

Item XIII Notice Address List

EXHIBIT A

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
A & P Family Limited Partnership	P.O. Box 1016	Lunenburg	NM	88201
Albert Damien Hobbs c/o Berry Lee Hobbs, A-I-F	P.O. Box 223	Lovington	NM	88260
Andrei Ballis	29 Victory Street Rose Bay	Sydney	Australia	2023 NSW
Anita McDonald	1501 Sunny Hill Ct.	Bettendorf	IA	52722
Anna Kostantakopoylos	62-85 Limney St.	Athens, Greece		
Anna Rallis Argeanas	13616 Embudo Ct. NE	Albuquerque	NM	87112
Barney M. Bailey	813 W. Madison	Lovington	NM	88260
Ben L. Graham	P.O. Box 1251	Lawrence	KS	66044
Berry Lee Hobbs a/k/a Berry L. Hobbs	P.O. Box 152	Lovington	NM	88260
Berry Lee Hobbs, Jr. c/o Berry Lee Hobbs, A-I-F	P.O. Box 156	Lovington	NM	88260
Betty Stephen	155 Juniper Rd.	Placitas	NM	87043
Beverly Prichard	1405 Murray	Midland	TX	79701
Beverly Sue Cantrell Davis				
Bill C. Cotner, Foreign Personal Representative of the estate of Dorothy W. Cotner	903 Country Club Drive	Midland	TX	79701
Bill Thompson	1600 Willowick	Wichita Falls	TX	76309
Bobbie J. Bishop	1404 W. Avenue H	Lovington	NM	88260
Brigid E. Curran, Trustee of the Brigid E. Curran Revocable Trust dated 5/3/1994	P.O. Box 22114	Santa Fe	NM	87502
Brooke Curran Poirier Marital Trust, John Brunk, Trustee C. L. Schnedar Estate and Angela Schnedar Estate	2337 W. 51st Terrace	Westwood	KS	66205
		Chavez Co.	NM	
C. T. Sparkman and Vera Sparkman	1017 W. Harrison	Lovington	NM	88260
Cecilia Ray	7717 Baughman	Amarillo	TX	79121

Chalfant Properties, Inc. and/or Bill Chalfant	1502 North Big Spring, P.O. Box 5123	Midland	TX	79702
Charles Howard Benson and Jean Claire Benson, Trustees of the New Mexico Property Trust a/t/a 3/1/2006	177-107 Ave. NE, Unit 1106	Bellevue	WA	98004
Chesapeake Exploration, L.L.C.	P.O. Box 18496	Oklahoma City	OK	73154-0496
Chesapeake Investments, L.P.	P.O. Box 18756	Oklahoma City	OK	73154
Claudia Sue Smith	105 N. Cougar Ave.	Cedar Park	TX	78613
ConocoPhillips Co. Attn: Tom Scarbrough	600 N. Dairy Ashford	Houston	TX	77079-1175
Cortez Oil Company	370 17th St., Ste. 3670	Denver	CO	80202
Damon Cochran	303 N. Cougar Ave.	Cedar Park	TX	78613
David Graham McDonald c/o Ben Graham	P.O. Box 1251	Lawrence	KS	66044
David L. Quinlan, Personal Representative of the estate of Lucille L. Vidal	4203 Coe Drive NE	Albuquerque	NM	87110
David Petroleum Corp.	116 W. 1st St.	Roswell	NM	88203
David R. Marshall c/o Nancy Fox	16 Aurielle Drive	Colchester	VT	05446
Denise Murray	4409 Fairbanks	Midland	TX	79707
Desmond C. Poirier Revocable Trust Desmond C. Poirier, Trustee	2337 W. 51st Terrace	Westwood	KS	66205
Dimitrios Papadopoulos		Akrata, Aigiialias Greece		
Donna Kay Atkinson	5974 Broyles Rd.		MO	65667
Dorothy L. Harvey	#4 Village Ct.	Littleton	CO	80123
Dorothy Runnels	8100 W. Alabama	Hobbs	NM	88240
Douglas C. Koch	P.O. Box 540244	Houston	TX	77254-0224
Doyle E. Province, Executor of the estate of Beulah Kay Phillips Province	5230 Mountain Villa Grove	Colorado Springs	CO	80917

Dudley P. Murph, Trustee of the Dudley P. Murph Revocable Living Trust	3019 W. Ave D.	Lovington	NM	88260
Earnest Phillips	P. O. Box 743	Van Alstyne,	TX	75095-0743
Edna Ruth Garner	East 2921 23rd #16	Spokane	WA	99223
LHV Investments, L.L.C.	10733 Highway 180 West	Silver City	NM	88061-9275
Llora Norene Phillips Duda	41725 Trenton Hill Dr.	Rio Rancho	NM	87124
Ercidis Papadopoulos		Akrata, Aigialias, Greece		
Ethel Mae Alberthal	300 Buzzard Hollow Court	Granbury	TX	76048
Floyd Miles	2400 S. Baylor	Roswell	NM	88201
Frances L. Schreuffer	10525 108TH Ave. SW	Tacoma	WA	98498
Frances Ruth Stauz	Box 25	Coupland	TX	78615
Frances Stallcop Young	4935 Greenslope	Abilene	TX	79606
Gerald G. Feijoo				
Grady Thompson	9257 Shafter Rd.	Bakersfield	CA	93313
Greg Mauzy	P.O. Box 891	Midland	TX	79702
Greg Mauzy, Trustee of the MGM Oil & Gas Company Defined Benefit Plan	P.O. Box 891	Midland	TX	79702
Gretchen Ann Faulkner	209 Oak Hollow	Conroe	TX	77301
Gunsight Limited Partnership	P.O. Box 1973	Roswell	NM	88202
Gus Delonas (Dec'd) c/o Dorothy Delonas AIF (Dec'd)	3612 Mirror Ct	Spring	TX	77388
Helen Homanidis	General Delivery	Greece		
Helen Irving	4404 E. 85th St.	Tulsa	OK	74137
Holt Royalty, L.L.C.	P.O. Box 1469	Plainfield	IL	60544
ICA Energy, Inc.	700 N. Grant Ave.	Odessa	TX	79760-0233

A Ana Carol Randall and Cathy Ruth Chapman c/o Unnie Jo Strunk	20600 Woodcreek Blvd.	Northville	MI	48167-2910
8 Intrust Bank, N.A., Trustee of the Roxanna S. Carlock Revocable Trust dated 7/23/1992	Box 48666	Wichita	KS	67201
J. Wade Miles	6402 Quay Road, A. Ct.	Tucumcary	NM	88401
Jacquelynn Darlene Barnes	1202 Roosevelt	Taylorville	IL	62568
James Clark Henrie II	P.O. Box 351	Corrales	NM	87049
James I. Holden, Jr.	2250 Havensridge Drive	Colorado Springs	CO	80920
Jana B. Miles	341 S. Alpine Dr.	Cornelius	OR	
Jane Dana Staley	4216 Berwick	Wichita Falls	TX	73609
Jean Claire Benson, Trustee of the Survivor's Trust c/o Jennifer Stevenson Perkins Coie LLP	1201 Third Avenue, Suite 4800	Seattle	WA	98101
Jeanne S. Kunko	1601 S. Kentucky Ave.	Roswell	NM	88201
Jim Tomlinson and Charlotte Tomlinson, Trustees under the Tomlinson Living Trust dated 12/12/2002	P.O. Box 774	Hatch	NM	87937
Jo Ann Hobbs Holloway c/o Berry Lee Hobbs, A-I-F	P.O. Box 155	Lovington	NM	88260
Joe Foran	One Lincoln Centre 5400 LBJ Freeway #1500	Dallas	TX	75240-1017
Joe S. Thompson, Executor of the estate of Joe Thompson	27564 Pond Drive	Keene	CA	93531
John William McDonald c/o Ben Graham	P.O. Box 1251	Lawrence	KS	66044
Judith E. Argoudelis, individually and as Executrix of the estate of John A. Argoudelis, deceased	1633 Cardinal Dr.	Munster	IN	46321
K. E. Chambers a/k/a Kenneth E. Chambers	2811 W. Ave. D	Lovington	NM	88260-5351
Katherine McDonald Wenig	1450 245th St.	Mt. Pleasant	IA	52722
Kelly H. Baxter	P.O. Box 1649	Austin	TX	78767-1649

Kelly H. Baxter	P.O. Box 11193	Midland	TX	79702
Kenneth T. Dorbandt	P.O. Box 684306	Austin	TX	78768-4306
Kostas Rallis a/k/a Gus Rallis	2028 Palomas NE	Albuquerque	NM	87110
Koula Rallis Kaetsas a/k/a Kirla Koula Rallis Kaetsas	General Delivery	Petalou-Korinthias, Greece		
Larry C. Squires, Trustee of the Larry C. Squires Revocable Trust dated 10/6/2004	P.O. Box 2158	Hobbs	NM	88241
Letsa Rallis Lafis a/k/a Garifalia Rallis Lafis	9 K Theodorou St.	Alghlon 25100	Greece	
Linnie Jo Strunk	20600 Woodcreek Blvd.	Northville	MI	48167-2910
Lloyd C. Green, Jr., Trustee of the Lloyd C. Green, Jr. Revocable Living Trust	308 Oxford Dr.	Gordonville	TX	76254
Lloyd W. Miles	1714 Jack Nicholas Dr.	Belen	NM	87702
Luce Gene Tatum	4423 Evalyn	Amarillo	TX	79109
Lula Maye Phillips	HC 60 #741A	Lovington	NM	88260
Magot Suzanne Chambers a/k/a Suzanne McDonald Chambers	314 Mantz Ave.	Audubon	IA	50025
Margaret L. Thompson	HC 63 Box 54	Mullin	TX	76864
Mariam Parke Christopher	642 Maple Street	Winnetka	IL	60093
Mary Van Wyk	7562 S. University Blvd.	Littleton	CO	80122
Mel M. Graham c/o Ben Graham	P.O. Box 1251	Lawrence	KS	66044
Mickey Byrd	1305 East Dakota Road	Lovington	NM	88260
Mickey Byrd, in his capacity as Custodian F/B/O Kyle Adrian Byrd, UTMA	1305 East Dakota Road	Lovington	NM	88260
Mildred L. Adams	5803 West State Avenue	Glendale	AZ	85301
Myco Industries, Inc.	105 South 4th St.	Artesia	NM	88210
Nancy Fox	16 Aurielle Drive	Colchester	VT	05546

Nelson James Irving a/k/a Nelson I. Irving	125 N. Buffalo Grove Rd., Apt. 110	Buffalo Grove	IL	60089-1772
Nora Potter Tacker c/o Kenneth Tacker	1224 Edgewood Ln.	Allen	TX	75013
Norma J. Barton	P.O. Box 278	Hobbs	NM	88240
Northport Production Co.	5001 Gaillardia Corp. Pl.	Oklahoma City	OK	73142-1868
Occidental Permian Ltd.	P.O. Box 5020	Midland	TX	79710
Patty Adams	309 Oakwood Ave.	East Peoria	IL	61611
Peggy F. Henrie	111 Columbia SE	Albuquerque	NM	87106
Peter Argoudelis	707 W. Santa Ann St., Apt. 269	Anaheim	CA	92805
Phyllis Ann Walker	4705 N.W. 82nd Terrace	Kansas City	MO	64151
Phyllis Inez Ireland	2112 Milburn Ave.	Odessa	TX	79761
Piyush V. Patel and Meena Patel Family Trust	25 Village Cir.	Midland	TX	79701
Playtime, Inc.	250 Sterling Ave.	Winter Park	FL	32789-5747
Quimex International, Inc.	P O Box 2662	Midland	TX	79702
Rena Oma Barnett				
Richard D. Green, Jr.	3809 4th Avenue	South Milwaukee	WI	53172
Richard D. Green, Sr.	P.O. Box 373	Clumbia Falls	MT	59912
Rita Schnedar, Trustee of the Schnedar 1998 Trust c/o William J. Schnedar	2007 S. Penn	Roswell	NM	88203
Rita Van Stone	Rt. 1, Box 620	Conway	MO	65632-9614
Robert L. Love	1110 Nambe	Hobbs	NM	88240
Robyn Mauser	2907 N. Platina	Mesa	AZ	85215
Ronald Miles and Patricia E. Miles	2805 Coronado Dr.	Roswell	NM	
Roy Davenport	Rt. 6, Box 923	Cleburne	TX	76031

Roy G. Barton, Jr.	1919 N. Turner St.	Hobbs	NM	88241
Roy G. Barton a/k/a George Barton, Trustee of the Roy G. Barton & Opal Barton Revocable Trust u/t/a dated 1/23/1982	1919 N. Turner	Hobbs	NM	88241
Studd Family Trust	P.O. Box 1719	Amarillo	TX	79159
Russell A. Green	6104 Colfax Ave.	North Hollywood	CA	91606
Ruth L. Shields a/k/a Ruth Love Shields, individually and as Trustee of the Love Family Trust u/t/a dtd 4/24/97	2103 Geraldine	Midland	TX	79707
Sotirios Rallis	General Delivery	Silivena - Egialias	Greece	
Scott Phillips Hutchin	127 Jory Drive	Owens Cross Roads	AL	35763
Sherry L. Green	172 Golden Russett Dr.	Lincoln	VA	22642
Sotirios Papadopoulos	163 Western Road	Westmead	Sydney 2145	Australia
Sotirios Rallis	3659 Calle Pino NE	Albuquerque	NM	87111
Ted W. Phillips, Jr.	P.O. Box 487	Rye	CO	81069
Teddy L. Hartley	P.O. Box 309	Clovis	NM	88102-0309
Texas Scottish Rite Hospital for Crippled Children	2222 Welborn Street	Dallas	TX	75219
TLW Investments, L.L.C.	ATTN: Doug Black 1001 Fannin, Ste. 2020	Houston	TX	77002
Trajan Development Co.	P.O. Box 16007	Oklahoma City	OK	73113
Veeradine Phillips				
Vicki Lynn Hobbs Calkins c/o Berry Lee Hobbs, A-I-F	P.O. Box 152	Lovington	NM	88260
Virgil M. Shinn	5724 N Avenue	Carmichael	CA	95608
W. B. Phillips	W. Starr Rt., Box 742	Lovington	NM	88260
Walter A. Moeller c/o Berry Lee Hobbs, A-I-F	P.O. Box 153	Lovington	NM	88260

Wayne A. Bissett	P.O. Box 2101	Midland	TX	79702
William J. Schnedar	2007 S. Penn St.	Roswell	NM	88203
Yates Drilling Company	105 South 4th St.	Artesia	NM	88210
Yates Petroleum Corporation	105 South 4th St.	Artesia	NM	88210



May 3, 2010

CERTIFIED MAIL- RETURN RECEIPT REQUESTED

TO: SURFACE OWNERS AND LEASEHOLD OPERATORS WITHIN 1/2 MILE OF THE PROPOSED INJECTION WELLS IN THE CHAMBERS STRAWN UNIT, LEA COUNTY, NEW MEXICO.

Re: Application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. for approval of a waterflood project, and for qualification of the project for the Recovered Oil Tax Rate pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico.

Ladies and Gentlemen:

Enclosed is a copy of the application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. (Oil Conservation Division Form C-108) in the above-referenced case for approval of a waterflood project in the proposed Chambers Strawn Unit Area. Water will be injected into the unitized interval of the Strawn formation and the waterflood project may be expanded as additional injection wells are added until it includes the entire Unit Area as fully described in the application.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 27, 2010. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Very truly yours,

William F. Carr
Attorney for Chesapeake Operating, Inc.

Enclosure

cc: Mr. Terry Frohnapfel
Chesapeake Operating, Inc.



May 3, 2010

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL AFFECTED INTEREST OWNERS IN THE CHAMBERS STRAWN UNIT AREA.

Re: Application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. for statutory unitization, of the Chambers Strawn Unit Area, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Chesapeake Operating, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order statutorily unitizing for the purpose of establishing a secondary recovery project, and at a later date a tertiary recovery project in the Strawn formation. The vertical limits of the unitized formation to be included within the proposed unit shall be the separate common source of supply of oil and gas underlying the Unit Area which is commonly known as the Strawn formation, the vertical limits of which include that stratigraphic interval occurring between a point 100 feet above the Strawn Carbonate formation and 100 feet below the base of the Strawn Carbonate formation, said Strawn Carbonate interval occurring between 11442 feet and 11738 feet (7490 feet to 7786 feet subsea) in the Chesapeake Operating, Inc. Runnels "8" Well No. 1 (API No. 30-025-34264) located 780 feet from the South line and 1510 feet from the West line of Section 8, Township 16 South, Range 36 East N.M.P.M., Lea County, New Mexico as recorded on sonic log of said well dated March 3, 1998.

The Unit will underlying 480 acres, more or less, of fee lands comprised of the following described acreage:

TOWNSHIP 16 SOUTH, RANGE 367 EAST, NMPM

Section 7: NE/4, NE/4 SE/4
Section 8: NW/4 NW/4, S/2 NW/4, SW/4

Said unit is to be designated the Chambers Strawn Unit.

Among the matters to be considered at the hearing on this application will be the necessity of unit operations; the designation of a unit operator; the determination of the

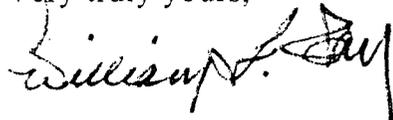
HOLLAND & HART 

horizontal and vertical limits of the unit area; the determination of the fair, reasonable and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investments in wells and equipment; a non-consent penalty for risk to be charged against carried working interest owners within the unit area upon such terms and conditions to be determined by the Division as just and reasonable; and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including, but not limited to, unit voting procedures, selection, removal or substitution of unit operator, and time of commencement and termination of unit operations.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 27, 2010. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Very truly yours,



William F. Carr
Attorney for Chesapeake Operating, Inc.

Enclosure

cc: Mr. Terry Frohnappel
Chesapeake Operating, Inc.

Affidavit of Publication

STATE OF NEW MEXICO)
) ss.
COUNTY OF LEA)

LEGAL NOTICE NOTICE OF PUBLICATION

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

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on May 27, 2010 in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by May 1, 2010. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

That the notice which is hereto attached, entitled

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

Legal Notice

CASE 14478:
Application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. for approval of a waterflood project and qualification of the Project Area of the Chambers Strawn Unit for the Recovered Oil Tax Rate pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico. Applicant in the above styled cause, seeks approval of its Chambers Strawn Waterflood Project in the, Straw Formation Northeast Shoe Bar Strawn Pool, following described area:

was published in a regular and entire issue of **THE LOVINGTON LEADER** and not in any supplement thereof, for

one (1) day, beginning with the issue of May 8, 2010 and ending with the issue of May 8, 2010.

TOWNSHIP 16 SOUTH, RANGE 36 EAST, NMPM
Section 7: NE/4, NE/4 SE/4
Section 8: NW/4 NW/4, S/2 NW/4, SW/4

Applicant proposes to conduct waterflood operations by injection of water into the Straw formation through the following two injection wells:

And that the cost of publishing said notice is the sum of \$ 116.88 which sum has been (Paid) as Court Costs.

Chambers 7 Well No. 1
1700 feet FNL & 900 feet FEL
Unit H, Section 7, Township 16 South, Range 36 East, NMPM
Lea County, New Mexico
API No. 30-025-33623

Runnels 8 Well No. 1
780 feet FSL & 1510 feet FWL
Unit N, Section 8, Township 16 South, Range 36 East, NMPM
Lea County, New Mexico
API No. 30-025-34264

Joyce Clemens

The applicant requests that the Division establish procedures for the administrative approval of additional injection wells within the unit area without the necessity of further hearings and the adoption of any provisions necessary for such other matters as may be appropriate for said waterflood operations. Applicant further seeks to qualify the project area for the Recovered Oil Tax Rate pursuant to the "New Mexico Enhanced Oil Recovery Act" (Laws 1992, Chapter 38, Sections 1 through 5). Said area is located approximately 1.5 miles Southwest of Lovington, New Mexico.

Subscribed and sworn to before me this 20th day of May 2010

Debbie Schilling
Debbie Schilling

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 4th of May 2010.

Notary Public, Lea County, New Mexico
My Commission Expires June 22, 2010

STATE OF NEW MEXICO OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E., Director
Published in the Lovington Leader May 8, 2010.

Affidavit of Publication

STATE OF NEW MEXICO)
) ss.
COUNTY OF LEA)

LEGAL NOTICE NOTICE OF PUBLICATION

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

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on May 27, 2010 in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by May 17, 2010. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

That the notice which is hereto attached, entitled

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridia whether or not so stated.)

Legal Notice

CASE 14477:

was published in a regular and entire issue of **THE LOVINGTON LEADER** and not in any supplement thereof, for one (1) day, beginning with the issue of May 3, 2010 and ending with the issue of May 3, 2010.

Application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. for statutory unitization of the Chambers Strawn Un Area, Lea County, New Mexico.

To: Rena Oma Barnett; Gerald G. Feijoo; Helen Homanidis; Koyla Rallis Kaetsas a/k/a Kirla Koula Rallis Kaetsas; Ericlis Papadopoulos; Dimitrios Papadopoulos; Veeradin Phillips; Santirios Rallis; Angela Schnedar; Nora Potter Tacket.

And that the cost of publishing said notice is the sum of \$ 114.37 which sum has been (Paid) as Court Costs.

Applicant in the above-styled cause, seeks an order unitizing, for the purpose of establishing an enhanced recovery project, all mineral interest in the Strawn formation Northeast Shoe Bar Strawn Pool, underlying 480 acres, more or less, of fee lands in the following acreage:

TOWNSHIP 16 SOUTH, RANGE 36 EAST, NMPM
Section 7: NE/4, NE/4 SE/4
Section 8: NW/4 NW/4, S/2 NW/4, SW/4

Said unit to be designated the Chambers Strawn Unit. Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the designation of horizontal and vertical limits of the unit area; the determination of the fair, reasonable, and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investment in wells and equipment and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including but not limited to, unit voting procedures, selection, removal or substitution of unit operator and time of commencement and termination of unit operations. Applicant also requests that any such order issued in this case include a non-consent penalty for risk to be charged against carried working interests within the unit area upon such terms and conditions to be determined by the Division as just and reasonable. Said unit area is located approximately 1.5 miles Southwest of Lovington, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 4th of May 2010.

STATE OF NEW MEXICO OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E., Director
Published in the Lovington Leader May 8, 2010.

Joyce Clemens
Subscribed and sworn to before me this 20th day of May, 2010
Debbie Schilling

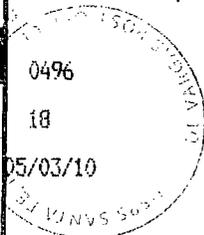
Debbie Schilling
Notary Public, Lea County, New Mexico
My Commission Expires June 22, 2010

Registered No.

Date Stamp

BE79074949416

To Be Completed By Post Office	Reg. Fee	\$11.50	
	Handling Charge	\$0.00	Return Receipt \$2.30
	Postage	\$12.28	Restricted Delivery \$0.00
	Received by	<i>[Signature]</i>	



Customer Must Declare Full Value \$0.00

Domestic Insurance up to \$25,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).

To Be Completed By Customer (Please Print)
All Entries Must Be in Ballpoint or Typed

FROM	HOLLAND & HART 110 N GUADALUPE SANTA FE, NM 87501
TO	ANNA KOSTANTAKOPOLYLOS 83-85 LIMNOY ST ATHENS, GREECE

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2007 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com®

Registered No.

Date Stamp

BE79074967516

To Be Completed By Post Office	Reg. Fee	\$11.50	
	Handling Charge	\$0.00	Return Receipt \$2.30
	Postage	\$12.28	Restricted Delivery \$0.00
	Received by		



Customer Must Declare Full Value \$0.00

Domestic Insurance up to \$25,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).

To Be Completed By Customer (Please Print)
All Entries Must Be in Ballpoint or Typed

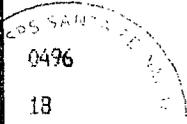
FROM	HOLLAND & HART 110 N GUADALUPE SANTA FE NM 87501
TO	ANDREI RALLS 29 VICTORY ST. ROSE BAY SYDNEY, AUSTRALIA 2023 NSW

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2007 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com®

Registered No.

Date Stamp

RR7903484981US



To Be Completed By Post Office

Reg. Fee	\$11.50		
Handling Charge	\$0.00	Return Receipt	\$2.30
Postage	\$12.28	Restricted Delivery	\$0.00
Received by	<i>[Signature]</i>		

Customer Must Declare Full Value \$0.00

Domestic Insurance up to \$25,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

FROM	HOLLAND & HART 110 N GUADALUPE SANTA FE, NM 87501
TO	GEORGIOS PAPADOPOULOS 163 WESTERN ROAD WESTMEAD, SYDNEY 2145 AUSTRALIA

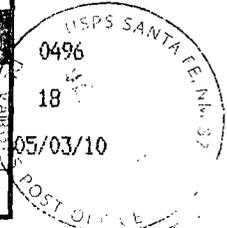
PS Form 3806, Receipt for Registered Mail Copy 1 - Customer May 2007 (7530-02-000-9051) (See Information on Reverse) For domestic delivery information, visit our website at www.usps.com®

Returned

Registered No.

Date Stamp

RR7903485071US



To Be Completed By Post Office

Reg. Fee	\$11.50		
Handling Charge	\$0.00	Return Receipt	\$2.30
Postage	\$12.28	Restricted Delivery	\$0.00
Received by	<i>[Signature]</i>		

Customer Must Declare Full Value \$0.00

Domestic Insurance up to \$25,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

FROM	HOLLAND & HART 110 N GUADALUPE SANTA FE, NM 87501
TO	LEIBA RALLIS LAFIS AKA GARIFALIA RALLIS LAFIS 9K THEODOROU ST ALGHNON 25100 GREECE

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer May 2007 (7530-02-000-9051) (See Information on Reverse) For domestic delivery information, visit our website at www.usps.com®

7006 2760 0001 6379 6972

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

A & P Family Limited Partnership
P.O. Box 1046
Eunice, NM 88231

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

A & P Family Limited Partnership
P.O. Box 1046
Eunice, NM 88231

2. Article Number
(Transfer from service label) 7006 2760 0001 6379 6972

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
C. Amanda Keat Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 4527

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

Postage	\$ 3.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Albert Damien Hobbs c/o Berry Lee
Hobbs, A-I-F
P.O. Box 154
Lovington, NM 88260

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Albert Damien Hobbs c/o Berry Lee
Hobbs, A-I-F
P.O. Box 154
Lovington, NM 88260

2. Article Number
(Transfer from service label) 7006 2760 0001 6379 4527

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Sandi Brown Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 4497

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Anita McDonald
1301 Sunny Hill Ct.
Bettendorf, IA 52722

- 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:

Anita McDonald
1301 Sunny Hill Ct.
Bettendorf, IA 52722

2. Article Number
(Transfer from service label) 7006 2760 0001 6379 4497

PS Form 3811, February 2004

A. Signature
Anita McDonald Agent Addressee

B. Received by (Printed Name) *Anita McDonald* C. Date of Delivery *5-5-10*

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

102595-02-M-1540

7006 2760 0001 6379 4725

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

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Anna Rallis Argeanas
136 Embudo Ct. NE
Albuquerque, NM 87112

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Anna Rallis Argeanas
136 Embudo Ct. NE
Albuquerque, NM 87112

13616

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 4725

Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alex Argeanas Agent Addressee

B. Received by (Printed Name) *576110* C. Date of Delivery

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

Alex Argeanas

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 4732

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

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Barney M. Bailey
813 W. Madison
Lovington, NM 88260

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Barney M. Bailey
813 W. Madison
Lovington, NM 88260

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 4732

Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shirley Bailey Agent Addressee

B. Received by (Printed Name) *Shirley Bailey* C. Date of Delivery *5/4/04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 4749

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

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Ben L. Graham
P.O. Box 1251
Lawrence, KS 66044

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Ben L. Graham
P.O. Box 1251
Lawrence, KS 66044

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 4749

Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ben L. Graham Agent Addressee

B. Received by (Printed Name) *Ben L. Graham* C. Date of Delivery *5/06/04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6262

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Berry Lee Hobbs, Jr. c/o Berry Lee Hobbs, A-I-F
 P.O. Box 156
 Lovington, NM 88260

SENDER: COMPLETE

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:
 Berry Lee Hobbs, Jr. c/o Berry Lee Hobbs, A-I-F
 P.O. Box 156
 Lovington, NM 88260

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6262

DELIVERY

A. Signature Sandi Brewer Agent Addressee

B. Received by (Printed Name) Sandi Brewer C. Date of Delivery 1/13/10

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

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

7006 2760 0001 6379 6255

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Barry Lee Hobbs
 a/k/a Berry L. Hobbs
 P.O. Box 152
 Lovington, NM 88260

SENDER: COMPLETE

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:
 Barry Lee Hobbs
 a/k/a Berry L. Hobbs
 P.O. Box 152
 Lovington, NM 88260

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6255

DELIVERY

A. Signature Sandi Brewer Agent Addressee

B. Received by (Printed Name) Sandi Brewer C. Date of Delivery 1/13/10

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

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

7006 2760 0001 6379 4718

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Betty Stephen
 155 Juniper Rd.
 Placitas, NM 87043

SENDER: COMPLETE

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:
 Betty Stephen
 155 Juniper Rd.
 Placitas, NM 87043

2. Article Number (Transfer from service label) 7006 2760 0001 6379 4718

DELIVERY

A. Signature B Stephens Agent Addressee

B. Received by (Printed Name) B Stephens C. Date of Delivery 1/13/10

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.

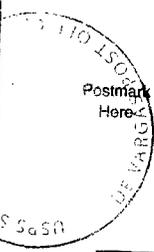
4. Restricted Delivery? (Extra Fee) Yes

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

7006 2760 0001 6379 7177

U.S. Postal Service™
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OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10



Beverly Prichard
 1405 Murray
 Midland, TX 79701

Returned

7006 2760 0001 6379 7184

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10



Bill C. Cotner, Foreign Personal Representative of the estate of Dorothy W. Cotner
 903 Country Club Drive
 Midland, TX 79701

SENDER'S COPY PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE. **THIS SECTION ON DELIVERY**

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

A. Signature Agent Addressee
PA Redman

B. Received by (Printed Name) *PA Redman* C. Date of Delivery *5-6-10*

1. Article Addressed to:
 Bill C. Cotner, Foreign Personal Representative of the estate of Dorothy W. Cotner
 903 Country Club Drive
 Midland, TX 79701

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

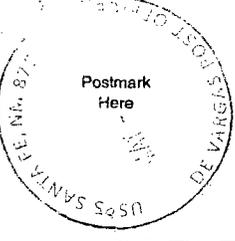
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

2. Article Number (Transfer from service label) **7006 2760 0001 6379 7184**

7006 2760 0001 6379 7191

U.S. Postal Service™
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OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10



Bill Thompson
 1600 Willowick
 Wichita Falls, TX 76309

Returned

7006 2760 0001 6379 7207

U.S. Postal Service
CERTIFIED MAIL - REC
(Domestic Mail Only, No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	10.10

Bobbie J. Bishop
1404 W. Avenue H
Lovington, NM 88260

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bobbie J. Bishop
1404 W. Avenue H
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Bobbie Bishop Agent Addressee

B. Received by (Printed Name) *Bobbie Bishop* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

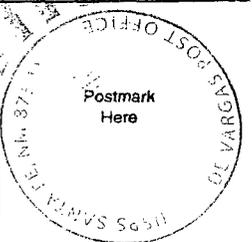
2. Article Number (Transfer from service label) 7006 2760 0001 6379 7207

U.S. Postal Service
CERTIFIED MAIL - REC
(Domestic Mail Only, No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	10.10



Brigid E. Curran, Trustee of the Brigid E. Curran Revocable Trust dated 5/3/1994
P.O. Box 221114, Santa Fe, NM 87502

Returned

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6279

U.S. Postal Service
CERTIFIED MAIL - REC
(Domestic Mail Only, No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	10.10

Sent To
Brooke Curran P Trust, John Brun
2337 W. 51st Ter
Westwood, KS 6

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Brooke Curran Poirier Marital Trust, John Brunk, Trustee
2337 W. 51st Terrace
Westwood, KS 66205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 John A. Brunk Agent Addressee

B. Received by (Printed Name) *John A. Brunk* C. Date of Delivery *5/12/10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6286

PS Form

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6286

7006 2760 0001 6379 4459

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Benefit Plan
P.O. Box 891
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Jim Mauzy*

C. Date of Delivery *5-18-10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6379 4459**

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

7006 2760 0001 6379 6293

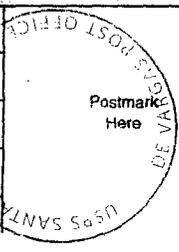
U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10



C.T. Sparkman and Vera Sparkman
1017 W. Harrison
Lovington, NM 88260

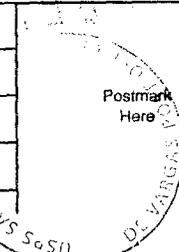
U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10



Cecilia Ray
7717 Baughman
Amarillo, TX 79121

Returned

Returned

U.S. Postal Service
CERTIFIED MAIL™, R
 (Domestic Mail Only, No Insurance)

SENDER: COMPLETE

RETURN RECEIPT

For delivery information, visit our web site at www.usps.com

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

- 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:
 Chalfant Properties, Inc. and/or Bill Chalfant
 1502 North Big Spring, P.O. Box 3123
 Midland, TX 79702

Signature: *Kerith Lambrecht* Agent Addressee

B. Received by (Printed Name): *J. Hambrick* C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: *P.O. Box 3123 Midland, TX 79702*

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) **7006 2760 0001 6379 6316**

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

U.S. Postal Service
CERTIFIED MAIL™, R
 (Domestic Mail Only, No Insurance)

For delivery information, visit our web site at www.usps.com

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

- 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:
 Charles Howard Benson and Jean Claire Benson, Trustees of the New Mexico Property Trust u/t/a 3/1/2006
 177-107 Ave. NE, Unit 1106
 Bellevue, WA 98004

A. Signature: *Monetta* Agent Addressee

B. Received by (Printed Name): *Monetta* C. Date of Delivery: _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6379 6323**

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

U.S. Postal Service
CERTIFIED MAIL™, R
 (Domestic Mail Only, No Insurance)

For delivery information, visit our web site at www.usps.com

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

- 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:
 Chesapeake Exploration, L.L.C.
 P.O. Box 18496
 Oklahoma City, OK 73154-0496

A. Signature: **RECEIVED** Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: **MAY 05 2010**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: **MAILROOM 12**

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) **7006 2760 0001 6379 6903**

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

Sent To
 Street, Apt. or PO Box
 City, State

Chesapeake Explor
 P.O. Box 18496
 Oklahoma City, OK

7006 2760 0001 6379 6316
 7006 2760 0001 6379 6323
 7006 2760 0001 6379 6903

7006 2760 0001 6379 6910

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

For delivery information visit our website at
OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Chesapeake Investments, L
P.O. Box 18756
Oklahoma City, OK 73154

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chesapeake Investments, L.P.
P.O. Box 18756
Oklahoma City, OK 73154

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 6910

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

A. Signature
X RECEIVED
MAY 05 2010
MAILROOM 12

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6927

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

For delivery information visit our website at
OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent To
 Claudia Sue Smith
 305 N. Cougar A
 Cedar Park, TX

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Claudia Sue Smith
305 N. Cougar Ave.
Cedar Park, TX 78613

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 6927

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

A. Signature
X Claudia Sue Smith

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6934

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

For delivery information visit our website at
OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent To
 ConocoPhillips Co
 Attn: Tom Scarbro
 600 N. Dairy Ashf
 Houston, TX 7707

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ConocoPhillips Co., as successor to
Conoco, Inc.
P.O. Box 7500
Bartlesville, OK 74005-7500

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 4466

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

A. Signature
X ConocoPhillips

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 4466

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Postmark Here

Sent To: ConocoPhillips Co., as successor to
 Conoco, Inc.
 P.O. Box 7500
 Bartlesville, OK 74005-7500

PS Form 3811, February 2004

7006 2760 0001 6379 6941

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Postmark Here

Sent To: Cortez Oil Company
 370 17th St., Ste. 3670
 Denver, CO 80202

PS Form 3811, February 2004

Returned

7006 2760 0001 6379 6958

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Postmark Here

Sent To: Damon Cochran
 3030 N. cougar Ave
 Cedar Park, TX

2. Article Number (Transfer from service label) **7006 2760 0001 6379 6958**

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
Jay K. Cochran

B. Received by (Printed Name) *Jay K. Cochran*

C. Date of Delivery *5-7-10*

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

1. Article Addressed to:
 Damon Cochran
 3030 N. cougar Ave.
 Cedar Park, TX 78613

PS Form 3811, February 2004

7006 2760 0001 6379 6989

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Sent To
Street, or PO
City, St
David Graham McDonald
c/o Ben Graham
P.O. Box 1251
Lawrence, KS 66044

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Graham McDonald
c/o Ben Graham
P.O. Box 1251
Lawrence, KS 66044

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6989

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Paul Graham Agent Addressee

B. Received by (Printed Name)
Paul Graham
C. Date of Delivery
5-20-10

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 4541

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

David L. Quinlan, Personal Representative of the estate of Lucille L. Vidal
4203 Coe Drive NE
Albuquerque, NM 87110

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

David Petroleum Corp.
116 W. 1st St.
Roswell, NM 88203

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David L. Quinlan, Personal Representative of the estate of Lucille L. Vidal
4203 Coe Drive NE
Albuquerque, NM 87110

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 4541

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David L. Quinlan Agent Addressee

B. Received by (Printed Name)
DAVID L. QUINLAN
C. Date of Delivery
5-10-10

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6965

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

David Petroleum Corp.
116 W. 1st St.
Roswell, NM 88203

- 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:

David Petroleum Corp.
116 W. 1st St.
Roswell, NM 88203

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6965

A. Signature
X David Bellini Agent Addressee

B. Received by (Printed Name)
David Bellini
C. Date of Delivery
5-4-10

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6996

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

SENDER:
■ 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.

SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 5-10-10

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

OFFICIAL USE

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Sent To
 Street, or PO Box _____
 City, State _____

David R. Marshall
 c/o Nancy Fox
 16 Aurielle Drive
 Colchester, VT 05446

1. Article Addressed to:
 David R. Marshall
 c/o Nancy Fox
 16 Aurielle Drive
 Colchester, VT 05446

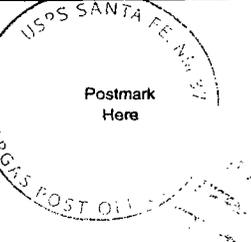
2. Article Number 7006 2760 0001 6379 6996
 (Transfer from service label)

7006 2760 0001 6379 7009

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 \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$10.10



Denise Murray
 4409 Fairbanks
 Midland, TX 79707

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

SENDER:
■ 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.

SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) John A. Bouché C. Date of Delivery 5/12/10

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

OFFICIAL USE

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$10.10

Sent To
 Street, or PO Box _____
 City, State _____

Desmond C. Poirier
 Trust
 Desmond C. Poirier
 2337 W. 51st Terrace
 Westwood, KS 66205

1. Article Addressed to:
 Desmond C. Poirier Revocable Trust
 Desmond C. Poirier, Trustee
 2337 W. 51st Terrace,
 Westwood, KS 66205

7006 2760 0001 6379 7016

7006 2760 0001 6379 7023

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

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Dorothy L. Harvey
#4 Village ct.
Littleton, CO 801

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dorothy L. Harvey
#4 Village ct.
Littleton, CO 80123

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 7023

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Dorothy Harvey 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 7030

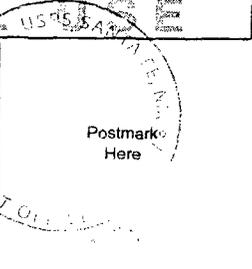
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Dorothy Runnels
8100W. Alabama
Hobbs, NM 88240



Returned

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Douglas C. Koch
P.O. Box 540244
Houston, TX 77254-0224

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 7047

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Douglas Koch Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 7047

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Douglas C. Koch
P.O. Box 540244
Houston, TX 77254-02

7006 2760 0001 6379 7054

U.S. Postal Service™
CERTIFIED MAIL™, REG
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information, visit our website
OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	10.10

To: Doyle E. Province, Executor of Beulah Kay Phillips Province
 5230 Mountain Villa Grove
 Colorado Springs, CO 80917

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Doyle E. Province, Executor of the estate of Beulah Kay Phillips Province
 5230 Mountain Villa Grove
 Colorado Springs, CO 80917

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Doyle Province* Agent Addressee

B. Received by (Printed Name) *Doyle Province* C. Date of Delivery *5/5/10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6379 7054**

7006 2760 0001 6379 7061

U.S. Postal Service™
CERTIFIED MAIL™, REG
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information, visit our website
OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	10.10

To: Dudley P. Murph, Trustee of Dudley P. Murph Revocable Trust
 3019 W. Ave. D.
 Lovington, NM 88260

- 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:
 Dudley P. Murph, Trustee of the Dudley P. Murph Revocable Living Trust
 3019 W. Ave. D.
 Lovington, NM 88260

A. Signature
 X *Dudley Murph* Agent Addressee

B. Received by (Printed Name) *Dudley Murph* C. Date of Delivery *5/4/10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6379 7061**

7006 2760 0001 6379 7078

U.S. Postal Service™
CERTIFIED MAIL™, REG
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information, visit our website
OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	10.10

To: Earnest Phillips
 P.O. Box 743
 Van Alstyne, TX 75095-0743

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Earnest Phillips
 P.O. Box 743
 Van Alstyne, TX 75095-0743

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *E. Phillips* Agent Addressee

B. Received by (Printed Name) *Earnest Phillips* C. Date of Delivery *5/5/10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6379 7078**

7006 2760 0001 6379 7085

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Edna Ruth Garner
 East 2921 23rd #16
 Spokane, WA 99223

Returned

7006 2760 0001 6379 7092

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EHV Investments, L.L.C.
 10733 Highway 180 West
 Silver City, 88061-9275

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

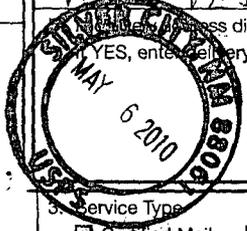
B. Received by (Printed Name): *V. V. V. V. V.*

C. Date of Delivery: *MAY 6 2010*

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes



EHV Investments, L.L.C.
 10733 Highway 180 West
 Silver City, 88061-9275

7006 2760 0001 6379 7092

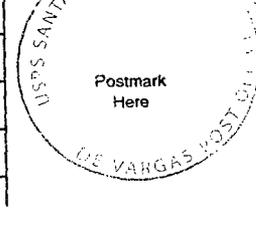
7006 2760 0001 6379 7108

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Elora Norene Phillips Duda
 41725 Trenton Hill Dr.
 Rio Rancho, NM 87124

For Instructions

7006 2760 0001 6379 7115

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	10.10

Ethel Mae Alberthal
300 Buzzard Hollow Court
Granbury, TX 76048

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ethel Mae Alberthal
300 Buzzard Hollow Court
Granbury, TX 76048

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 7115

ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent, Addressee
 Addressee
Lester M. Alberthal

B. Received by (Printed Name) *LESTER ALBERTHAL*
 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

7006 2760 0001 6379 7139

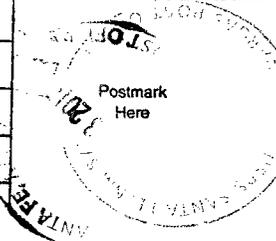
U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	10.10

Floyd Miles
2400 S. Baylor
Roswell, NM 88201



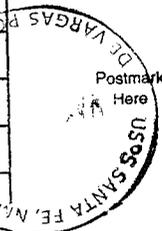
U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	10.10

Sent To
Frances L. Schreufer
10525 108th Ave. SW
Tacoma, WA 98498



Returned

7006 2760 0001 6379 7146

Street, Apt. or PO Box / City, State

PS Form 3811

ESTD 6297 7153 2002 7006 2760 0001 6379 7153

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent _____
 Street or PO _____
 City: Frances Ruth Stauz
 Box 25
 Coupland, TX 78615

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 Frances Ruth Stauz
 Box 25
 Coupland, TX 78615

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 7153

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____
 C. Date of Delivery 5/12/10

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

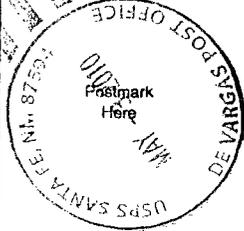
0001 6297 7153 2002 7006 2760 0001 6379 7153

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Sent _____
 Street or PO _____
 City: Frances Stallcop Young
 4935 Greenslope
 Abilene, TX 79606

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Returned

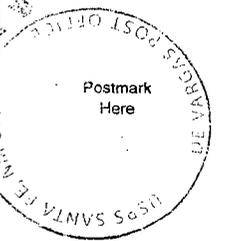
0001 6297 7153 2002 7006 2760 0001 6379 7153

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Sent _____
 Street or P _____
 City: Grady Thompson
 9257 Shafter Rd.
 Bakersfield, CA 93313

Returned

7006 2760 0001 6379 4701

U.S. Postal Service
CERTIFIED MAIL™ RE
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent
Street or P.O. Box
City

Greg Mauzy
P.O. Box 891
Midland, TX 79702

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Greg Mauzy
P.O. Box 891
Midland, TX 79702

2. Article Number _____

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Greg Mauzy* Agent Addressee

B. Received by (Printed Name) *Greg Mauzy* C. Date of Delivery *5-18-0*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6897

U.S. Postal Service
CERTIFIED MAIL™ RE
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Greg Mauzy, Trustee of the MGM Oil & Gas Company Defined Benefit Plan
P.O. Box 891
Midland, TX 79702

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Greg Mauzy, Trustee of the MGM Oil & Gas Company Defined Benefit Plan
P.O. Box 891
Midland, TX 79702

2. Article Number
(Transfer from service label) 7006 2760 0001 6379 6897

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Greg Mauzy* Agent Addressee

B. Received by (Printed Name) *Greg Mauzy* C. Date of Delivery *5-18-0*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6880

U.S. Postal Service
CERTIFIED MAIL™ RE
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Gretchen Ann Faulkner
209 Oak Hollow
Conroe, TX 77301

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gretchen Ann Faulkner
209 Oak Hollow
Conroe, TX 77301

2. Article Number
(Transfer from service label) 7006 2760 0001 6379 6880

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Gretchen Faulkner* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6873

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Gunsight Limited Partnership
P.O. Box 1973
Roswell, NM 88202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gunsight Limited Partnership
P.O. Box 1973
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Helen Irving

B. Received by (Printed Name) Agent Addressee
Helen Irving

C. Date of Delivery
5/5/10

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

7006 2760 0001 6379 6873

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Gus Delonas (Dec'd)
c/o Dorothy Delonas AIF (Dec'd)
3612 Mirror Ct
Spring, TX 77388

2. Article Number
(Transfer from service label)
PS Form 3811, February 2004

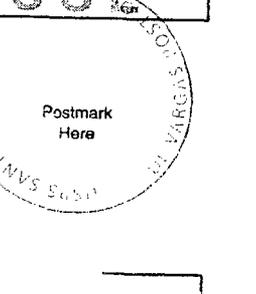
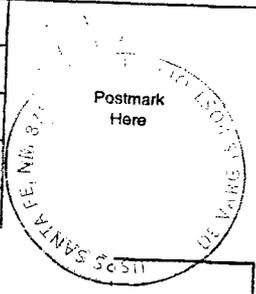
7006 2760 0001 6379 6873

Domestic Return Receipt 102595-02-M-1542

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Helen Irving
4404 E. 85th St.
Tulsa, OK 74137



Returned

7006 2760 0001 6379 6842

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sent
 Street or P.O. City, State, ZIP+4®
 Holt Royalty, L.L.C.
 P.O. Box 1469
 Plainfield, IL 60544

Holt Royalty, L.L.C.
 P.O. Box 1469
 Plainfield, IL 60544

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
Lisa Jackson 5-7-10

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6835

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

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

1. Article Addressed to:

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

ICA Energy, Inc.
 700 N. Grant Ave.
 Odessa, TX 79760-0233

ICA Energy, Inc.
 700 N. Grant Ave.
 Odessa, TX 79760-0233

B. Received by (Printed Name) C. Date of Delivery
Amy Cherry 5-7-10

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6828

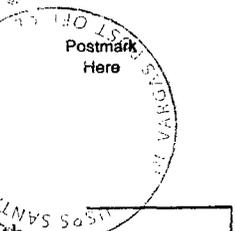
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Ina Carol Randall and Cathy Ruth
 Chapman c/o Linnie Jo Strunk
 20600 Woodcreek Blvd.
 Northville MI 48167-2910

for instructions

Returned

7006 2760 0001 6379 6835

7006 2760 0001 6379 6828

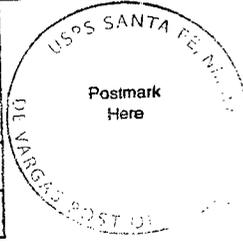
7006 2760 0001 6379 7122

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Returned

Intrust Bank, NA., Trustee of the
 Roxanna S. Carlock Revocable
 Trust dated 7/23/1992
 Box 48666
 Wichita, KS 67201

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

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 J. Wade Miles
 6402 Guay Road, A. Ct.
 Tucumcari, NM 88401

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
J. Wade Miles

B. Received by (Printed Name) Agent
 Addressee
JARAH E. Miles

C. Date of Delivery
5/17/10

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

J. Wade Miles
 6402 Guay Road, A. Ct.
 Tucumcari, NM 88401

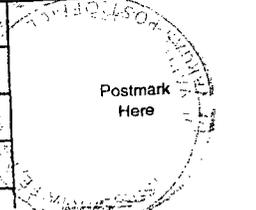
2. Article Number (Transfer from service label) **7006 2760 0001 6379 6804**

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Jacquelynne Darlene Barnes
 1202 Roosevelt
 Taylorville, IL 62568

Returned

7006 2760 0001 6379 6781

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

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

OFFICIAL	
Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

James Clark Henrie II
P.O. Box 351
Corrales, NM 87049

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James Clark Henrie II
P.O. Box 351
Corrales, NM 87049

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Joan Henrie* Agent Addressee

B. Received by (Printed Name)
JOAN HENRIE II

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6774

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

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

OFFICIAL	
Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

James I. Holden, Jr.
2250 Havensridge Drive
Colorado Springs, CO 80920

PS Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James I. Holden, Jr.
2250 Havensridge Drive
Colorado Springs, CO 80920

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *James I. Holden, Jr.* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6767

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

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

OFFICIAL	
Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Jana B. Miles
34 S. Alpine Dr.
Cornelius, OR 97113

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jana B. Miles
34 S. Alpine Dr.
Cornelius, OR 97113

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jana Miles* Agent Addressee

B. Received by (Printed Name)
JANA MILES

C. Date of Delivery
5-13-2010

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

7006 2760 0001 6379 6750

U.S. Postal Service
CERTIFIED MAIL™, R
(Domestic Mail Only; No Insurance)
 For delivery information, visit our website
OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent Jane Dana Staley
 4216 Berwick
 Wichita Falls, TX 7360

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Jane Dana Staley
 4216 Berwick
 Wichita Falls, TX 73609

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jan Staley

B. Received by (Printed Name) *Jan Staley* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6750

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6379 6743

U.S. Postal Service
CERTIFIED MAIL™, R
(Domestic Mail Only; No Insurance)
 For delivery information, visit our website
OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Jean Claire Benson, Trustee
 Survivor's Trust c/o Jennifer
 Stevenson Perkins Cole LLP
 1201 Third Avenue, Suite 48
 Seattle, WA 98101

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Jean Claire Benson, Trustee of the
 Survivor's Trust c/o Jennifer
 Stevenson Perkins Cole LLP
 1201 Third Avenue, Suite 4800
 Seattle, WA 98101

2. Article Number

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Debbie Frazier

B. Received by (Printed Name) *Debbie Frazier* C. Date of Delivery *5-6*

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

7006 2760 0001 6379 6743

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6379 6736

U.S. Postal Service
CERTIFIED MAIL™, R
(Domestic Mail Only; No Insurance)
 For delivery information, visit our website
OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent Jeanne S. Kunko
 1601 S. Kentucky Av
 Roswell, NM 88201

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Jeanne D. Kunko
 1601 S. Kentucky Ave.
 Roswell, NM 88201

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jeanne S. Kunko

B. Received by (Printed Name) C. Date of Delivery *5-10-10*

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

7006 2760 0001 6379 6736

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6379 6729

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

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Jim Tomlinson and Charlotte Tomlinson, Trustees under Tomlinson Living Trust dated 12/12/2002
P.O. Box 774
Hatch, NM 87937

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jim Tomlinson and Charlotte Tomlinson, Trustees under the Tomlinson Living Trust dated 12/12/2002
P.O. Box 774
Hatch, NM 87937

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Jim Tomlinson*
 B. Received by (Printed Name) C. Date of Delivery
 Jim Tomlinson 5-4-10
 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

7006 2760 0001 6379 6712

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

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Jo Ann Hobbs Holloway c/o E Lee Hobbs, A-I-F
P.O. Box 155
Lovington, NM 88260

SENDER: COMPLETE THIS SECTION

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

2. Article Number

Jo Ann Hobbs Holloway c/o Berry Lee Hobbs, A-I-F
P.O. Box 155
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Sandi Brown*
 B. Received by (Printed Name) C. Date of Delivery
 Sandi Brown 5-5-10
 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

7006 2760 0001 6379 6699

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

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Joe Foran
One Lincoln Centre
5400 LBJ Freeway #1500
Dallas, TX 75240-1017

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6712

PS Form 3811, February 2004 Domestic Return Receipt

- 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:

Joe Foran
One Lincoln Centre
5400 LBJ Freeway #1500
Dallas, TX 75240-1017

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Michele Kuchan*
 B. Received by (Printed Name) C. Date of Delivery
 Michele Kuchan 5-5-10
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6699

PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6379 6705

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

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Joe S. Executor of the estate
Thompson
27564 Pond Drive
Keene, CA 93531

SENDER: COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Joe S. Executor of the estate of Joe
Thompson
27564 Pond Drive
Keene, CA 93531

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Joe S. Thompson Agent Addressee

B. Received by (Printed Name)
C. Date of Delivery
5/10/10

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) 7006 2760 0001 6379 6705

7006 2760 0001 6379 6682

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

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sir
John William McDonald-
Graham
P.O. Box 1251
Lawrence, KS 66044

SENDER: COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

John William McDonald c/o Ben
Graham
P.O. Box 1251
Lawrence, KS 66044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Ben Graham Agent Addressee

B. Received by (Printed Name)
C. Date of Delivery
5-06-10

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) 7006 2760 0001 6379 6682

7006 2760 0001 6379 6675

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

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Judith E. Argoudelis, indi
and as Executrix of the es
John A Argoudelis, decea
1633 Cardinal Dr.
Munster, IN 46321

SENDER: COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Judith E. Argoudelis, individually
and as Executrix of the estate of
John A Argoudelis, deceased
1633 Cardinal Dr.
Munster, IN 46321

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Stanley Jones Agent Addressee

B. Received by (Printed Name)
C. Date of Delivery
5-7-10

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) 7006 2760 0001 6379 6675

7006 2760 0001 6379 6668

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

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

To
 Sent to: K.E. Chambers a/k/a Ke Chambers
 Street or PO: 2811 W. Ave. D
 City: Lovington, NM 88260-4

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 KE. Chambers a/k/a Kenneth E. Chambers
 2811 W. Ave. D
 Lovington, NM 88260-5351

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 6668

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X *K.E. Chambers*

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

PS Form 3800, August 2006

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

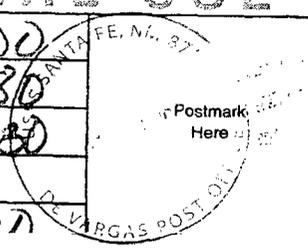
7006 2760 0001 6379 6657

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.60



Sent to:
 Katherine McDonald Wenig
 Street or PO: 1450 245th St.
 City, S: Mt. Pleasant, IA 52722

Returned

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

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Total Po:
 Sent To: Kelly H. Baxter
 P.O. Box 1649
 Austin, TX 78767-

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Kelly H. Baxter
 P.O. Box 1649
 Austin, TX 78767-1649

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 6644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X *Kelly H. Baxter*

B. Received by (Printed Name)
 C. Date of Delivery
ASHLEY BAXTER 5/14/10

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

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

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3800, August 2006

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6644

7006 2760 0001 6379 6637

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Kenneth T. Dorbandt
 P.O. Box 684306
 Austin, TX 78768-4306

PS Form 3800, August 2006 See Reverse for Instructions

Returned

7006 2760 0001 6379 6620

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Kostas Rallis a/ka/a Gus Rallis
 2028 Palomas NE
 Albuquerque, NM 87110

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kostas Rallis a/ka/a Gus Rallis
 2028 Palomas NE
 Albuquerque, NM 87110

2. Article Number 7006 2760 0001 6379 6620
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Gus Rallis

B. Received by (Printed Name) *Gus Rallis* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6613

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Larry C. Squires, Trustee of the
 Larry C. Squires Revocable Trust
 dated 10.6/2004
 P.O. Box 2158 Hobbs, NM

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Larry C. Squires, Trustee of the
 Larry C. Squires Revocable Trust
 dated 10.6/2004
 P.O. Box 2158 Hobbs, NM 88241

2. Article Number 7006 2760 0001 6379 6613
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Larry Squires

B. Received by (Printed Name) *Larry Squires* C. Date of Delivery *4/20/04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6590

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Returned

Street or PO City, State ZIP+4®

Linnie Jo Strunk
20600 Woodcreek Blvd.
Northville, MI 48167-2910

7006 2760 0001 6379 6583

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

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

- 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:

Lloyd C. Green, Jr., Trustee of the
Lloyd C. Green, Jr. Revocable
Living Trust
308 Oxford Fr.
Gordonville, TX 76254

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6583

THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Mike Green

B. Received by (Printed Name) MIKE GREEN C. Date of Delivery 5-5-10

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

7006 2760 0001 6379 6576

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

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:

Lloyd W. Miles
1714 Jack Nicholas Dr.
Belen, NM 87702

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6576

THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Lloyd W. Miles

B. Received by (Printed Name) L Miles C. Date of Delivery 5/4

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

PS Form 3800, August 2006

7006 2760 0001 6379 6569

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Luce Gene Tatum
4423 Evalyn
Amarillo, TX 79109

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Luce Gene Tatum
4423 Evalyn
Amarillo, TX 79109

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 6569

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gene Tatum Agent Addressee

B. Received by (Printed Name) Agent Addressee

C. Date of Delivery
5-6-10

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

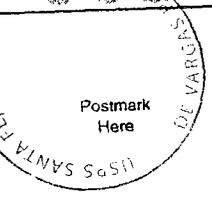
PS Form 3800, August 2006

7006 2760 0001 6379 6552

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10



Lula Maye Phillips
HC 60 #741A
Lovington, NM 88260

Returned

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Magot Suzanne Chambers a/k/a
Suzanne McDonald Chambers
314 Mantz Ave.
Audubon, IA 50025

7006 2760 0001 6379 6536

PS Form 3800, August 2006

See Reverse for Instructions

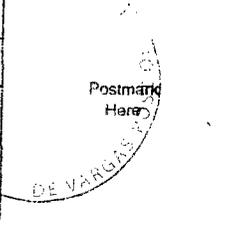
7006 2760 0001 6379 6545

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Sent To: Margaret L. Thompson
 Street, or PO: HC 63 Box 54
 City, St: Mullin, TX 76864

Returned

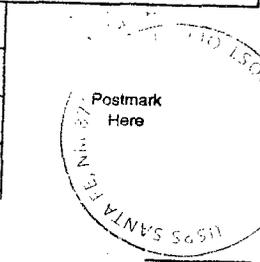
7006 2760 0001 6379 6521

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Sent To: Mariam Parke Christopher
 Street: 642 Maple Street
 City: Winnetka, IL 60093

Returned

7006 2760 0001 6379 6514

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Sent To: Mary Van Wyk
 Street: 7562 S. University Blvd.
 City: Littleton, CO 80122

PS Form 3800, August 2006
 COMPLETE THIS SECTION ON DELIVERY
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- 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:

 Mary Van Wyk
 7562 S. University Blvd.
 Littleton, CO 80122

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Mary Van Wyk
 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)

7006 2760 0001 6379 6514

PS Form 3800, August 2006

60 0001 6379 6507

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

Postage	\$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
10 11	

SENDER: COMPLETE 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.

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

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
 Ben Graham

C. Date of Delivery
 5-06-10

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

1. Article Addressed to:

Mel M. Graham c/o Ben Graham
 P.O. Box 1251
 Lawrence, KS 66044

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Mel M. Graham c/o Ben Graham
 P.O. Box 1251
 Lawrence, KS 66044

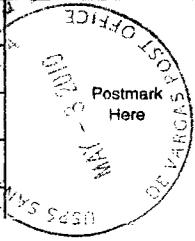
2. Article Number (Transfer from service label) **7006 2760 0001 6379 6507**

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

7006 2760 0001 6379 6491

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
10 11	

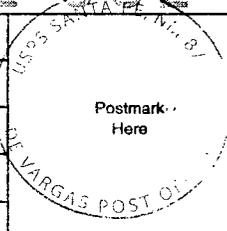


Se Mickey Byrd
 St 1305 East Dakota Road
 Ci Lovington, NM 88260

7006 2760 0001 6379 6484

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Sent To Mickey Byrd, in his capacity as
 Street, or PO Custodian f/b/o Kyle Adrian Byrd,
 City, St UTMA
 1305 East Dakota Road
 Lovington, NM 88260

7006 2760 0001 6379 6477

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Mildred L. Adams
5803 West State Avenue
Glendale, AZ 85301

Returned

7006 2760 0001 6379 6460

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Myco Industries, Inc.
105 South 4th St.
Artesia, NM 88210

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Clarissa Luna
 Addressee
B. Received by (Printed Name)
CLARISSA LUNA
C. Date of Delivery
MAY 06 2010

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6453

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Nancy Fox
16 Aurielle Drive
Colchester, VT 05546

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Nancy Fox
 Addressee
B. Received by (Printed Name)
C. Date of Delivery
5-6-10

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6453

PS Form 3800, August 2006

7006 2760 0001 6379 6439

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Nelson James Irving a/k/a Nelson J. Irving
125 N. Buffalo Grove Rd.,
Buffalo Grove, IL 60089-1110

SENDER: CO
CERTIFIED MAIL™
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:

Nelson James Irving a/k/a Nelson J. Irving
125 N. Buffalo Grove Rd., Apt. 110
Buffalo Grove, IL 60089-1722

Agent
 Addressee

B. Received by (Printed Name) *Susan M. Smith* C. Date of Delivery *5-7-10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6439

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

7006 2760 0001 6379 6422

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our web

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Nora Potter Tacker
c/o Kenneth Tacker
1224 Edgewood Ln.
Allen, TX 75013

SENDER: CO
CERTIFIED MAIL™
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:

Nora Potter Tacker
c/o Kenneth Tacker
1224 Edgewood Ln.
Allen, TX 75013

A. Signature *Ken Tacker* Agent Addressee

B. Received by (Printed Name) *Ken Tacker* C. Date of Delivery *5/10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 6422

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

7006 2760 0001 6379 6415

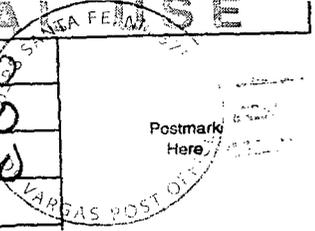
U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Norma J. Barton
P.O. Box 978
Hobbs, NM 88240



Returned

U.S. Postal Service™
CERTIFIED MAIL™, R
 (Domestic Mail Only, No Insurance)

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	10.10

Sent by
 Street or PO
 City, State, ZIP+4®

Northport Production
 5001 Gaillardia Corp.
 Oklahoma City, OK

PS Form 3800, August 2005

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Northport Production Co.
 5001 Gaillardia Corp. Pl.
 Oklahoma City, OK 73142-1868

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 x Emily Smith
- B. Received by (Printed Name) Agent Addressee
 Emily Smith
- C. Date of Delivery
 5/5/10
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6408

U.S. Postal Service™
CERTIFIED MAIL™, R
 (Domestic Mail Only, No Insurance)

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	10.10

Occidental Permian Ltd.
 P.O. Box 5020
 Midland, TX 79710

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Occidental Permian Ltd.
 P.O. Box 5020
 Midland, TX 79710

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 x R. Michael
- B. Received by (Printed Name) Agent Addressee
 R. Michael
- C. Date of Delivery
 5.6.10
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6392

U.S. Postal Service™
CERTIFIED MAIL™, R
 (Domestic Mail Only, No Insurance)

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	10.10

Patty Adams
 309 Oakwood Ave.
 East Peoria, IL 61611

- 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:

Patty Adams
 309 Oakwood Ave.
 East Peoria, IL 61611

- A. Signature Agent Addressee
 x Bob LaValle
- B. Received by (Printed Name) Agent Addressee
 Bob LaValle
- C. Date of Delivery
 5-8-10
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6378

PS Form 3800, August 2005

0001 6379 6361

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Peggy F. Henrie
111 Columbia SE
Albuquerque, NM 87106

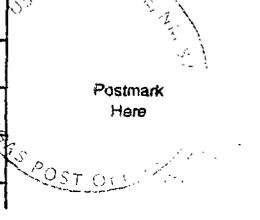
PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Peter Argoudelis
707 W. Santa Ann St., Apt. 269
Anaheim, CA 92805

7006 2760 0001 6379 6330

Returned

Returned

7006 2760 0001 6379 7221

PS Form 3800, August 2006

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

SENDER

- 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:

Phyllis Ann Walker
4705 N.W. 82nd Terrace
Kansas City, MO 64151

ACTION ON DELIVERY

A. Signature
 P. Ann Walker Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery
5/16

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

Sent To
Phyllis Ann Walker
4705 N.W. 82nd T
Kansas City, MO

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 7221

PS Form 3800

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

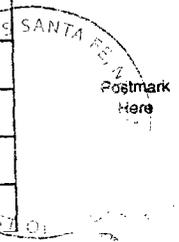
7006 2760 0001 6379 7214

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Phyllis Inez Ireland
2112 Milburn Ave.
Odessa, TX 79761

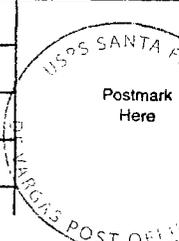
7006 2760 0001 6379 7238

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Sen. Piyush V. Patel and Meena Patel
Family Trust
25 Village Cir.
Midland, TX 79701

Returned

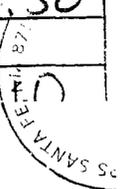
7006 2760 0001 6379 7245

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Playtime, Inc.
250 Sterling Ave.
Winter Park, FL 32789-5747

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Playtime, Inc.
250 Sterling Ave.
Winter Park, FL 32789-5747

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *V. Nuckert* C. Date of Delivery *5/6/10*

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

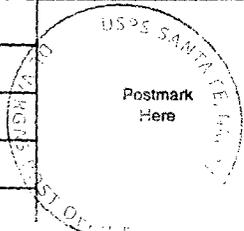
7006 2760 0001 6379 7245

7006 2760 0001 6379 7252

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Quimex International, Inc.
 P.O. Box 2662
 Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6379 7269

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Richard D. Green, Jr.
 3809 4th Avenue
 South Milwaukee, WI 53172

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Richard Green
 MAY 10 2010

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)

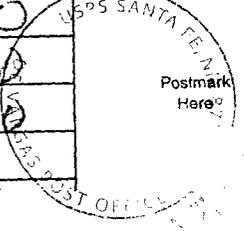
PS Form 3811, February 2004 Domestic Return Receipt 15-02-M-1540

7006 2760 0001 6379 7276

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Richard D. Green, Sr.
 P.O. Box 373
 Clumbia Falls MT 59912

PS Form 3800, August 2006 See Reverse for Instructions

7283 7283 6379 6379 0001 0001 6379 7283

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

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Rita Schnedar, Trustee of the Schnedar 1998 Trust c/o William J. Schnedar
 2007 S. Penn
 Roswell, NM 88203

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Rita Schnedar, Trustee of the Schnedar 1998 Trust c/o William J. Schnedar
 2007 S. Penn
 Roswell, NM 88203

2. Article Number (Transfer from service label) 7006 2760 0001 6379 7283

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Zedie Schnedar* Agent Addressee

B. Received by (Printed Name) Zedie Schnedar C. Date of Delivery 5-4-10

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

6354 6354 6379 6379 0001 0001 6379 6354

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

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Rita Van Stone
 Rt. 1, Box 620
 Conway, MO 65632-9614

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

Postmark Here

Returned

6347 6347 6379 6379 0001 0001 6379 6347

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Robert L. Love
 1110 Nambe,
 Hobbs, NM 88240

Postmark Here

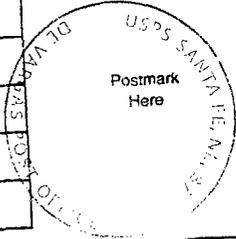
Returned

7006 2760 0001 6379 7290

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Sen
 Str or l
 Cit
 Robyin Mauser
 2907 N. Platina
 Mesa, AZ 852115

Instructions

7006 2760 0001 6379 7306

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Se
 Str or l
 C
 Ronald Miles and Patricia E. Miles
 2805 Coronado Dr.
 Roswell, NM 88201

SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

Ronald Miles and Patricia E. Miles
 2805 Coronado Dr.
 Roswell, NM 88201

2. Article Number (Transfer from service label) 7006 2760 0001 6379 7306

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ronald Miles* Agent Addressee

B. Received by (Printed Name) *Ronald Miles* Date of Delivery *MAY 20 2008*

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.

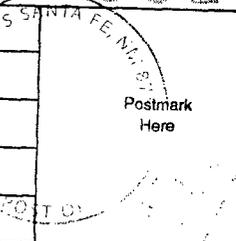
4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 7313

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Roy Davenport
 Rt. 6, Box 923
 Cleburne, TX 76031

Instructions

Returned

7006 2760 0001 6379 4534

U.S. Postal Service
CERTIFIED MAIL™
(Domestic Mail Only, No Insurance)

For delivery information visit our website

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Roy G. Barton, Jr.
1919 N. Turner St.
Hobbs, NM 88241

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Roy G. Barton, Jr.
1919 N. Turner St.
Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Brenda Stewart
 B. Received by (Printed Name) *Brenda Stewart* C. Date of Delivery *5-10-10*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

1. 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)

7006 2760 0001 6379 4534

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL™
(Domestic Mail Only, No Insurance)

For delivery information visit our website

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Roy G. Barton a/k/a Gorge
Trustee of the Roy G. Barton
Barton Revocable Trust u/t/
1/28/1982
1919 N. Turner
Hobbs, NM 88241

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Roy G. Barton a/k/a Gorge Barton,
Trustee of the Roy G. Barton & Opal
Barton Revocable Trust u/t/a dated
1/28/1982
1919 N. Turner
Hobbs, NM 88241

A. Signature Agent Addressee
X Brenda Stewart
 B. Received by (Printed Name) *Brenda Stewart* C. Date of Delivery *5-4-10*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

SENDER

- Complete 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:

Rudd Family Trust
P.O. Box 1719
Amarillo, TX 79159

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

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

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 7337

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 7320

7006 2760 0001 6379 7337

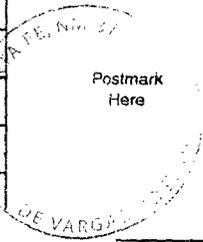
7006 2760 0001 6379 7344

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Russell A. Green
6104 Colfax Ave.
North Hollywood, CA 91606

For Instructions

7006 2760 0001 6379 7351

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ruth L. Shields a/k/a Ruth Love Shields, individually and as Trustee of the Love Family Trust
u/t/a dtd 4/24/97
2103 Geraldine
Midland, TX 79707

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Ruth Shields* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Ruth Shields 5/7/10

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 7368

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Scott Phillips Hutchin
127 Jory Drive
Owens Cross Roads, AL 35763

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Ronda Hutchins* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Ronda Hutchins 5-6-10

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 7368

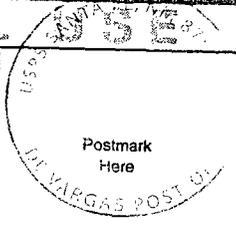
7006 2760 0001 6379 7375

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Send
Street or P.O. Box
City, State, ZIP+4®

Sherry L. Green
172 Golden Russett Dr.
Lincoln, VA 22642

Instructions

7006 2760 0001 6379 7399

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Send
Street or P.O. Box
City, State, ZIP+4®

Sotirios Rallis
3659 Calle Pino NE
Albuquerque, NM 87111

Instructions

7006 2760 0001 6379 7405

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

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

- 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:

Ted W. Phillips, Jr.
P.O. Box 487
Rye, CO 81069

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Ted W. Phillips

B. Received by (Printed Name) C. Date of Delivery
Ted W. Phillips *5/3*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7006 2760 0001 6379 7405
(Transfer from service label)

7006 2760 0001 6379 7412

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Teddy L. Hartley
P.O. Box 309
Clovis, NM 88102-0309

SENDER: COMPLETION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE) **IN 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:

Teddy L. Hartley
P.O. Box 309
Clovis, NM 88102-0309

A. Signature Agent Addressee
Teddy L. Hartley

B. Received by (Printed Name) Agent Addressee
 TEDDY HARTLEY

C. Date of Delivery
 5/10

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 **7006 2760 0001 6379 7412**
(Transfer from service label)

7006 2760 0001 6379 7429

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Texas Scottish Rite Hospital
Crippled Children
2222 Welborn Street
Dallas, TX 75219

SENDER: COMPLETION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE) **IN 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:

Texas Scottish Rite Hospital for
Crippled Children
2222 Welborn Street
Dallas, TX 75219

A. Signature Agent Addressee
X Gonzalez

B. Received by (Printed Name) Agent Addressee
 Nathan

C. Date of Delivery
 5-6-10

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 **7006 2760 0001 6379 7429**

7006 2760 0001 6379 7436

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

TLW Investments, L.L.C.
ATTN: Doug black
100 Fannin, Ste. 2020
Houston, TX 77002

SENDER: COMPLETION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE) **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:

TLW Investments, L.L.C.
ATTN: Doug black
100 Fannin, Ste. 2020
Houston, TX 77002

A. Signature Agent Addressee
X P. Linnelink

B. Received by (Printed Name) Agent Addressee
 P. Linnelink

C. Date of Delivery
 5/10

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 **7006 2760 0001 6379 7436**
(Transfer from service label)

2760 0001 6379 7443

U.S. Postal Service
CERTIFIED MAIL™ (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Trajan Development Co.
P.O. Box 16007
Oklahoma City, OK 73113

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Trajan Development Co.
P.O. Box 16007
Oklahoma City, OK 73113

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *John D. Ashen* C. Date of Delivery

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

MAY - 5 2010

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 7443

U.S. Postal Service
CERTIFIED MAIL™ (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Sent to: Vicki Lynn Hobbs Calkins c/o
Berry Lee Hobbs, A-1
P.O. Box 152
Lovington, NM 88260

PS Form 3811, February 2004 Domestic Return Receipt

2. Article Number (Transfer from se 7006 2760 0001 6379 7443)

- 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:

Vicki Lynn Hobbs Calkins c/o
Berry Lee Hobbs, A-1-F
P.O. Box 152
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sandi Brauer* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6379 7467

U.S. Postal Service
CERTIFIED MAIL™ (Domestic Mail Only, No Insurance)

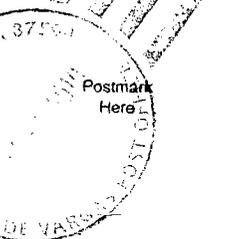
For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Virgil M. Shinn
5724 N Avenue
Carmichael, CA 95608

2. Article Number (Transfer from servic 7006 2760 0001 6379 7450)
PS Form 3811, February 2004 Domestic Return Receipt



Returned

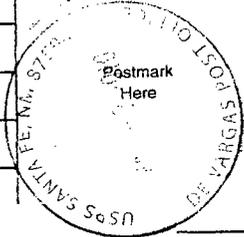
Instructions

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

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10



Returned

Sen. W.B. Phillips
 Str. or P. W. Starr Rt., Box 742
 City, Lovington, NM 88260

7006 2760 0001 6379 7474

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only, No Insurance C

For delivery information visit our website:

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Walter A. Moeller c/o Berry Lee
 Hobbs, A-I-F
 P.O. Box 153
 Lovington, NM 88260

7006 2760 0001 6379 7481

SENDER: COMPLETE

- 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:

Walter A. Moeller c/o Berry Lee
 Hobbs, A-I-F
 P.O. Box 153
 Lovington, NM 88260

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7481

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Signature: *Sandi Brewer* Agent Addressee

B. Received by (Printed Name): *Sandi Brewer* C. Date of Delivery: *4/15/04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only, No Insurance C

For delivery information visit our website:

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Sen. Wayne A. Bissett
 Str. or P. P.O. Box 2101
 City, Midland, TX 79702

7006 2760 0001 6379 7498

SENDER: COMPLETE

- 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:

Wayne A. Bissett
 P.O. Box 2101
 Midland, TX 79702

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7498

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Signature: *Wayne A. Bissett* Agent Addressee

B. Received by (Printed Name): *Wayne A. Bissett* C. Date of Delivery: *4/15/04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2760 0001 6379 7504

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only, No Insurance)

For delivery information, visit our website.

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

William J Schnedar
2007 Penn St.
Roswell, NM 88203

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Judie Schnedar* Agent Addressee

B. Received by (Printed Name) *Judie Schnedar* C. Date of Delivery *5-4-10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6379 7504

William J Schnedar
2007 Penn St.
Roswell, NM 88203

7006 2760 0001 6379 4435

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only, No Insurance)

For delivery information, visit our website.

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Drilling Company
105 South 4th St.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Clarissa Luna* Agent Addressee

B. Received by (Printed Name) *CLARISSA LUNA* C. Date of Delivery *MAY 04 2010*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6379 4435

Yates Drilling Company
105 South 4th St.
Artesia, NM 88210

7006 2760 0001 6379 4442

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only, No Insurance)

For delivery information, visit our website.

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petroleum Corporation
105 South 4th St.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Clarissa Luna* Agent Addressee

B. Received by (Printed Name) *CLARISSA LUNA* C. Date of Delivery *MAY 04 2010*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6379 4442

Yates Petroleum Corporation
105 South 4th St.
Artesia, NM 88210