



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0011 8818

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

1994 KENYON FAMILY TRUST
C/O DAVID G KENYON
7200 REDWOOD BLVD STE 404
NOVATO, CA 94945

Code: Allocation Project - D.Howell



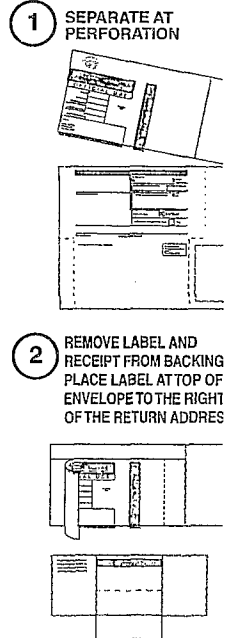
7110 6605 9590 0011 8818

1994 KENYON FAMILY TRUST
C/O DAVID G KENYON
7200 REDWOOD BLVD STE 404
NOVATO, CA 94945

Batch #: 2183
Article #: 71106605959000118818
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2. Article Number 7110 6605 9590 0011 8818	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: 1994 KENYON FAMILY TRUST C/O DAVID G KENYON 7200 REDWOOD BLVD STE 404 NOVATO, CA 94945 Code: Allocation Project - D.Howell	



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000118818
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0011 8948

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Postage
Certified Fee
Return Receipt Fee
(endorsement Required)
Restricted Delivery Fee
(endorsement Required)
Total Postage & Fees

Postmark
Here

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8948

ALBERT V. WORKS, JR.
10315 PIPING ROCK
HOUSTON, TX 77042

Batch #: 2183
Article #: 71106605959000118948
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8948	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALBERT V. WORKS, JR. 10315 PIPING ROCK HOUSTON, TX 77042	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000118948
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE



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

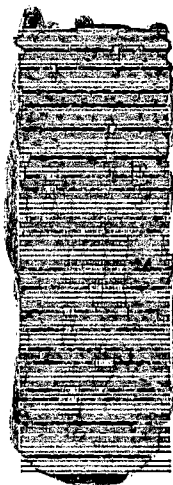
7110 6605 9590 0011 9099

Postage	\$	1.05	Postmark Here
Certified Fee		2.80	
Return Receipt Fee (endorsement Required)		2.30	
Restricted Delivery Fee (endorsement Required)		0.00	
Total Postage & Fees	\$	6.15	

sent To
street, Apt. No.;
PO Box No.
city, State, Zip+4

ANDREW B KELLY JR
2575 SUNSET DR
ATLANTA, GA 30345-1946

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9099

ANDREW B KELLY JR
2575 SUNSET DR
ATLANTA, GA 30345-1946

Batch #: 2183
Article #: 71106605959000119099
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0011 9099

1. Article Addressed to:

ANDREW B KELLY JR
2575 SUNSET DR
ATLANTA, GA 30345-1946

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000119099
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Restricted Mail Only; No Insurance Coverage Provided)
Delivery Information Visit our Website at: www.usps.com

7110 6605 9590 0011 9112

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
street, Apt. No.,
PO Box No.
city, State, Zip+4

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9112

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Batch #: 2183
Article #: 71106605959000119112
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-11 rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9112		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ANGELA SLAIS 17020 CALLE DE LINA MURRIETA, CA 92562		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type		☒ Certified	
4. Restricted Delivery? (Extra Fee)		☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



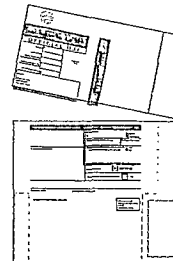
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

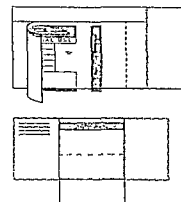
Batch #: 2183
Article #: 71106605959000119112
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
First-Class Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com

7110 6605 9590 0011 9075

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
street, Apt. No.,
PO Box No.
City, State, Zip+4

9/1/10

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Form 3800, 7-05 (Rev. 2006) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9075

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Batch #: 2183
Article #: 711066059590000119075
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9075	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANDREA DAVENPORT PO BOX 311852 NEW BRAUNFELS, TX 78130	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

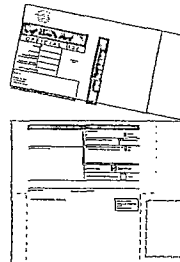
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 711066059590000119075
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

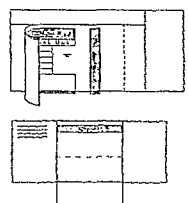
3

LIFT HERE

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0011 9204

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Mail To
ANNNIE MAE COOPER
1301 CR 406
TAYLOR, TX 76574
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9204

ANNIE MAE COOPER
1301 CR 406
TAYLOR, TX 76574

Batch #: 2183
Article #: 71106605959000119204
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0011 9204	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANNIE MAE COOPER 1301 CR 406 TAYLOR, TX 76574 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

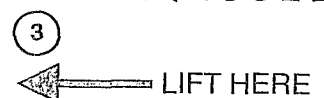
UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000119204
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



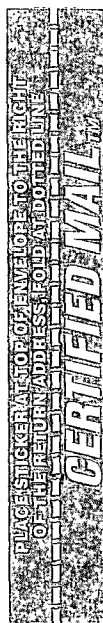


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Registered Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0011 8825

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Address, Apt. No.,
PO Box No.,
City, State, Zip+4
A RAY DAVIS
P. O. BOX 79188
HOUSTON, TX 77279
9/1/10
Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8825

A RAY DAVIS
P. O. BOX 79188
HOUSTON, TX 77279

Batch #: 2183
Article #: 71106605959000118825
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 8825	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

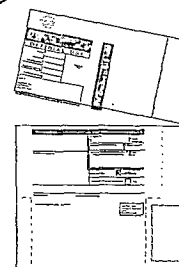
PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 8825	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

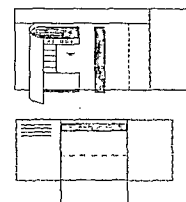
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



3

LIFT HERE

Batch #: 2183
Article #: 71106605959000118825
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0011 8832

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

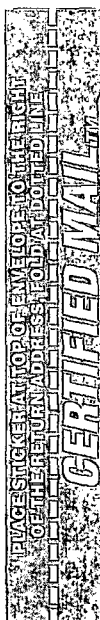
Postage
Postmark Here

Postage to
Postage to, Apt. No.;
Postage to, PO Box No.
Postage to, by, State, Zip+4

A WILLIAM RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702-3186
9/1/10

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8832

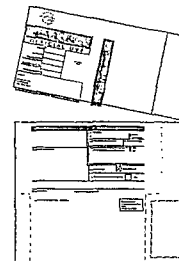
A WILLIAM RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702-3186

Batch #: 2183
Article #: 71106605959000118832
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

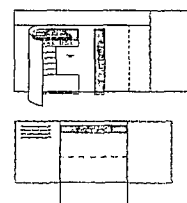
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 8832	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: A WILLIAM RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702-3186 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0011 8832	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery H.W. Rutter 9/1/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: A WILLIAM RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702-3186 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000118832
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(First-Class Mail Only, No Insurance Coverage Provided)
For Information Visit www.usps.com
7110 6605 9590 0011 8849

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
ABEL LOBATO
4206 LEHIGH DR
MIDLAND, TX 79707
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8849

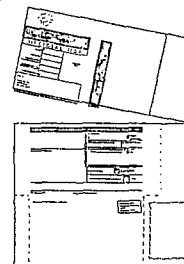
ABEL LOBATO
4206 LEHIGH DR
MIDLAND, TX 79707

Batch #: 2183
Article #: 71106605959000118849
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

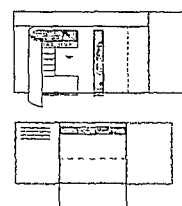
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 8849	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0011 8849	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Abel Lobato</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Abel Lobato</i> <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---

Batch #: 2183
Article #: 71106605959000118849
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
Get information visit our website at www.usps.com
7110 6605 9590 0011 8856

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Indorsement Required)	\$2.30	
Restricted Delivery Fee (Indorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

ABQ ENERGY GROUP LTD
3022 CORRALES RD
CORRALES, NM 87048
91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



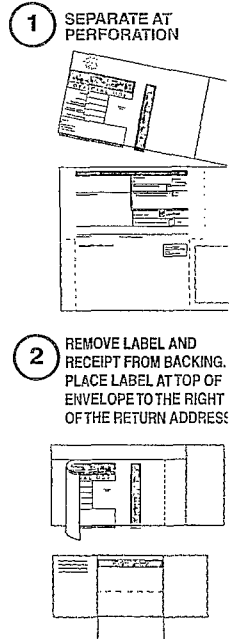
7110 6605 9590 0011 8856

ABQ ENERGY GROUP LTD
3022 CORRALES RD
CORRALES, NM 87048

Batch #: 2183
Article #: 71106605959000118856
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

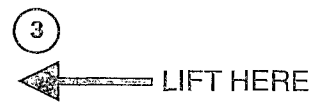
Reorder Form LCD- rev. 01/07

2. Article Number 7110 6605 9590 0011 8856	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ABQ ENERGY GROUP LTD 3022 CORRALES RD CORRALES, NM 87048 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 8856	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Maria Wells</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Maria Wells</i> C. Date of Delivery <i>9/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ABQ ENERGY GROUP LTD 3022 CORRALES RD CORRALES, NM 87048 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000118856
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For information visit us at usps.com
7110 6605 9590 0011 8863

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
street, Apt. No.,
PO Box No.,
city, State, Zip+4

ACCORD DU LAC PARTNERSHIP LLLP
P O BOX 676281
RANCHO SANTA FE, CA 92067-6281
9/1/10

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8863

ACCORD DU LAC PARTNERSHIP LLLP
P O BOX 676281
RANCHO SANTA FE, CA 92067-6281

Batch #: 2183
Article #: 71106605959000118863
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01 rev. 01/07

2. Article Number
7110 6605 9590 0011 8863

1. Article Addressed to:

ACCORD DU LAC PARTNERSHIP LLLP
P O BOX 676281
RANCHO SANTA FE, CA 92067-6281

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

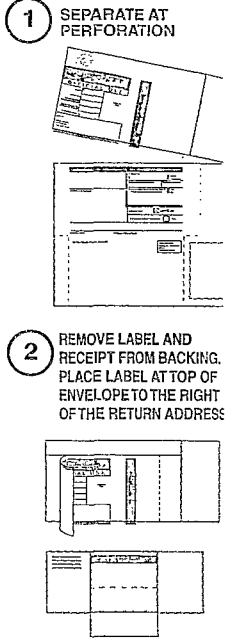
A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number
7110 6605 9590 0011 8863

1. Article Addressed to:

ACCORD DU LAC PARTNERSHIP LLLP
P O BOX 676281
RANCHO SANTA FE, CA 92067-6281

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

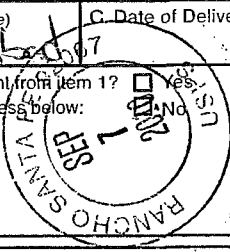
A. Signature
X *Kesslee* ☐ Agent
☐ Addressee

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

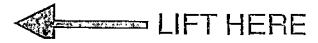
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2183
Article #: 71106605959000118863
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Certified Mail Only, No Insurance Coverage Provided
For information visit www.usps.com

7110 6605 9590 0011 8870

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Return To
ACOMA OIL CORPORATION
408 ST PETER STREET #434
SAINT PAUL, MN 55102
9/1/10

Form 3800, August 2006, U.S. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8870

ACOMA OIL CORPORATION
408 ST PETER STREET #434
SAINT PAUL, MN 55102

Batch #: 2183
Article #: 71106605959000118870
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0011 8870

1. Article Addressed to:

ACOMA OIL CORPORATION
408 ST PETER STREET #434
SAINT PAUL, MN 55102

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

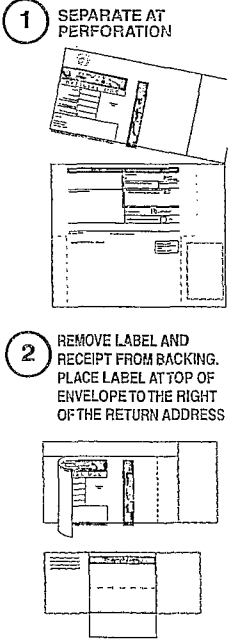
A. Signature ☒ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0011 8870

1. Article Addressed to:

ACOMA OIL CORPORATION
408 ST PETER STREET #434
SAINT PAUL, MN 55102

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Sheryl Bale* ☐ 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
Sheryl Bale

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118870
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For more information, visit www.usps.com

7110 6605 9590 0011 8887

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered To
Address, Apt. No.,
PO Box No.,
City, State, Zip+4

ACTON ENERGY LP
508 W WALL, SUITE 500
MIDLAND, TX 79701
9/11/10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



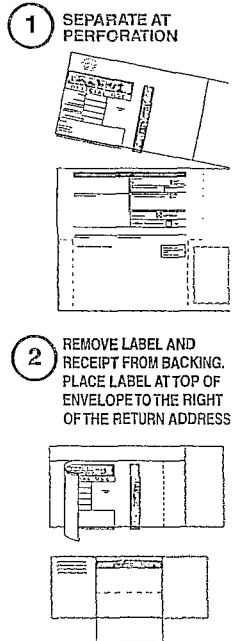
7110 6605 9590 0011 8887

ACTON ENERGY LP
508 W WALL, SUITE 500
MIDLAND, TX 79701

Batch #: 2183
Article #: 71106605959000118887
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8887	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ACTON ENERGY LP 508 W WALL, SUITE 500 MIDLAND, TX 79701	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8887	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ACTON ENERGY LP 508 W WALL, SUITE 500 MIDLAND, TX 79701	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118887
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

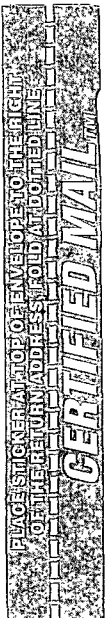


U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0011 8894

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ADELANTE OIL & GAS LLC
P O BOX 2471
DURANGO, CO 81302
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



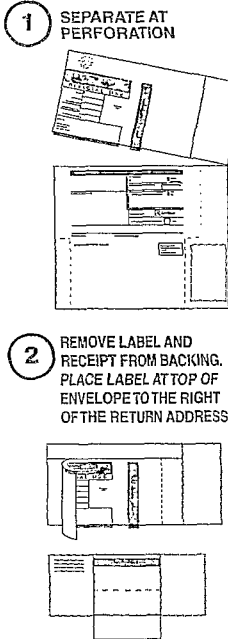
7110 6605 9590 0011 8894

ADELANTE OIL & GAS LLC
P O BOX 2471
DURANGO, CO 81302

Batch #: 2183
Article #: 71106605959000118894
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reader Form LCD-Rev. 01/07

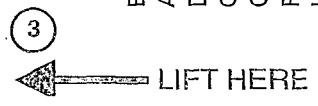
2. Article Number 7110 6605 9590 0011 8894	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ADELANTE OIL & GAS LLC P O BOX 2471 DURANGO, CO 81302 Code: Allocation Project - D.Howell	



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 8894	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Anne Finney 9/1/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ADELANTE OIL & GAS LLC P O BOX 2471 DURANGO, CO 81302 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000118894
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Electronic Mail Only (No Insurance Coverage Provided)
By Internet Use Only (www.usps.com)

7110 6605 9590 0011 8900

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Address, Apt. No.,
PO Box No.
City, State, Zip+4

ALAN D JERMAN
344 N ALTA VISTA AVE
MONROVIA, CA 91016
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8900

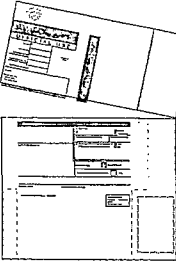
ALAN D JERMAN
344 N ALTA VISTA AVE
MONROVIA, CA 91016

Batch #: 2183
Article #: 71106605959000118900
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

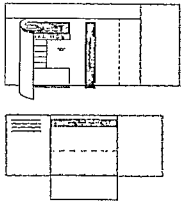
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8900	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALAN D JERMAN 344 N ALTA VISTA AVE MONROVIA, CA 91016	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8900	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALAN D JERMAN 344 N ALTA VISTA AVE MONROVIA, CA 91016	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118900
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Metric Only) (No Insurance Coverage Provided)
Information visit our Website at www.usps.com

7110 6605 9590 0011 8917

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ALAN HANNIFIN
PO BOX 8874
DENVER, CO 80201-8874
9/1/10

Form 3811, August 2008, PSN 7520-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8917

ALAN HANNIFIN
PO BOX 8874
DENVER, CO 80201-8874

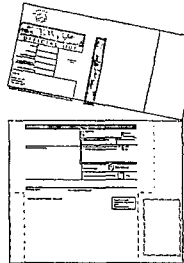
Batch #: 2183
Article #: 711066059590000118917
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

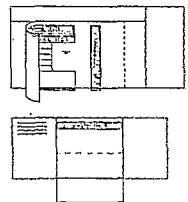
2. Article Number 7110 6605 9590 0011 8917	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ALAN HANNIFIN PO BOX 8874 DENVER, CO 80201-8874	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 8917	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ALAN HANNIFIN PO BOX 8874 DENVER, CO 80201-8874	

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 711066059590000118917
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

PS Form 3811

Domestic Return Receipt

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL® RECEIPT
First-Class Mail Only. No Insurance Coverage Provided.
For information, visit our website at www.usps.com

7110 6605 9590 0011 8924

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

ALBERT HOLLY
7919 FRIARS COURT LN
SPRING, TX 77379
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8924

ALBERT HOLLY
7919 FRIARS COURT LN
SPRING, TX 77379

Batch #: 2183
Article #: 71106605959000118924
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0011 8924

1. Article Addressed to:

ALBERT HOLLY
7919 FRIARS COURT LN
SPRING, TX 77379

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

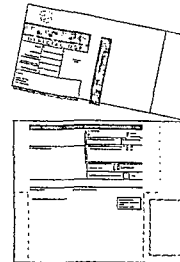
B. Received by (Printed Name) C. Date of Delivery

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

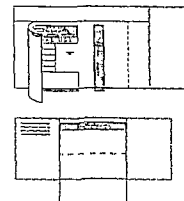
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 8924

1. Article Addressed to:

ALBERT HOLLY
7919 FRIARS COURT LN
SPRING, TX 77379

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Albert Holly* ☐ 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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118924
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0011 8931

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
Albert L HOPKINS JR
6 LA COSTA WAY
PALM COAST, FL 32137-4701
9/1/10

Form 3800, August 2006 Use Back for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8931

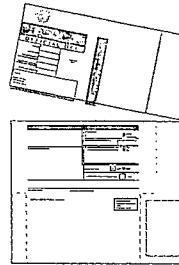
ALBERT L HOPKINS JR
6 LA COSTA WAY
PALM COAST, FL 32137-4701

Batch #: 2183
Article #: 71106605959000118931
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

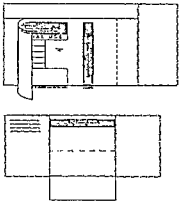
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 8931	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ALBERT L HOPKINS JR 6 LA COSTA WAY PALM COAST, FL 32137-4701 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0011 8931	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>A. Hopkins</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>A. Hopkins</i> C. Date of Delivery <i>9-1-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ALBERT L HOPKINS JR 6 LA COSTA WAY PALM COAST, FL 32137-4701 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000118931
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For information visit www.usps.com

7110 6605 9590 0011 8955

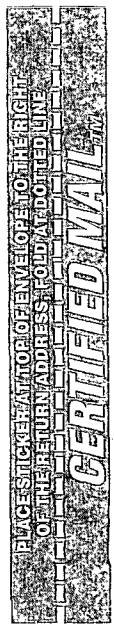
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ALICE BROWN
PO BOX 554
GREENWOOD, IN 46142-0554
9/1/10

Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



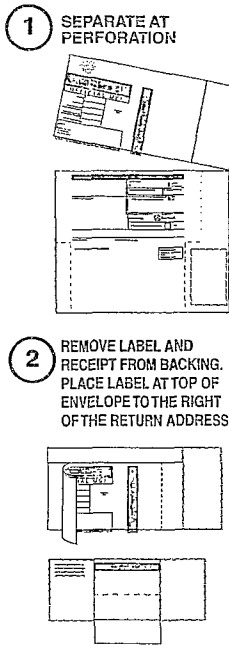
7110 6605 9590 0011 8955

ALICE BROWN
PO BOX 554
GREENWOOD, IN 46142-0554

Batch #: 2183
Article #: 71106605959000118955
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8955	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALICE BROWN PO BOX 554 GREENWOOD, IN 46142-0554	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8955	A. Signature X <i>Alice Brown</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALICE BROWN PO BOX 554 GREENWOOD, IN 46142-0554	<i>Alice Brown</i> <i>9-7-10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2183
Article #: 71106605959000118955
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only, No Insurance Coverage Provided)
For information visit www.usps.com

7110 6605 9590 0011 8962

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

ALICE JANE WEBB
3525 TURTLE CREEK BLVD #19A
DALLAS, TX 75219-5514
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



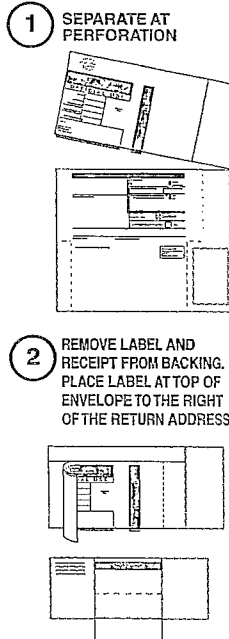
7110 6605 9590 0011 8962

ALICE JANE WEBB
3525 TURTLE CREEK BLVD #19A
DALLAS, TX 75219-5514

Batch #: 2183
Article #: 71106605959000118962
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

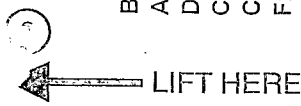
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8962	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ALICE JANE WEBB 3525 TURTLE CREEK BLVD #19A DALLAS, TX 75219-5514	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	



PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8962	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ALICE JANE WEBB 3525 TURTLE CREEK BLVD #19A DALLAS, TX 75219-5514	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	<i>9-3-10</i>
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2183
Article #: 71106605959000118962
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0011 8986

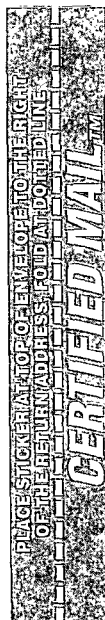
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
Alicia Rains
202 CR 162
BALLINGER, TX 76821
9/1/10

Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



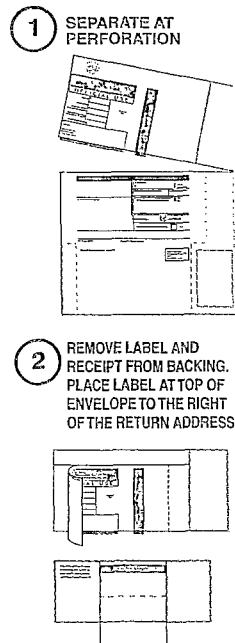
7110 6605 9590 0011 8986

ALICIA RAINS
202 CR 162
BALLINGER, TX 76821

Batch #: 2183
Article #: 71106605959000118986
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8986	A. Signature ☒ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALICIA RAINS 202 CR 162 BALLINGER, TX 76821	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8986	A. Signature ☒ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALICIA RAINS 202 CR 162 BALLINGER, TX 76821	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118986
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0011 8979

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

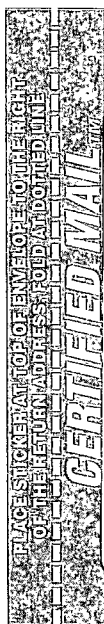
Post To

Alice M VICENTI
9020 TWIN HARBOR NW
ALBUQUERQUE, NM 87121

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8979

Alice M VICENTI
9020 TWIN HARBOR NW
ALBUQUERQUE, NM 87121

Batch #: 2183
Article #: 71106605959000118979
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8979	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
Alice M VICENTI 9020 TWIN HARBOR NW ALBUQUERQUE, NM 87121	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

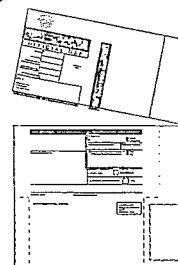
PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8979	A. Signature X <i>Mary Howe</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
Alice M VICENTI 9020 TWIN HARBOR NW ALBUQUERQUE, NM 87121	<i>Mary Howe</i> <i>9/1/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

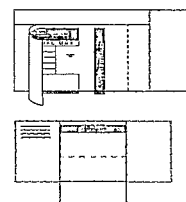
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2183
Article #: 71106605959000118979
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0011 8993

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

int To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

ALISON A GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8993

ALISON A GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

Batch #: 2183
Article #: 71106605959000118993
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8993	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALISON A GOTTSTEIN 9433 NE 14TH ST CLYDE HILL, WA 98004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

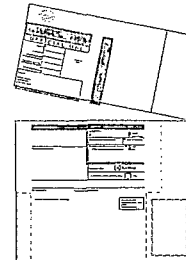
PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8993	A. Signature X <i>Alison Gottstein</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALISON A GOTTSTEIN 9433 NE 14TH ST CLYDE HILL, WA 98004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

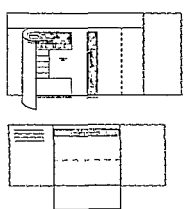
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



3

LIFT HERE

Batch #: 2183
Article #: 71106605959000118993
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0011 9006

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Mail To
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

AMBER CROWLEY
934 EAST 300 S
PROVO, UT 84606

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9006

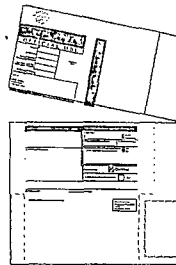
AMBER CROWLEY
934 EAST 300 S
PROVO, UT 84606

Batch #: 2183
Article #: 71106605959000119006
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

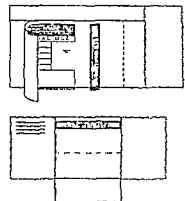
Reorder Form LCC-100 rev. 01/07

2. Article Number 7110 6605 9590 0011 9006	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: AMBER CROWLEY 934 EAST 300 S PROVO, UT 84606 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0011 9006	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Amber Hennrich</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Amber Hennrich</i> SEP - 7 2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No <i>2:09 pm</i> 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: AMBER CROWLEY 934 EAST 300 S PROVO, UT 84606 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119006
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our web site at www.usps.com

7110 6605 9590 0011 9013

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ant To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

AMELIA ANNE SUNDBERG
1915 BROWN SCHOOL CT
RICHMOND, TX 77406

9/11/10

Form 3800, August 2006-1-1 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9013

AMELIA ANNE SUNDBERG
1915 BROWN SCHOOL CT
RICHMOND, TX 77406

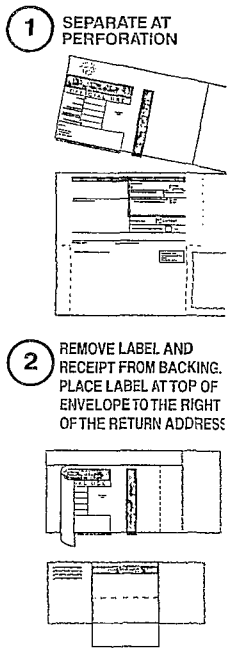
Batch #: 2183
Article #: 71106605959000119013
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

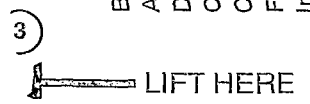
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9013	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AMELIA ANNE SUNDBERG 1915 BROWN SCHOOL CT RICHMOND, TX 77406	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9013	A. Signature X <i>Sam Sundberg</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Sam Sundberg</i> <i>9/8/10</i>
AMELIA ANNE SUNDBERG 1915 BROWN SCHOOL CT RICHMOND, TX 77406	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2183
Article #: 71106605959000119013
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(This Mail Only, No Insurance Coverage Provided)
For information, visit www.usps.com

7110 6605 9590 0011 9020

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ent To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

AMELIA C KELLY
4585 JORDAN SPUR RD
BOZEMAN, MT 59715
9/11/10

Form 3800, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9020

AMELIA C KELLY
4585 JORDAN SPUR RD
BOZEMAN, MT 59715

Batch #: 2183
Article #: 71106605959000119020
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9020	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AMELIA C KELLY 4585 JORDAN SPUR RD BOZEMAN, MT 59715	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

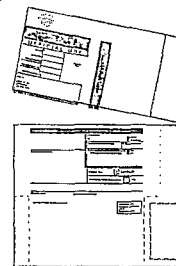
Code: Allocation Project - D.Howell

PS Form 3811

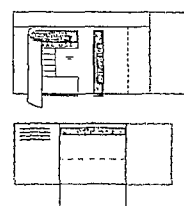
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9020	A. Signature X <i>Amelia C Kelly</i> ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Amelia C Kelly</i> <i>9/9/10</i>
AMELIA C KELLY 4585 JORDAN SPUR RD BOZEMAN, MT 59715	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



Batch #: 2183
Article #: 71106605959000119020
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For Information Visit our Website at www.usps.com

7110 6605 9590 0011 9037

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

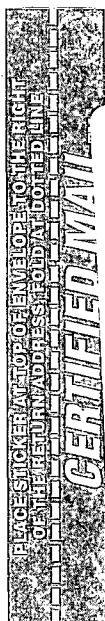
sent To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

AMERICAN ASSURANCE 2000 LP
PO BOX 41027
HOUSTON, TX 77241-1027

9/1/10

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9037

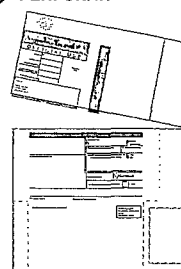
AMERICAN ASSURANCE 2000 LP
PO BOX 41027
HOUSTON, TX 77241-1027

Batch #: 2183
Article #: 71106605959000119037
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

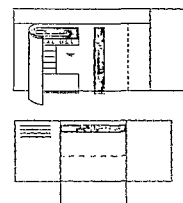
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9037	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AMERICAN ASSURANCE 2000 LP PO BOX 41027 HOUSTON, TX 77241-1027	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9037	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AMERICAN ASSURANCE 2000 LP PO BOX 41027 HOUSTON, TX 77241-1027	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119037
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9044

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postage
Certified Fee
Return Receipt Fee
(endorsement Required)
Restricted Delivery Fee
(endorsement Required)
Total Postage & Fees

Postmark
Here

Code: Allocation Project - D.Howell

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

Batch #: 2183
Article #: 71106605959000119044
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0011 9044

1. Article Addressed to:

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

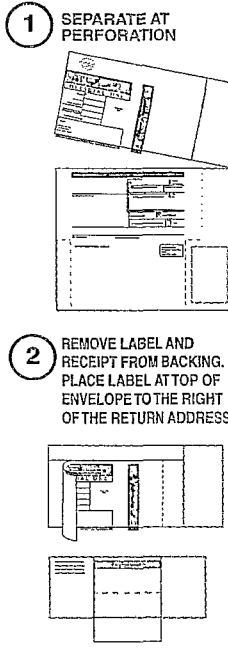
B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9044

1. Article Addressed to:

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

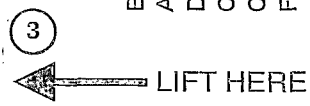
B. Received by (Printed Name)
E. Camasillo

C. Date of Delivery
9-4-10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811 Domestic Return Receipt

Batch #: 2183
Article #: 71106605959000119044
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



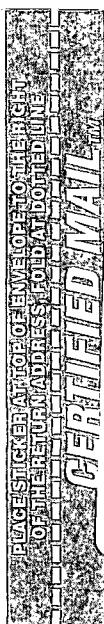
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0011 9051

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Postage To
AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9051

AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201

Batch #: 2183
Article #: 71106605959000119051
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-87 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9051

1. Article Addressed to:

AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

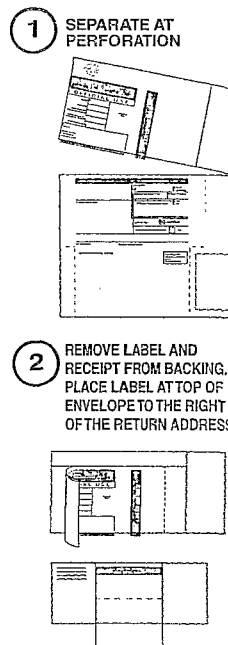
A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0011 9051

1. Article Addressed to:

AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *Debra M. Good*

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119051
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
For Mail Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0011 9068

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Return Receipt To
Anderson Living Trust April 29 2003
James & Jacqueline Anderson Trust
2401 STATEHOOD DR
BLUFFDALE, UT 84065

Form 3811 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9068

ANDERSON LIVING TRUST APRIL 29 2003
JAMES & JACQUELINE ANDERSON TRUSTEE
2401 STATEHOOD DR
BLUFFDALE, UT 84065

Batch #: 2183
Article #: 71106605959000119068
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0011 9068	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANDERSON LIVING TRUST APRIL 29 2003 JAMES & JACQUELINE ANDERSON TRUSTEE 2401 STATEHOOD DR BLUFFDALE, UT 84065	
Code: Allocation Project - D.Howell	

PS Form 3811

2. Article Number 7110 6605 9590 0011 9068	COMPLETE THIS SECTION ON DELIVERY A. Signature X Jackie Anderson ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Jackie Anderson D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANDERSON LIVING TRUST APRIL 29 2003 JAMES & JACQUELINE ANDERSON TRUSTEE 2401 STATEHOOD DR BLUFFDALE, UT 84065	
Code: Allocation Project - D.Howell	

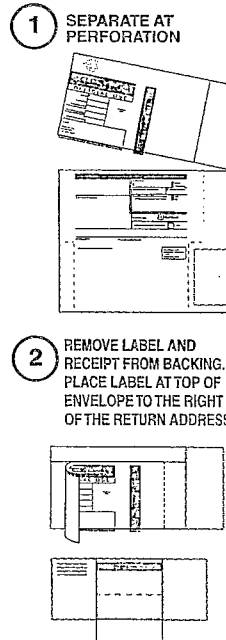
PS Form 3811

Domestic Return Receipt

3

LIFT HERE

Batch #: 2183
Article #: 71106605959000119068
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0011 9075

Postage	\$	1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Post To
Andrea Davenport
PO BOX 311852
NEW BRAUNFELS, TX 78130

PS Form 3811, August 2006 (Rev. 01/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



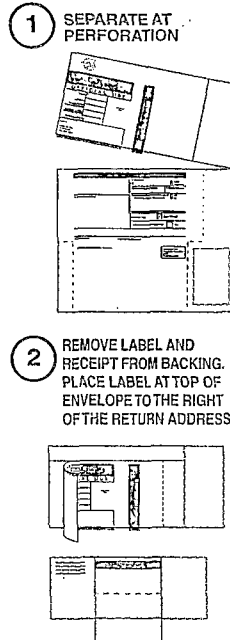
7110 6605 9590 0011 9075

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Batch #: 2183
Article #: 71106605959000119075
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 (Rev. 01/07)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9075	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANDREA DAVENPORT PO BOX 311852 NEW BRAUNFELS, TX 78130	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9075	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANDREA DAVENPORT PO BOX 311852 NEW BRAUNFELS, TX 78130	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119075
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



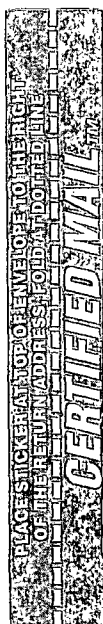
U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0011 9105

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
Street, Apt. No.;
PO Box No.
City, State, Zip+4
ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9105

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210

Batch #: 2183
Article #: 71106605959000119105
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9105	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANDREW J HOMBURGER 2417 S ADAMS ST DENVER, CO 80210	
Code: Allocation Project - D.Howell	

PS Form 3811

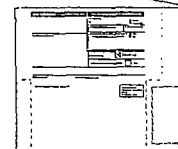
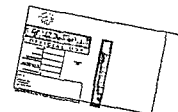
Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 9105	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Andrew J Homburger</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Andrew J Homburger</i> 9-3-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANDREW J HOMBURGER 2417 S ADAMS ST DENVER, CO 80210	
Code: Allocation Project - D.Howell	

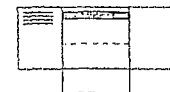
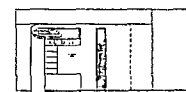
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2183
Article #: 71106605959000119105
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
First Class Mail Only. No Insurance Coverage Provided.
For more information, visit our website at www.usps.com.

7110 6605 9590 0011 9112

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To
street, Apt. No.;
PO Box No.
ity, State, Zip+4
91110
Form 3800, August 2006 See Reverse for Instructions

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Code: Allocation Project - D.Howell



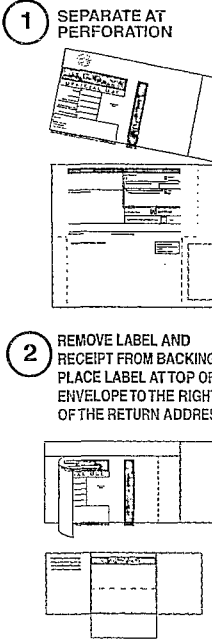
7110 6605 9590 0011 9112

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Batch #: 2183
Article #: 71106605959000119112
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9112	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANGELA SLAIS 17020 CALLE DE LINA MURRIETA, CA 92562	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9112	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANGELA SLAIS 17020 CALLE DE LINA MURRIETA, CA 92562	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1243 Jones Ranch Rd Gardnerville NV 89460
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119112
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 2722

Postage	\$	\$0.44	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.54	

ent To
street, Apt. No.,
PO Box No.
ity, State, Zip+4

ANGELINA BURKIN
PO BOX 12882
WILMINGTON, NC 28405

Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™

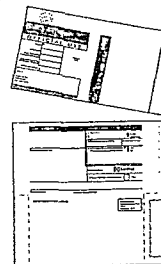
7110 6605 9590 0013 2722

ANGELINA BURKIN
PO BOX 12882
WILMINGTON, NC 28405

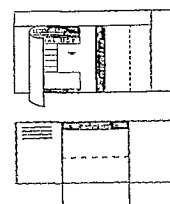
Batch #: 2269
Article #: 71106605959000132722
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2722	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANGELINA BURKIN PO BOX 12882 WILMINGTON, NC 28405	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



P

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2722	A. Signature X <i>Angelina Burkin</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>ANGELINA BURKIN</i> <i>9/24/2010</i>
ANGELINA BURKIN PO BOX 12882 WILMINGTON, NC 28405	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000132722
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9129

Postage	\$	1.05	Postmark Here
Certified Fee		2.80	
Return Receipt Fee (endorsement Required)		2.30	
Restricted Delivery Fee (endorsement Required)		0.00	
Total Postage & Fees	\$	6.15	

ant To
reet, Apt. No.;
PO Box No.
y, State, Zip+4

ANITA BRIGGS
115 FISH & GAME RD
CHERRY VALLEY, NY 13320

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9129

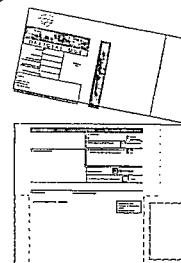
ANITA BRIGGS
115 FISH & GAME RD
CHERRY VALLEY, NY 13320

Batch #: 2183
Article #: 71106605959000119129
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

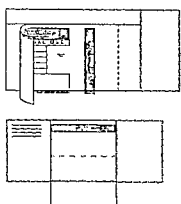
Reorder Form LCD-80 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9129	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANITA BRIGGS 115 FISH & GAME RD CHERRY VALLEY, NY 13320	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9129	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANITA BRIGGS 115 FISH & GAME RD CHERRY VALLEY, NY 13320	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119129
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0011 9136

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

int To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

ANN BOYD
6140 DELOACHE
DALLAS, TX 75225-2811

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9136

ANN BOYD
6140 DELOACHE
DALLAS, TX 75225-2811

Batch #: 2183
Article #: 71106605959000119136
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0011 9136

1. Article Addressed to:

ANN BOYD
6140 DELOACHE
DALLAS, TX 75225-2811

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

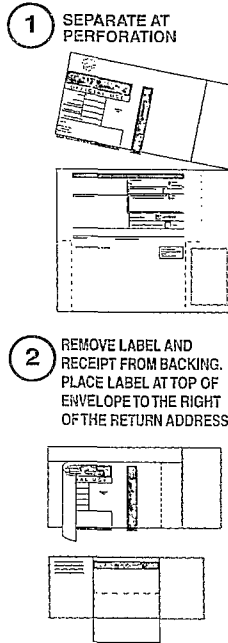
A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0011 9136

1. Article Addressed to:

ANN BOYD
6140 DELOACHE
DALLAS, TX 75225-2811

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Charles Boyd 9/3/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119136
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For more information, visit our website at www.usps.com

7110 6605 9590 0011 9143

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Return To
ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9143

ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

Batch #: 2183
Article #: 71106605959000119143
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 rev. 01/07

2. Article Number

7110 6605 9590 0011 9143

1. Article Addressed to:

ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

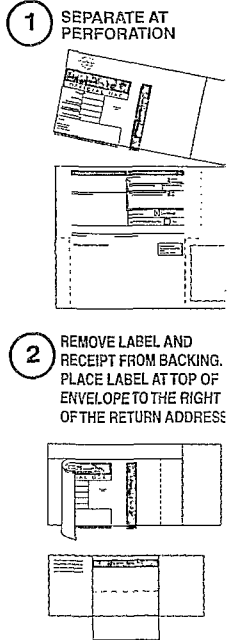
A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0011 9143

1. Article Addressed to:

ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
KE Emerson **9-4-10**

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119143
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9150

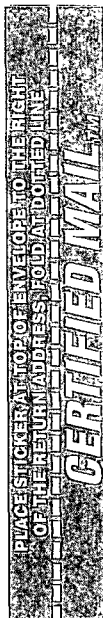
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ent To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

ANN MARIE MITCHELL
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2006, PSN 7530-01-000-9041 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9150

ANN MARIE MITCHELL
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

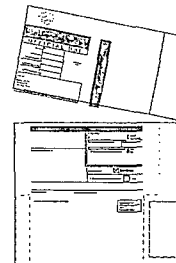
Batch #: 2183
Article #: 71106605959000119150
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

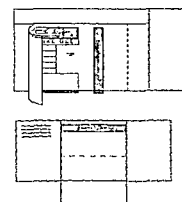
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9150	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ANN MARIE MITCHELL C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9150	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ANN MARIE MITCHELL C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119150
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9167

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Post To

ANNA CELIA HOWELL HILTON
1507 E LA RUA ST
PENSACOLA, FL 32501

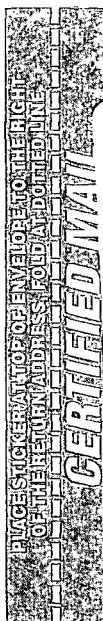
Post, Apt. No.;

PO Box No.

City, State, Zip+4

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9167

ANNA CELIA HOWELL HILTON
1507 E LA RUA ST
PENSACOLA, FL 32501

Batch #: 2183
Article #: 71106605959000119167
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0011 9167

1. Article Addressed to:

ANNA CELIA HOWELL HILTON
1507 E LA RUA ST
PENSACOLA, FL 32501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES enter delivery address below: ☐ No

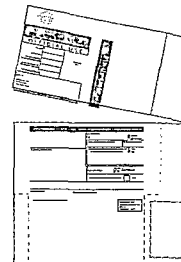
3. Service Type

☒ Certified

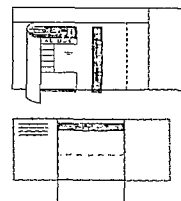
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9167

1. Article Addressed to:

ANNA CELIA HOWELL HILTON
1507 E LA RUA ST
PENSACOLA, FL 32501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES enter delivery address below: ☐ No

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2183
Article #: 71106605959000119167
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0011 9174

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postage to
Address, Apt. No.,
PO Box No.,
City, State, Zip+4

ANNA MARIE LUCAS
14431 FAIR KNOLL WAY
HOUSTON, TX 77062

9/1/10

Form 3809, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



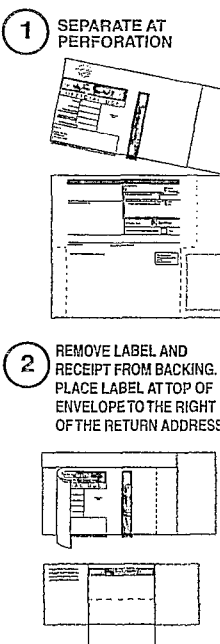
7110 6605 9590 0011 9174

ANNA MARIE LUCAS
14431 FAIR KNOLL WAY
HOUSTON, TX 77062

Batch #: 2183
Article #: 71106605959000119174
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

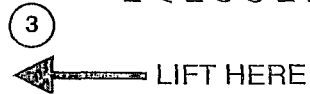
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9174	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANNA MARIE LUCAS 14431 FAIR KNOLL WAY HOUSTON, TX 77062	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9174	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANNA MARIE LUCAS 14431 FAIR KNOLL WAY HOUSTON, TX 77062	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119174
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
No Insurance Coverage Provided
For information visit our website at www.usps.com

7110 6605 9590 0011 9181

Postage	\$	1.05
Certified Fee		\$2.80
Return Receipt Fee (endorsement Required)		\$2.30
Restricted Delivery Fee (endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.15

Postmark Here

nt To
et, Apt. No.;
PO Box No.
y, State, Zip+4

ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

9/11/10

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9181

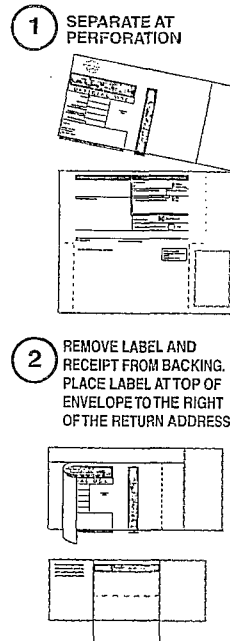
ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

Batch #: 2183
Article #: 71106605959000119181
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9181	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANNA REBECCA WARD DELKRUG 15402 STONEHILL DR HOUSTON, TX 77062	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



PS Form 3811 Domestic Return Receipt

2. Article	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9181	X <i>Ward Delkrug</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-4-10
ANNA REBECCA WARD DELKRUG 15402 STONEHILL DR HOUSTON, TX 77062	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119181
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only; No Insurance Coverage Provided)
For Information Visit Our Website at www.usps.com

7110 6605 9590 0011 9198

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
Address, Apt. No.,
PO Box No.
City, State, Zip+4
ANNE MCCORD MILLER
PO BOX 840738
DALLAS, TX 75284-0738

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9198

ANNE MCCORD MILLER
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2183
Article #: 71106605959000119198
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

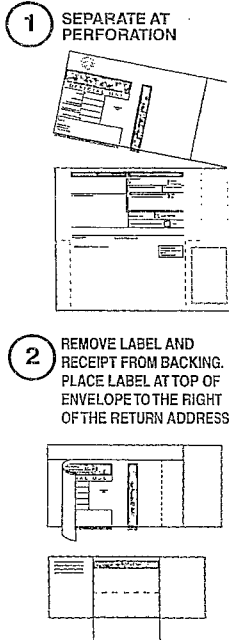
Reorder Form LCD-8 Rev. 01/07

2: Article Number 7110 6605 9590 0011 9198	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANNE MCCORD MILLER PO BOX 840738 DALLAS, TX 75284-0738	
Code: Allocation Project - D.Howell	

PS Form 3811 Domestic Return Receipt

2: Article Number 7110 6605 9590 0011 9198	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Alex SEP 05 2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANNE MCCORD MILLER PO BOX 840738 DALLAS, TX 75284-0738	
Code: Allocation Project - D.Howell	

PS Form 3811 Domestic Return Receipt



Batch #: 2183
Article #: 71106605959000119198
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0011 9211

*Perlen
Fund*

ANTHONY BARD BOAND
25464 W CUBA RD
BARBERS PT, FL 33937

BOAND



 **See How Domestics As Addressed**
☐ Unable To Forward
☐ Incorrect Address
☐ Undelivered, Left No Address
☐ Attempted - Not Known
☐ No Such Street
☐ Vacant
☐ No Mail Recipients
☐ Box Closed - No Order
☐ Returned For Better Address
☐ Postage Due



0006557587 SEP 01 2010
MAILED FROM ZIP CODE 87402



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Registered Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com
7110 6605 9590 0011 9211

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
Anthony Bard Board
25464 W CUBA RD
BARRINGTON, IL 60010
9/1/10
Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9211

ANTHONY BARD BOARD
25464 W CUBA RD
BARRINGTON, IL 60010

Batch #: 2183
Article #: 71106605959000119211
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0011 9211	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANTHONY BARD BOARD 25464 W CUBA RD BARRINGTON, IL 60010 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

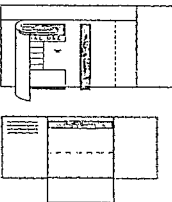
Batch #: 2183
Article #: 71106605959000119211
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Electronic Mail Only; No Insurance Coverage Provided)
For information on this form, visit www.usps.com
7110 6605 9590 0011 9228

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Mail To: APCO MINERALS LTD
221 JACKSON PL
CORPUS CHRISTI, TX 78411
9/18/10
Form 3811, August 2006. See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9228

APCO MINERALS LTD
221 JACKSON PL
CORPUS CHRISTI, TX 78411

Batch #: 2183
Article #: 71106605959000119228
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number 7110 6605 9590 0011 9228	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: APCO MINERALS LTD 221 JACKSON PL CORPUS CHRISTI, TX 78411 Code: Allocation Project - D.Howell	

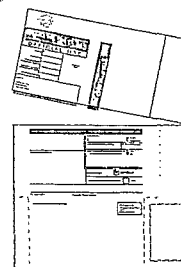
PS Form 3811

2. Article Number 7110 6605 9590 0011 9228	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: APCO MINERALS LTD 221 JACKSON PL CORPUS CHRISTI, TX 78411 Code: Allocation Project - D.Howell	

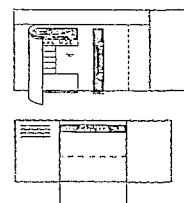
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2183
Article #: 71106605959000119228
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For information visit our Web Site at www.usps.com
7110 6605 9590 0011 9235

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postage
Certified Fee
Return Receipt Fee
(endorsement Required)
Restricted Delivery Fee
(endorsement Required)
Total Postage & Fees

ARCH W SHAW II TRUST UAD FEB 1 1971
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

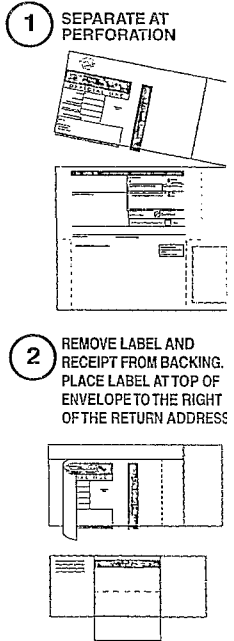


7110 6605 9590 0011 9235

ARCH W SHAW II TRUST UAD FEB 1 1971
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Batch #: 2183
Article #: 71106605959000119235
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

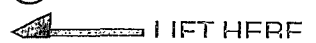
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9235	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ARCH W SHAW II TRUST UAD FEB 1 1971 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9235	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ARCH W SHAW II TRUST UAD FEB 1 1971 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9-4-10
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119235
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0011 9242

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
Street, Apt. No.,
PO Box No.
City, State, Zip+4
9/1/10
ARCHER PEARL ENERGY LLC
112 E PECAN ST, SUITE 500
SAN ANTONIO, TX 78205
Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



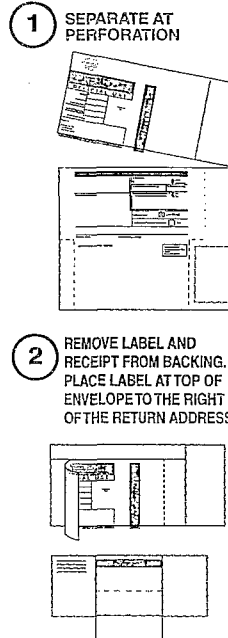
7110 6605 9590 0011 9242

ARCHER PEARL ENERGY LLC
112 E PECAN ST, SUITE 500
SAN ANTONIO, TX 78205

Batch #: 2183
Article #: 711066059590000119242
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-800-01/07

2. Article Number 7110 6605 9590 0011 9242	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ARCHER PEARL ENERGY LLC 112 E PECAN ST, SUITE 500 SAN ANTONIO, TX 78205 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9242	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>B. Scheel</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>B. Scheel</i> <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ARCHER PEARL ENERGY LLC 112 E PECAN ST, SUITE 500 SAN ANTONIO, TX 78205 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 711066059590000119242
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3231

Postage	\$	\$0.44	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.54	

ent To
street, Apt. No.,
r PO Box No.
ity, State, Zip+4

ARMONDO E ESPINOSA
PO BOX 371
BLANCO, NM 87412

PS Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™

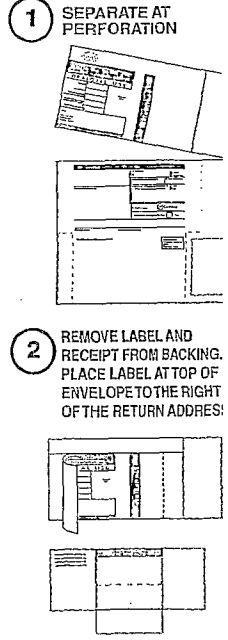
7110 6605 9590 0013 3231

ARMONDO E ESPINOSA
PO BOX 371
BLANCO, NM 87412

Batch #: 2272
Article #: 71106605959000133231
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

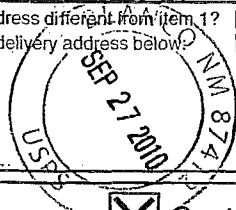
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3231	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ARMONDO E ESPINOSA PO BOX 371 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3231	A. Signature X <i>Armondo Espinosa</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ARMONDO E ESPINOSA PO BOX 371 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133231
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 2739

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

ent To
street, Apt. No.;
PO Box No.
ity, State, Zip+4

ARNE L FILAN
40 S DIVISION ST
WALLA WALLA, WA 99362

Form 3800, August 2006 See Reverse for Instructions



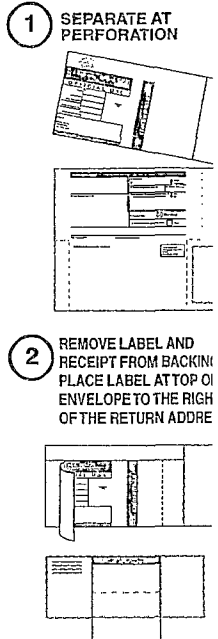
7110 6605 9590 0013 2739

ARNE L FILAN
40 S DIVISION ST
WALLA WALLA, WA 99362

Batch #: 2269
Article #: 71106605959000132739
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2739	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ARNE L FILAN 40 S DIVISION ST WALLA WALLA, WA 99362	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2739	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ARNE L FILAN 40 S DIVISION ST WALLA WALLA, WA 99362	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9-24-10
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2269
Article #: 71106605959000132739
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
First Class Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0011 9259

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

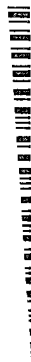
sent To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

ART CUNNINGHAM
5141 N 40 ST
PHOENIX, AZ 85018

9/11/10

Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9259

ART CUNNINGHAM
5141 N 40 ST
PHOENIX, AZ 85018

Batch #: 2183
Article #: 71106605959000119259
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

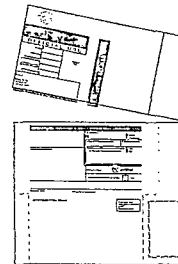
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9259	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ART CUNNINGHAM 5141 N 40 ST PHOENIX, AZ 85018	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

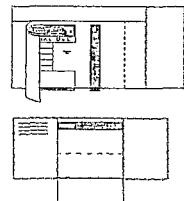
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9259	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CUNN141# 850182070 1310 29 09Y06716 NOTIFY SENDER OF NEW ADDRESS CUNNINGHAM' ART PMB 819 3219 E CAMELBACK RD PHOENIX AZ 85018-2307	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	Certified ☐ Yes

Batch #: 2183
Article #: 71106605959000119259
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0011 9266

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

int To
reet, Apt. No.,
PO Box No.
ty, State, Zip+4

ASCENCION T WALKER
606 MESA RIDGE
SAN ANTONIO, TX 78258
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



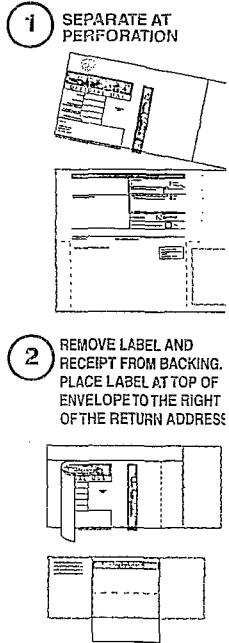
7110 6605 9590 0011 9266

ASCENCION T WALKER
606 MESA RIDGE
SAN ANTONIO, TX 78258

Batch #: 2183
Article #: 71106605959000119266
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 9266	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ASCENCION T WALKER 606 MESA RIDGE SAN ANTONIO, TX 78258 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9266	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Adrian Walker</i> ☐ 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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ASCENCION T WALKER 606 MESA RIDGE SAN ANTONIO, TX 78258 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119266
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0011 9273

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

ASHBURN LIVING TRUST
7095 69TH ST.
VERO BEACH, FL 32967-4810

9/1/10

Form 3800, August 2006; See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9273

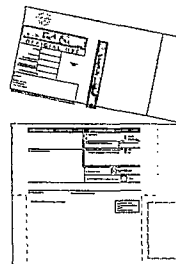
ASHBURN LIVING TRUST
7095 69TH ST.
VERO BEACH, FL 32967-4810

Batch #: 2183
Article #: 71106605959000119273
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

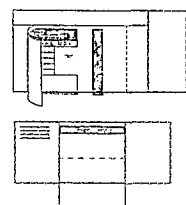
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9273	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ASHBURN LIVING TRUST 7095 69TH ST. VERO BEACH, FL 32967-4810	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9273	A. Signature X <i>WTR Ashburn</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ASHBURN LIVING TRUST 7095 69TH ST. VERO BEACH, FL 32967-4810	<i>Ashburn</i> <i>9/1/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119273
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0011 9297

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

nt To
reet, Apt. No.;
PO Box No.
y, State, Zip+4

ATLANTIC PARTNERS
P. O. BOX 3759
MIDLAND, TX 79702
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



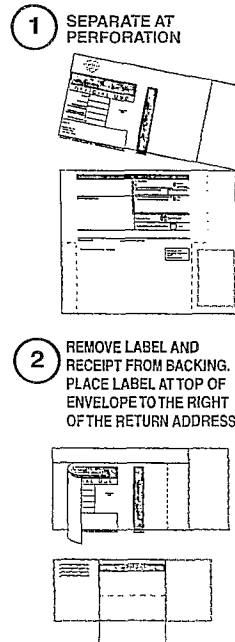
7110 6605 9590 0011 9297

ATLANTIC PARTNERS
P. O. BOX 3759
MIDLAND, TX 79702

Batch #: 2183
Article #: 71106605959000119297
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number 7110 6605 9590 0011 9297	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--



2. Article Number 7110 6605 9590 0011 9297	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kathryn Clark</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Kathryn Clark</i> 9/1/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 2183
Article #: 71106605959000119297
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

