 102555-02-M-1540

SECTION ON DELIVERY

Printed Name: John P Searls
 C. Date of Delivery: Feb 3 2004
 See different from item 1? ☐ Yes ☐ No
 delivery address below: ☐ Yes ☐ No

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

236 8019

SECTION 3

id 3. Also complete very is desired. (Address on the reverse side card to you. back of the mailpiece, permits.

COMPLETE THIS SECTION ON DELIVERY DAY

Signature ☐ Agent ☐ Addressee

Date of Delivery (Month/Day/Year) ☐ Yes ☐ No

Received by (Printed Name) ☐ Yes ☐ No

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

If YES, enter delivery address below.

3. Scan Type ☐ Express Mail ☐ Registered Mail ☐ Insured Mail ☐ Signature Receipt for Merchandise ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7008 1300 0000 4237 1194

Domestic Return Receipt

10208P-02-M-154

PS SECTION

Service for two or more addressees.

with First-Class Mail[®]. Add complete address and address on the reverse side of each envelope. You may also place your return address on the back of the mailpiece, if space permits.

I may be requested to provide proof of postage payment for Certified Mail[®], Registered Mail[®], Insured Mail[®], Signature Required[®], Restricted Delivery[®], Return Receipt for Merchandise[®], or other special services. To receive a fee waiver for Certified Mail receipt is subject to inspection by the post office.

may be restricted to the addressee or the clerk or mark the mailpieces with the words "No Postage and No Payment Necessary". If postage is desired, please present the article at the postmark on the Certified Mail label with postage and mail.

present it when making an inquiry.

500-02-000-5047

COMPLETE THIS SECTION ON THE REVERSE SIDE OF EACH MAILPIECE

A. Signature _____
X *Rubendraw X*

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

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

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

Article Number _____
(Transfer from service label)
7008 1300 0000 4236 8316
PS Form 3811, February 2004
Domestic Return Receipt

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

When making an inquiry, call 800-950-9507.

COMPLETE THIS SECTION ON DELIVERY

A. Signature *James*
☒ Agent
☐ Addressee

B. Received by (Printed Name) 12500
☐ C. Date of Delivery
☐ Yes
☐ No

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

3. Service Type *RM*
☒ Certified Mail
☒ Registered
☐ Insured Mail
☐ Express Mail

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

John P Searls
PO BOX 4023
Odessa, Texas 79760

2. Article Number
(Transfer from service label)
7008 3300 0000 4236 8019

Domestic Return Receipt

PS Form 3811, February 2004

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

1. **Postage** \$ 12.11
Certified Fee \$ 0.00
Return Receipt Fee \$ 0.00
Restricted Delivery Fee \$ 0.00
Endorsement Fee \$ 0.00

Total \$ 12.11

Sent To: Mary Raine Randall
 12 Douglas ST
 Homosassa, FL 34446
 City, State, ZIP+4®

Section on Delivery:
 Printed Name: Rogers
 Agent: ☐
 C. Date of Delivery: 12-8-03
 Return Receipt for Merchandise: ☐
 C.O.D.: ☐
 Yes ☐ No ☐
 Delivery address below: ☐ Yes ☐ No ☐
 Delivery address below: ☐ Yes ☐ No ☐

PS Form 3811, February 2004 10295-02-M-154

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

1. **Postage** \$ 12.11
Certified Fee \$ 0.00
Return Receipt Fee \$ 0.00
Restricted Delivery Fee \$ 0.00
Endorsement Fee \$ 0.00

Total \$ 12.11

Sent To: Thelma Rogers
 PO BOX 633
 Artesia, NM 88211

Section on Delivery:
 Printed Name: Rogers
 Agent: ☐
 C. Date of Delivery: 12-8-03
 Return Receipt for Merchandise: ☐
 C.O.D.: ☐
 Yes ☐ No ☐
 Delivery address below: ☐ Yes ☐ No ☐
 Delivery address below: ☐ Yes ☐ No ☐

PS Form 3811, February 2004 10295-02-M-154

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

1. **Postage** \$ 12.11
Certified Fee \$ 0.00
Return Receipt Fee \$ 0.00
Restricted Delivery Fee \$ 0.00
Endorsement Fee \$ 0.00

Total \$ 12.11

Sent To: Mary Raine Randall
 12 Douglas ST
 Homosassa, FL 34446
 City, State, ZIP+4®

Section on Delivery:
 Printed Name: Rogers
 Agent: ☐
 C. Date of Delivery: 12-8-03
 Return Receipt for Merchandise: ☐
 C.O.D.: ☐
 Yes ☐ No ☐
 Delivery address below: ☐ Yes ☐ No ☐
 Delivery address below: ☐ Yes ☐ No ☐

PS Form 3811, February 2004 10295-02-M-154

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

1. **Postage** \$ 12.11
Certified Fee \$ 0.00
Return Receipt Fee \$ 0.00
Restricted Delivery Fee \$ 0.00
Endorsement Fee \$ 0.00

Total \$ 12.11

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

Section on Delivery:
 Printed Name: Rogers
 Agent: ☐
 C. Date of Delivery: 12-8-03
 Return Receipt for Merchandise: ☐
 C.O.D.: ☐
 Yes ☐ No ☐
 Delivery address below: ☐ Yes ☐ No ☐
 Delivery address below: ☐ Yes ☐ No ☐

PS Form 3811, February 2004 10295-02-M-154

Service
ED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Printed Name: EA KATS
Address: 2000 Hillside Village
City/State/Zip: Dallas, TX 75214

Return Receipt from Item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Printed Name: Curtis McBroom
Address: 200 Hillside Village
City/State/Zip: Dallas, Texas 75214

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

Very? (Extra Fee) ☐ Yes ☐ No

7937

January 2004 Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Printed Name: EA KATS
Address: 2000 Hillside Village
City/State/Zip: Dallas, TX 75214

Return Receipt from Item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Printed Name: Curtis McBroom
Address: 200 Hillside Village
City/State/Zip: Dallas, Texas 75214

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

Very? (Extra Fee) ☐ Yes ☐ No

7975

PS Form 3811, February 2004 Domestic Return Receipt

Service
ED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Printed Name: Kirk Pasco
Address: Garfield Space 312
City/State/Zip: Ant, CA 90723

Return Receipt from Item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Printed Name: Aunice L Miller
Address: PO BOX 298
City/State/Zip: Flat Rock, IL 62427

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

Very? (Extra Fee) ☐ Yes ☐ No

8330

January 2004 Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Printed Name: Aunice L Miller
Address: PO BOX 298
City/State/Zip: Flat Rock, IL 62427

Return Receipt from Item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Printed Name: Aunice L Miller
Address: PO BOX 298
City/State/Zip: Flat Rock, IL 62427

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

Very? (Extra Fee) ☐ Yes ☐ No

8330

January 2004 Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Printed Name: Aunice L Miller
Address: PO BOX 298
City/State/Zip: Flat Rock, IL 62427

Return Receipt from Item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Printed Name: Aunice L Miller
Address: PO BOX 298
City/State/Zip: Flat Rock, IL 62427

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

Very? (Extra Fee) ☐ Yes ☐ No

8330

January 2004 Domestic Return Receipt

service for two years

THIS SECTION "

1. and 2. Also complete
sticker Delivery is desired.
name and address on the reverse
can return the card to you.
card to the back of the mailpiece,
out if space permits.

3. service (label)
1. February 2004

Jack McCaw
376
NM 88211

assd to:

COMPLETE THIS SECTION ON DELIVERY

1. Signature
Andrea Watts

2. Agent
☐ Agent
☐ Address

3. Date of Delivery
ANDREA WATTS

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

If YES, enter delivery address below:

5. Service Type
☒ Registered Mail
☐ Certified Mail
☐ Registered Mail Receipt for Merchandise
☐ Insured Mail

6. Restricted Delivery (Extra Fee)
☐ Yes
☐ No

7006 1300 0000 4236 7937

Domestic Return Receipt

02595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to: Curtis McBroom
200 Hillside Village
Dallas, Texas 75214

2. Article Number 7006 1300 0000 4236 7775

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

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

5. Signature [Signature]
☒ Agent
☐ Addressee

6. Date of Delivery March 1971
☐ Yes ☐ No

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

8. If YES, enter delivery address below:

SECTION

1. Article Addressed to: Curtis McBroom
200 Hillside Village
Dallas, Texas 75214

2. Article Number 7006 1300 0000 4236 7775

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

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

5. Signature [Signature]
☒ Agent
☐ Addressee

6. Date of Delivery March 1971
☐ Yes ☐ No

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

8. If YES, enter delivery address below:

[illegible]

THIS SECTION
Complete this section on delivery
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
3. Service Type
4. Restricted Delivery? (Extra Fee)
Domestic Return Receipt
7008 1300 0000 4236 8286
10255-02-M-1540

SECTION ON DELIVERY
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:
3. Service Type
4. Restricted Delivery? (Extra Fee)
Domestic Return Receipt
7008 1300 0000 4236 7444
10255-02-M-1540

THIS SECTION
Complete this section on delivery
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
3. Service Type
4. Restricted Delivery? (Extra Fee)
Domestic Return Receipt
7008 1300 0000 4236 8378
10255-02-M-1540

SECTION ON DELIVERY
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:
3. Service Type
4. Restricted Delivery? (Extra Fee)
Domestic Return Receipt
7008 1300 0000 4236 8361
10255-02-M-1540

surex ova, not enclosed (except) and (a) day, available for return V
signature not to be placed on return V

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

A. Signature Al Lynch ☒ Agent ☐ Addressee

B. Received by (Printed Name) Al Lynch C. Date of Delivery 12/4/00

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

If YES, enter delivery address below:

2. Article Number 7008 1300 0000 4237 0852 Domestic Return Receipt

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

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

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

Al Lynch
8205 A Memphis Ave
Lubbock, TX 79423

Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.

COMPLETE THIS SECTION ON DELIVERY

A. Signature David A Lynch ☒ Agent ☐ Addressee

B. Received by (Printed Name) David A Lynch C. Date of Delivery 12/4/00

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

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

2. Article Number 7008 1300 0000 4236 8293 Domestic Return Receipt

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

COMPLETE THIS SECTION

1. Article Addressed to:

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

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

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

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

2. Article Number 7008 1300 0000 4236 8157 Domestic Return Receipt

PS Form 3811, February 2004 10295-02-M-154

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 David A Lynch ☒ Agent ☐ Addressee

B. Received by (Printed Name) David A Lynch C. Date of Delivery 12/4/00

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

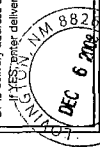
If YES, enter delivery address below:

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

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

2. Article Number 7008 1300 0000 4236 8026 Domestic Return Receipt

PS Form 3811, February 2004 10295-02-M-154



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Printed Name: March of Dimes Birth Defects
 Agent: ☐ Agent ☐ Addressee
 C. Date of Delivery: 12/4/04
 C. Date of Delivery: ☐ Yes ☐ No
 Delivery address below:
 Delivery address below: ☐ Yes ☐ No

Postage: \$ 12.11 DB
 Certified Fee: ☐ Express Mail
 Return Receipt Fee: ☒ Return Receipt for Merchandise
 Restricted Delivery Fee: ☐ C.O.D.
 Restricted Delivery Fee: ☐ Yes ☐ No

Total Postage & Fees: \$ 12.11 DB

Send to: March of Dimes Birth Defects
 Street, Apt. or PO Box No.: 1275 mamaroneck AVE
 City, State, Zip: Lubbock, TX 79423

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Printed Name: March of Dimes Birth Defects
 Agent: ☐ Agent ☐ Addressee
 C. Date of Delivery: ☐ Yes ☐ No
 Delivery address below:
 Delivery address below: ☐ Yes ☐ No

Postage: \$ 12.11 DB
 Certified Fee: ☐ Express Mail
 Return Receipt Fee: ☒ Return Receipt for Merchandise
 Restricted Delivery Fee: ☐ C.O.D.
 Restricted Delivery Fee: ☐ Yes ☐ No

Total Postage & Fees: \$ 12.11 DB

Send to: March of Dimes Birth Defects
 Street, Apt. or PO Box No.: 1275 mamaroneck AVE
 City, State, Zip: Lubbock, TX 79423

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service™
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 (Domestic Mail Only: No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Printed Name: March of Dimes Birth Defects
 Agent: ☐ Agent ☐ Addressee
 C. Date of Delivery: 12/4/04
 C. Date of Delivery: ☐ Yes ☐ No
 Delivery address below:
 Delivery address below: ☐ Yes ☐ No

Postage: \$ 12.11 DB
 Certified Fee: ☐ Express Mail
 Return Receipt Fee: ☒ Return Receipt for Merchandise
 Restricted Delivery Fee: ☐ C.O.D.
 Restricted Delivery Fee: ☐ Yes ☐ No

Total Postage & Fees: \$ 12.11 DB

Send to: March of Dimes Birth Defects
 Street, Apt. or PO Box No.: 1275 mamaroneck AVE
 City, State, Zip: Lubbock, TX 79423

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Printed Name: March of Dimes Birth Defects
 Agent: ☐ Agent ☐ Addressee
 C. Date of Delivery: ☐ Yes ☐ No
 Delivery address below:
 Delivery address below: ☐ Yes ☐ No

Postage: \$ 12.11 DB
 Certified Fee: ☐ Express Mail
 Return Receipt Fee: ☒ Return Receipt for Merchandise
 Restricted Delivery Fee: ☐ C.O.D.
 Restricted Delivery Fee: ☐ Yes ☐ No

Total Postage & Fees: \$ 12.11 DB

Send to: March of Dimes Birth Defects
 Street, Apt. or PO Box No.: 1275 mamaroneck AVE
 City, State, Zip: Lubbock, TX 79423

PS Form 3811, February 2004 Domestic Return Receipt

THIS SECTION
 and 3. Also complete delivery is desired. Address on the reverse side of the mailpiece, if space permits.

COMPLETE THIS SECTION ON DELIVERY
 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 Mail
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7008 1300 0000 4237 1095
 Domestic Return Receipt
 PS Form 3811, February 2004

THIS SECTION
 and 3. Also complete delivery is desired. Address on the reverse side of the mailpiece, if space permits.

COMPLETE THIS SECTION ON DELIVERY
 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 Mail
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7008 1300 0000 4237 0906
 Domestic Return Receipt
 PS Form 3811, February 2004

THIS SECTION
 and 3. Also complete delivery is desired. Address on the reverse side of the mailpiece, if space permits.

COMPLETE THIS SECTION ON DELIVERY
 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 Mail
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7008 1300 0000 4237 0890
 Domestic Return Receipt
 PS Form 3811, February 2004

THIS SECTION
 and 3. Also complete delivery is desired. Address on the reverse side of the mailpiece, if space permits.

COMPLETE THIS SECTION ON DELIVERY
 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 Mail
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7008 1300 0000 4237 0999
 Domestic Return Receipt
 PS Form 3811, February 2004

THIS SECTION
 and 3. Also complete delivery is desired. Address on the reverse side of the mailpiece, if space permits.

COMPLETE THIS SECTION ON DELIVERY
 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 Mail
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7008 1300 0000 4237 0890
 Domestic Return Receipt
 PS Form 3811, February 2004

THIS SECTION
 and 3. Also complete delivery is desired. Address on the reverse side of the mailpiece, if space permits.

COMPLETE THIS SECTION ON DELIVERY
 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 Mail
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7008 1300 0000 4237 0999
 Domestic Return Receipt
 PS Form 3811, February 2004

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

SECTION ON DELIVERY
 Printed Name: John Doe Agent ☐ Address: 1234 Main St
 City, State, Zip: Anytown, CA 90210 C. Date of Delivery: 12/17
 Return Receipt for Merchandise ☒ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No

OFFICIAL USE
 Postage: \$ 12.11 Certified Fee: \$ 0.00
 Return Receipt Fee (Endorsement Required) \$ 0.00
 Restricted Delivery Fee (Endorsement Required) \$ 0.00
 Total F: 12.11

Postmark Here

Sent to: John Doe
 Street: 2179 Birchdale Drive
 City, State, Zip: Thousand Oaks, CA 91362

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

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

SECTION ON DELIVERY
 Printed Name: John Doe Agent ☐ Address: 1234 Main St
 City, State, Zip: Anytown, CA 90210 C. Date of Delivery: 12/17
 Return Receipt for Merchandise ☒ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No

OFFICIAL USE
 Postage: \$ 12.11 Certified Fee: \$ 0.00
 Return Receipt Fee (Endorsement Required) \$ 0.00
 Restricted Delivery Fee (Endorsement Required) \$ 0.00
 Total F: 12.11

Postmark Here

Sent to: John Doe
 Street: 2179 Birchdale Drive
 City, State, Zip: Thousand Oaks, CA 91362

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

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

SECTION ON DELIVERY
 Printed Name: John Doe Agent ☐ Address: 1234 Main St
 City, State, Zip: Anytown, CA 90210 C. Date of Delivery: 12/17
 Return Receipt for Merchandise ☒ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No

OFFICIAL USE
 Postage: \$ 12.11 Certified Fee: \$ 0.00
 Return Receipt Fee (Endorsement Required) \$ 0.00
 Restricted Delivery Fee (Endorsement Required) \$ 0.00
 Total F: 12.11

Postmark Here

Sent to: John Doe
 Street: 2179 Birchdale Drive
 City, State, Zip: Thousand Oaks, CA 91362

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

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

SECTION ON DELIVERY
 Printed Name: John Doe Agent ☐ Address: 1234 Main St
 City, State, Zip: Anytown, CA 90210 C. Date of Delivery: 12/17
 Return Receipt for Merchandise ☒ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No

OFFICIAL USE
 Postage: \$ 12.11 Certified Fee: \$ 0.00
 Return Receipt Fee (Endorsement Required) \$ 0.00
 Restricted Delivery Fee (Endorsement Required) \$ 0.00
 Total F: 12.11

Postmark Here

Sent to: John Doe
 Street: 2179 Birchdale Drive
 City, State, Zip: Thousand Oaks, CA 91362

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

SECTION
Also complete this section on delivery.

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Mr. Yoda Diaz C. Date of Delivery 2/19/08

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 Mail ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7008 1300 0000 4236 8252

4 Domestic Return Receipt 102595-02-M-1540

THIS SECTION
Also complete this section on delivery.

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Mr. Yoda Diaz C. Date of Delivery 2/19/08

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 Mail ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7008 1300 0000 4237 1101

4 Domestic Return Receipt 102595-02-M-1540

THIS SECTION
Also complete this section on delivery.

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Mr. Yoda Diaz C. Date of Delivery 2/19/08

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 Mail ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7008 1300 0000 4236 8255

4 Domestic Return Receipt 102595-02-M-1540

THIS SECTION
Also complete this section on delivery.

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Mr. Yoda Diaz C. Date of Delivery 2/19/08

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 Mail ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7008 1300 0000 4236 8408

4 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Mr. Yoda Diaz C. Date of Delivery 2/19/08

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 Mail ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7008 1300 0000 4236 8255

4 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Mr. Yoda Diaz C. Date of Delivery 2/19/08

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 Mail ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7008 1300 0000 4236 8408

4 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
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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 DB

Sent to Alameda Contra
3834 Opal Street
Oakland, CA 94609
 City, St.

PS Form 3811, August 2005 See Reverse for Instructions
 Domestic Return Receipt
 February 2004 10255-02-M-1540

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

OFFICIAL USE

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

Sent to Stagner LLC
Joseph Hantula CPA
PO BOX 57
Carlsbad, NM 88221
 City, St.

PS Form 3811, February 2004 Domestic Return Receipt
 10255-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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 For delivery information visit our website at 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 DB

Sent to Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108
 City, State

PS Form 3811, August 2005 See Reverse for Instructions
 Domestic Return Receipt
 February 2004 10255-02-M-1540

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

OFFICIAL USE

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

Sent to Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108
 City, State

PS Form 3811, February 2004 Domestic Return Receipt
 10255-02-M-1540

Number 7006 1300 0000 4236 8149
 (Number from service label)

381, February 2004

Domestic Return Receipt

102559-02-04-154

Mail Provider
 Multiple Service
 Postal Service

present
 fix label
 7530-02-

July 2004

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SECTION ON DELIVERY <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery		Printed Name) <u>Diana</u> Address) <u>4500 Artesia NM 88210</u> City) <u>Albuquerque NM</u> State) <u>NM</u> Zip) <u>87108</u>	
Postage \$ <u>11.70</u> Certified Fee <u>0.00</u> Return Receipt Fee (separate Payment Required) <u>0.00</u> Insured Delivery Fee (separate Payment Required) <u>0.00</u>		Postmark <u>13</u> Date <u>11/20/81</u>	
Registered Mail <input type="checkbox"/> Registered Mail Restricted <input type="checkbox"/>		Registered Mail <input type="checkbox"/> Registered Mail Restricted <input type="checkbox"/>	
Registered Mail <input type="checkbox"/> Registered Mail Restricted <input type="checkbox"/>		Registered Mail <input type="checkbox"/> Registered Mail Restricted <input type="checkbox"/>	

U.S. Postal ServiceTM REGISTERED MAILTM First Class Mail Only (No Insurance Coverage Provided)		OFFICIAL USE	
Please visit our website at www.usps.com for delivery information.		Domestic Return Receipt	
Postage: 1.11	Certified Fee: 0.13	Parcel Post Registered Mail (Insurance Required) Registered Mail (Insurance Not Required) Registered Mail (Insurance Optional)	
Return Receipt Fee: _____		Delivery Fee: _____	
Signature Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Signature Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Agent <input type="checkbox"/> Addressee <input type="checkbox"/>		Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> C.O.D. <input type="checkbox"/> Insured (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Printed Name: _____		Date of Delivery: _____	
Address: _____		Delivery address below: _____	

1.11
0.13

Parcel Post
 Registered Mail (Insurance Required)
 Registered Mail (Insurance Not Required)
 Registered Mail (Insurance Optional)

Return Receipt Fee: _____

Delivery Fee: _____

Signature Required: ☒ Yes ☐ No

Agent ☐
 Addressee ☐

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

Printed Name: _____

Date of Delivery: _____

Delivery address below: _____

NINO&C LTD
 1423 North Avenue P
 Lubbock, TX 79403

S 0968

11, February 2004

10000, August 2000

[illegible]

COMPLETE THIS SECTION

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

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

2. Article Number: 7008 1300 0000 4237 0920
(transfer from service label)

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

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

5. Delivery addresses different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Recipient's Name: Mr. J. J. Yates
Address: 1708 Princeton
City: Albuquerque
State: NM
Zip: 87108

6. Date of Delivery: 1/2/88

7. Agent: ☐ Agent ☐ Addressee

8. Signature: [Signature]

9. Postage: 1.00

10. Return Receipt: ☐ Yes ☐ No

11. Remarks: 1708 Princeton

12. Tracking Number: 7008 1300 0000 4237 0920

13. Domestic Return Receipt

14. PS Form 3811, February 2004

15. 102552-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

Signature Fluorence M. Dooley

1. Article Addressed to: Fluorence M. Dooley
1000 South W Street
ARTSWJ Nm 88210

2. Article Number 7006 1300 0000 4236 8471
 (transfer from service label)

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery? (Extra Fee)

4. Postage Paid for Merchandise
☐ Return Receipt for Merchandise
☐ C.O.D.

5. Delivery address different from item 1? ☐ Yes
☐ No

6. Enter delivery address below:

7. Article Addressed to: Fluorence M. Dooley
1000 South W Street
ARTSWJ Nm 88210

8. Article Number 7006 1300 0000 4236 8471
 (transfer from service label)

9. Form 3811, February 1940

10. 102595-02-M-1540

[illegible][illegible]

SECTION ON DELIVERY

☐ Agent
☐ Addressee

Printed Name Wolter
Date of Delivery 12-1-88

Was different from item 1? ☐ Yes
☐ No

delivery address below:

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

8491

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery (Extra Fee)

4. Return Receipt for Merchandise
☐ Yes
☐ No

5. Signature
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number (Transfer from service label)
7008 1300 0000 4236 8177

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery (Extra Fee)

4. Return Receipt for Merchandise
☐ Yes
☐ No

5. Signature
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery (Extra Fee)

4. Return Receipt for Merchandise
☐ Yes
☐ No

5. Signature
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
Inc

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery (Extra Fee)

4. Return Receipt for Merchandise
☐ Yes
☐ No

5. Signature
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number (Transfer from service label)
7008 1300 0000 4236 8177

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery (Extra Fee)

4. Return Receipt for Merchandise
☐ Yes
☐ No

5. Signature
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
Inc

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery (Extra Fee)

4. Return Receipt for Merchandise
☐ Yes
☐ No

5. Signature
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

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

Postage \$ 12.12
 Certified Fee DB
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total \$ 12.12

Postmark Here

Send To: **Loraine M Rogers**
 Street: **1035 W POE**
 or PO Box **88203**
 City/State: **35s Roswell, NM**

PS Form 3811, February 2004 Domestic Return Receipt

SECTION ON DELIVERY

Printed Name: 2.8.08
 Agent ☐ Addressee ☐
 C. Date of Delivery 12/11/08
 Return Receipt for Merchandise ☐ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No

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

4237 0883

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark Here

Send To: **Travco A Missouri Partnership**
 Street: **370 W High Point Lane**
 City/State: **Columbia, MO 65203**

PS Form 3811, February 2004 Domestic Return Receipt

SECTION ON DELIVERY

Printed Name: 2.8.08
 Agent ☐ Addressee ☐
 C. Date of Delivery 12/11/08
 Return Receipt for Merchandise ☐ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No

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

4236 0824

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

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

Postmark Here

Send To: **Loraine M Rogers**
 Street: **1035 W POE**
 or PO Box **88203**
 City/State: **35s Roswell, NM**

PS Form 3811, February 2004 Domestic Return Receipt

SECTION ON DELIVERY

Printed Name: 2.8.08
 Agent ☐ Addressee ☐
 C. Date of Delivery 12/11/08
 Return Receipt for Merchandise ☐ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No

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

4237 0883

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark Here

Send To: **Travco A Missouri Partnership**
 Street: **370 W High Point Lane**
 City/State: **Columbia, MO 65203**

PS Form 3811, February 2004 Domestic Return Receipt

SECTION ON DELIVERY

Printed Name: 2.8.08
 Agent ☐ Addressee ☐
 C. Date of Delivery 12/11/08
 Return Receipt for Merchandise ☐ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No

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

4236 0824

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

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

COMPLETE THIS SECTION ON DELIVERY
A. Signature: [Signature]
B. Received by (Printed Name): Michael Mendenhall
C. Date of Delivery: 12/10/08
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
☐ 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

THIS SECTION
1. Article Addressed to:
Norma T Pulliman Trustee
1530 Pulliman Rd
Springfield IL 62707

COMPLETE THIS SECTION ON DELIVERY
A. Signature: [Signature]
B. Received by (Printed Name): Norma T Pulliman
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 Mail
☐ 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

THIS SECTION
1. Article Addressed to:
Norma T Pulliman Trustee
1530 Pulliman Rd
Springfield IL 62707

COMPLETE THIS SECTION ON DELIVERY
A. Signature: [Signature]
B. Received by (Printed Name): Norma T Pulliman
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 Mail
☐ 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

THIS SECTION
1. Article Addressed to:
Norma T Pulliman Trustee
1530 Pulliman Rd
Springfield IL 62707

COMPLETE THIS SECTION ON DELIVERY
A. Signature: [Signature]
B. Received by (Printed Name): Norma T Pulliman
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 Mail
☐ 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

[illegible]

U.S. Postal Service™ CERTIFIED MAIL® <i>(Postage Paid Only; No Insurance Coverage Provided)</i>		OFFICIAL USE	
For delivery information visit our website at www.usps.com		SECTION ON DELIVERY	
POSTAGE \$ <u>12.40</u>		<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. Meter? (Extra Fee) <input type="checkbox"/> Yes	
Certified Fee Return Receipt Fee Restricted Delivery Fee Restricted Delivery Fee (Enrollment Required)		C. Date of Delivery 12/11/08 Is this shipment from item 17 <input type="checkbox"/> Yes Is this address below: <input type="checkbox"/> No	
Sent to Norma T Pulliman Trustee 1530 Pulliman Rd Springfield IL 62707 Street, Apt A or PO Box A City, State, Z		all ii iv	
Total Post:		1236 8217	

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

COMPLETE THIS SECTION ON DELIVERY

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

1393 W. Villa Verde
B0142 83702

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

7008 1300 0000 4236 8163

Domestic Return Receipt

10295-02-M-1540

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

COMPLETE THIS SECTION ON DELIVERY

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

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

7008 1300 0000 4237 1057

Domestic Return Receipt

10295-02-M-1540

McDonald
11 CT
52722

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

COMPLETE THIS SECTION ON DELIVERY

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

Thomas W Flynn
10780 Salisbury Rd
Pleasant Plains IL 62677

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

7008 1300 0000 4236 8484

Domestic Return Receipt

10295-02-M-1540

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

COMPLETE THIS SECTION ON DELIVERY

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

David Dwain Griswold
1404 Forty Niners NE
Albuquerque, NM 87111

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

7008 1300 0000 4237 0845

Domestic Return Receipt

10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Van Boudier
 C. Date of Delivery 12/13/05
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

Article Number (Transfer from service label) 7006 1300 0000 4237 0844
 PS Form 3811, February 2004 10255-02-M-1540

Service for two years with First-Class Mail®. If delivery is desired, return 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 Flynn
 10780 Salisbury Rd
 Pleasant Plains IL 62677

2. Article Number (Transfer from service label) 7006 1300 0000 4237 0844
 PS Form 3811, February 2004 10255-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Van Boudier
 C. Date of Delivery 12/13/05
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

Article Number (Transfer from service label) 7006 1300 0000 4237 0844
 PS Form 3811, February 2004 10255-02-M-1540

Service for two years with First-Class Mail®. If delivery is desired, return the card to you. Attach this card to the back of the mailpiece, or on the front, if space permits.

1. Article Addressed to:

David Dwain Griswold
 1404 Forty Niners NE
 Albuquerque, NM 87111

2. Article Number (Transfer from service label) 7006 1300 0000 4237 0844
 PS Form 3811, February 2004 10255-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Van Boudier
 C. Date of Delivery 12/13/05
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

Article Number (Transfer from service label) 7006 1300 0000 4237 0844
 PS Form 3811, February 2004 10255-02-M-1540

Service for two years with First-Class Mail®. If delivery is desired, return the card to you. Attach this card to the back of the mailpiece, or on the front, if space permits.

1. Article Addressed to:

David Dwain Griswold
 1404 Forty Niners NE
 Albuquerque, NM 87111

2. Article Number (Transfer from service label) 7006 1300 0000 4237 0844
 PS Form 3811, February 2004 10255-02-M-1540

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OFFICIAL USE

Printed Name: W. Villa Noye
C. Date of Delivery: 12/18/08
Delivery address below:
W. Villa Noye
42 83702

Return Receipt Fee (Endorsement Required) ☐ Yes ☐ No
Postage ☐ Express Mail ☐ Agent
Certified Fee ☐ Return Receipt for Merchandise ☐ Yes ☐ No
Delivery address below:
Gibson Revocable Trust
Janducci Trustee
Illa Norte
3702

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

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

OFFICIAL USE

Printed Name: Willard McDonald
C. Date of Delivery: 12/18/08
Delivery address below:
Willard McDonald
1 Sunnyhill CT
Iendordf, IA 52722

Return Receipt Fee (Endorsement Required) ☐ Yes ☐ No
Postage ☐ Express Mail ☐ Agent
Certified Fee ☐ Return Receipt for Merchandise ☐ Yes ☐ No
Delivery address below:
Willard McDonald
1 Sunnyhill CT
Iendordf, IA 52722

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

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OFFICIAL USE

Printed Name: Thomas W Flynn
C. Date of Delivery: 12/18/08
Delivery address below:
10780 Salisbury Rd
Pleasant Plains IL 62677

Return Receipt Fee (Endorsement Required) ☐ Yes ☐ No
Postage ☐ Express Mail ☐ Agent
Certified Fee ☐ Return Receipt for Merchandise ☐ Yes ☐ No
Delivery address below:
10780 Salisbury Rd
Pleasant Plains IL 62677

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

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

OFFICIAL USE

Printed Name: David Dwain Griswold
C. Date of Delivery: 12/18/08
Delivery address below:
1404 Forty Niners NE
Albuquerque, NM 87111

Return Receipt Fee (Endorsement Required) ☐ Yes ☐ No
Postage ☐ Express Mail ☐ Agent
Certified Fee ☐ Return Receipt for Merchandise ☐ Yes ☐ No
Delivery address below:
1404 Forty Niners NE
Albuquerque, NM 87111

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Philip Canessa C. Date of Delivery 12-8-07
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

1. Article Addressed to:
 Ballard E Spencer Trust Inc
 c/o First National Bank Trust Dept
 PO Drawer AA
 Artesia, NM 88210

2. Article Number (transferred from service label) 7008 1300 0000 4237 1170
 PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Edwina K Brady C. Date of Delivery 12-6
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

2. Article Number (transferred from service label) 7008 1300 0000 4237 0821
 PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

COMPLETE THIS SECTION

1. Article Addressed to:
 Ballard E Spencer Trust Inc
 c/o First National Bank Trust Dept
 PO Drawer AA
 Artesia, NM 88210

2. Article Number (transferred from service label) 7008 1300 0000 4237 0944
 PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Edwina K Brady C. Date of Delivery 12-11-08
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

2. Article Number (transferred from service label) 7008 1300 0000 4237 0814
 PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

COMPLETE THIS SECTION

1. Article Addressed to:
 Ballard E Spencer Trust Inc
 c/o First National Bank Trust Dept
 PO Drawer AA
 Artesia, NM 88210

2. Article Number (transferred from service label) 7008 1300 0000 4237 0944
 PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Edwina K Brady C. Date of Delivery 12-11-08
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

2. Article Number (transferred from service label) 7008 1300 0000 4237 0814
 PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

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OFFICIAL USE

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

Total
Sent to
Size/Weight
or PO Box No.
City, State, ZIP

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

SECTION ON DELIVERY
Printed Name Edwina K Brady
C. Date of Delivery 12-17-04
Agent ☐ Address ☐
Return Receipt for Merchandise ☐ Yes ☐ No
less different from item 1? ☐ Yes ☐ No
delivery address below:
Express Mail ☐
Return Receipt for Merchandise ☐ Yes ☐ No
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
Sent to
Size/Weight
or PO Box No.
City, State, ZIP

Edwina K Brady
100 Norton Avenue 2
S Easton MA 02375
City, State, ZIP

PS Form 3811, February 2004 Domestic Return Receipt

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

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Postage \$ 12.12 DB
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total
Sent to
Size/Weight
or PO Box No.
City, State, ZIP

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

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

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

Total
Sent to
Size/Weight
or PO Box No.
City, State, ZIP

Edwina K Brady
100 Norton Avenue 2
S Easton MA 02375
City, State, ZIP

PS Form 3811, February 2004 Domestic Return Receipt

SECTION ON DELIVERY
Printed Name Edwina K Brady
C. Date of Delivery 12-17-04
Agent ☐ Address ☐
Return Receipt for Merchandise ☐ Yes ☐ No
less different from item 1? ☐ Yes ☐ No
delivery address below:
Express Mail ☐
Return Receipt for Merchandise ☐ Yes ☐ No
C.O.D. ☐
Delivery? (Extra Fee) ☐ Yes ☐ No
4237 0823

THIS SECTION

4. Also complete any is desired, please return a card to you, the back of the mailpiece, permits.

1. Signature: Leslie M Heinsch

2. Received by (Printed Name): LESIE HEINSCH

3. Date of Delivery: 12-8

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

If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.

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

7006 1300 0000 4236 6170

Domestic Return Receipt

102595-02-M-1540

2004

r III
Suite 490E
27

THIS SECTION

4. Also complete any is desired, please return a card to you, the back of the mailpiece, permits.

1. Signature: Leslie M Heinsch

2. Received by (Printed Name): LESIE HEINSCH

3. Date of Delivery: 12-8

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

If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.

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

7006 1300 0000 4237 1167

Domestic Return Receipt

102595-02-M-1540

2004

Testament Trust
Delta
NM 88220

THIS SECTION

4. Also complete any is desired, please return a card to you, the back of the mailpiece, permits.

1. Signature: Leslie M Heinsch

2. Received by (Printed Name): LESIE HEINSCH

3. Date of Delivery: 12-8

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

If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.

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

7006 1300 0000 4236 7920

Domestic Return Receipt

102595-02-M-1540

2004

Commissioner of public lands
PO BOX 2308
Santa Fe, NM 87504

THIS SECTION

4. Also complete any is desired, please return a card to you, the back of the mailpiece, permits.

1. Signature: Leslie M Heinsch

2. Received by (Printed Name): LESIE HEINSCH

3. Date of Delivery: 12-8

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

If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.

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

7006 1300 0000 4236 8057

Domestic Return Receipt

102595-02-M-1540

2004

Leslie M Heinsch
1309 Delta
Carlsbad, NM 88220

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

Printed Name William H Dwyer III
 C. Date of Delivery 12/27
 Return Receipt for Merchandise ☐ Yes ☒ No
 Delivery address below:
 See different from item 1? ☐ Yes ☒ No

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

Sent To: William H Dwyer III
 Street Apt. 50 Briar Hollow Suite 490E
 City, State Houston, TX 77027

PS Form 3811, February 2004 Domestic Return Receipt 10255-02-M-1540

U.S. Postal Service™
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OFFICIAL USE

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

Printed Name Jane R Heinsch Testament Trust
 C. Date of Delivery 12/28
 Return Receipt for Merchandise ☐ Yes ☒ No
 Delivery address below:
 See different from item 1? ☐ Yes ☒ No

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

Sent To: Jane R Heinsch Testament Trust
 Street Apt. 1309 Delta
 City, State Carlsbad, NM 88220

PS Form 3811, February 2004 Domestic Return Receipt 10255-02-M-1540

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OFFICIAL USE

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

Printed Name Commissioner of public lands
 C. Date of Delivery 12/28
 Return Receipt for Merchandise ☐ Yes ☒ No
 Delivery address below:
 See different from item 1? ☐ Yes ☒ No

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

Sent To: Commissioner of public lands
 Street Apt. PO BOX 2308
 City, State Santa Fe, NM 87504

PS Form 3811, February 2004 Domestic Return Receipt 10255-02-M-1540

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

OFFICIAL USE

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

Printed Name Leslie M Heinsch
 C. Date of Delivery 12/28
 Return Receipt for Merchandise ☐ Yes ☒ No
 Delivery address below:
 See different from item 1? ☐ Yes ☒ No

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

Sent To: Leslie M Heinsch
 Street Apt. 1309 Delta
 City, State Carlsbad, NM 88220

PS Form 3811, February 2004 Domestic Return Receipt 10255-02-M-1540