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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	

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

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

9/1/10

Form 3800, August 2006 See Reverse for Instructions

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8818	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
1994 KENYON FAMILY TRUST C/O DAVID G KENYON 7200 REDWOOD BLVD STE 404 NOVATO, CA 94945	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

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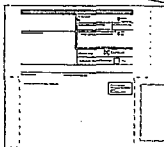
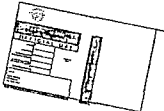
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

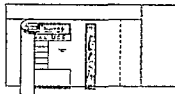
3

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 ServiceTM
CERTIFIED MAIL[®] RECEIPT
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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	

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

ALBERT V. WORKS, JR.
10315 PIPING ROCK
HOUSTON, TX 77042
9/1/10

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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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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

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Reorder Form LCD-Rev. 01/07



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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
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PO Box No.
City, State, Zip+4

9/1/10

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

Form 3800, April 2006 See Reverse for Instructions

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9099	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANDREW B KELLY JR 2575 SUNSET DR ATLANTA, GA 30345-1946	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

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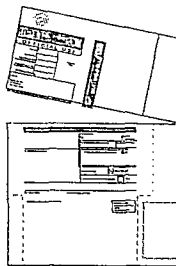
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000119099
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

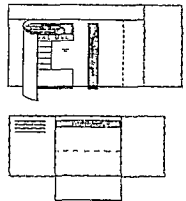
3

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1 SEPARATE AT PERFORATION



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





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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
reet, Apt. No.;
PO Box No.
ity, State, Zip+4

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Form 3800, August 2006 See Reverse for Instructions

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 #:

2. Article Number 7110 6605 9590 0011 9112	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:

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Code: Allocation Project - D.Howell

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Domestic Return Receipt

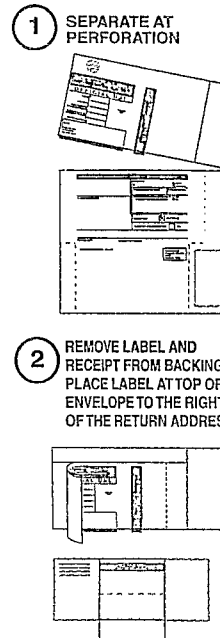
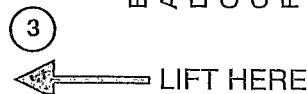
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Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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



Reorder Form LCD-01/07



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

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

9/1/10

Form 3800, August 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 #: 71106605959000119075
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 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

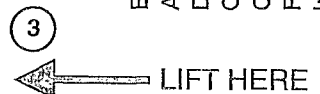
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Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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





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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	

Print To
Address, Apt. No.,
PO Box No.
City, State, Zip+4
91110
ANNIE MAE COOPER
1301 CR 406
TAYLOR, TX 76574
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 ☐ 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:

ANNIE MAE COOPER
1301 CR 406
TAYLOR, TX 76574
Code: Allocation Project - D.Howell

PS Form 3811

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UNITED STATES POSTAL SERVICE



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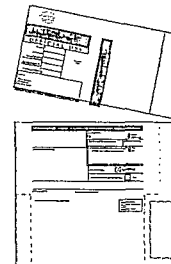
Lisa Hunter, Land Department
SJBUCoconophillips
P.O. Box 4289
Farmington, NM 87499

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

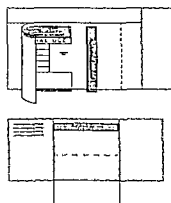
3

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1 SEPARATE AT PERFORATION



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





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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 2005 / 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 #:

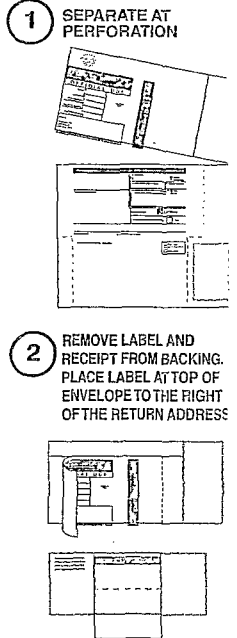
Reorder Form LCD rev. 01/07

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
1. Article Addressed to: A RAY DAVIS P. O. BOX 79188 HOUSTON, TX 77279 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 <i>Ray Davis</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: A RAY DAVIS P. O. BOX 79188 HOUSTON, TX 77279 Code: Allocation Project - D.Howell	

PS Form 3811 Domestic Return Receipt



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





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7110 6605 9590 0011 8832

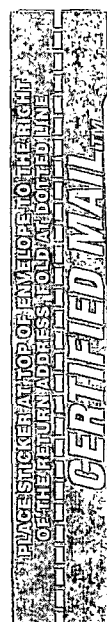
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Post Office, Apt. No.,
PO Box No.,
City, 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 3 rev. 01/07

2. Article Number

7110 6605 9590 0011 8832

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

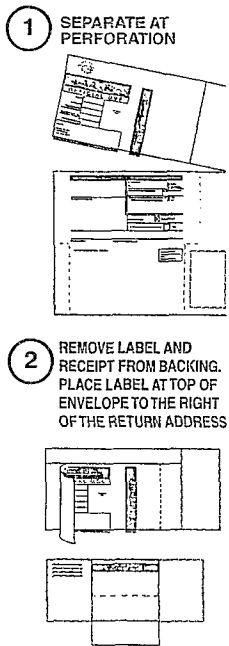
A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811

2. Article Number

7110 6605 9590 0011 8832

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *A. Rutter*

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

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

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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	

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

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

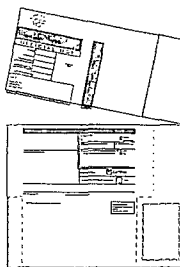
ABEL LOBATO
4206 LEHIGH DR
MIDLAND, TX 79707

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

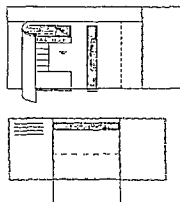
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0011 8849	COMPLETE THIS SECTION ON DELIVERY A. Signature X 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: ABEL LOBATO 4206 LEHIGH DR MIDLAND, TX 79707 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> B. Received by (Printed Name) <i>Abel Lobato</i> C. Date of Delivery <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
1. Article Addressed to: ABEL LOBATO 4206 LEHIGH DR MIDLAND, TX 79707 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 #:



U.S. Postal Service
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7110 6605 9590 0011 8856

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

ABQ ENERGY GROUP LTD
3022 CORRALES RD
CORRALES, NM 87048
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8856

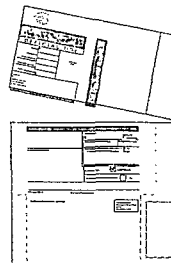
ABQ ENERGY GROUP LTD
3022 CORRALES RD
CORRALES, NM 87048

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

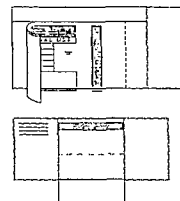
Reorder Form LCD-Rev. 01/07

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	

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 8856	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Marla Weck</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Marla Weck</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 #:



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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
9/11/10

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



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- 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

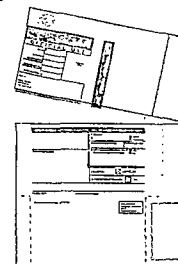
B. Received by (Printed Name) C. Date of Delivery

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

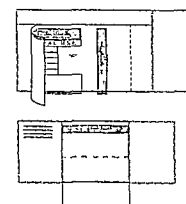
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 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
Reginald Abad 7

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 #:

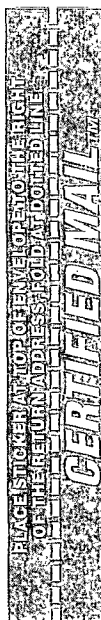


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7110 6605 9590 0011 8870

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	

Postage To: **ACOMA OIL CORPORATION**
408 ST PETER STREET #434
SAINT PAUL, MN 55102
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



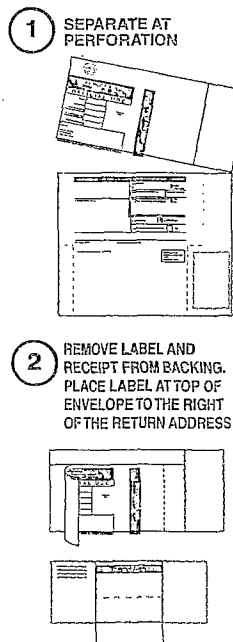
7110 6605 9590 0011 8870

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-1 rev. 01/07

2. Article Number 7110 6605 9590 0011 8870	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: ACOMA OIL CORPORATION 408 ST PETER STREET #434 SAINT PAUL, MN 55102 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 8870	COMPLETE THIS SECTION ON DELIVERY A. Signature X Sheryl Bale ☐ 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 Sheryl Bale 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ACOMA OIL CORPORATION 408 ST PETER STREET #434 SAINT PAUL, MN 55102 Code: Allocation Project - D.Howell	

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





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7110 6605 9590 0011 8887

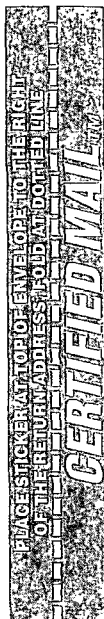
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ACTON ENERGY LP
508 W WALL, SUITE 500
MIDLAND, TX 79701
9/1/10

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



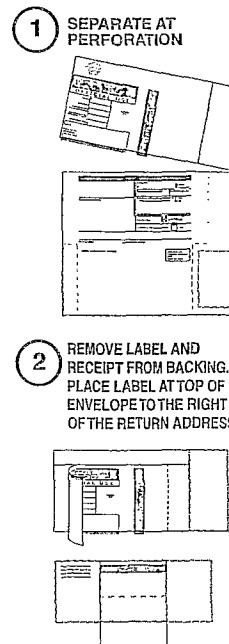
7110 6605 9590 0011 8887

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 #:

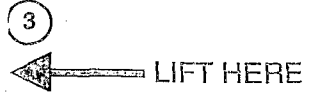
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 8887	COMPLETE THIS SECTION ON DELIVERY A. Signature X 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: ACTON ENERGY LP 508 W WALL, SUITE 500 MIDLAND, TX 79701	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 8887	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery 9-7-10 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: ACTON ENERGY LP 508 W WALL, SUITE 500 MIDLAND, TX 79701	
Code: Allocation Project - D.Howell	

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





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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	

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

ADELANTE OIL & GAS LLC
P O BOX 2471
DURANGO, CO 81302
9/1/10

Form 3809, 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 #:

Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8894	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ADELANTE OIL & GAS LLC P O BOX 2471 DURANGO, CO 81302	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	

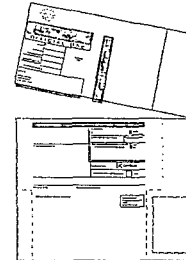
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

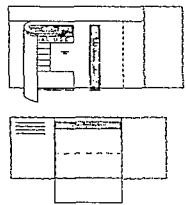
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8894	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ADELANTE OIL & GAS LLC P O BOX 2471 DURANGO, CO 81302	Anne Howell	9/1/10
	D. Is delivery address different from 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

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 #: 71106605959000118894
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
(The Mail Only - No Insurance Coverage Provided)
By affixing this label, you agree to the terms and conditions of the Certified Mail label.

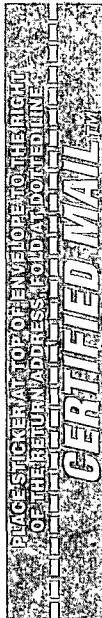
7110 6605 9590 0011 8900

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	

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



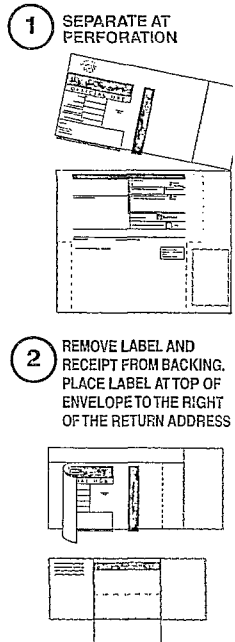
7110 6605 9590 0011 8900

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-2 rev. 01/07

2. Article Number 7110 6605 9590 0011 8900	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 D JERMAN 344 N ALTA VISTA AVE MONROVIA, CA 91016	
Code: Allocation Project - D.Howell	



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 8900	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Alan D Jerman</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Alan D Jerman</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
1. Article Addressed to: ALAN D JERMAN 344 N ALTA VISTA AVE MONROVIA, CA 91016	
Code: Allocation Project - D.Howell	

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



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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	

Mail To
ALAN HANNIFIN
PO BOX 8874
DENVER, CO 80201-8874
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8917

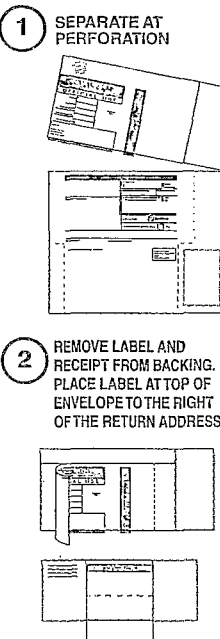
ALAN HANNIFIN
PO BOX 8874
DENVER, CO 80201-8874

Batch #: 2183
Article #: 71106605959000118917
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 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	

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 Hannifin L 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: ALAN HANNIFIN PO BOX 8874 DENVER, CO 80201-8874	
Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000118917
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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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	

sent 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



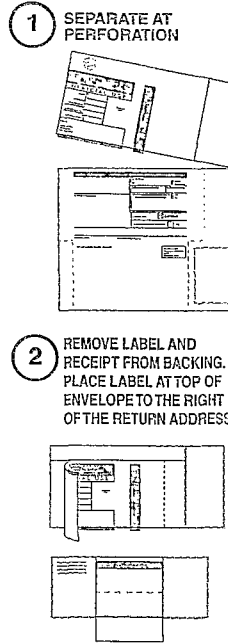
7110 6605 9590 0011 8924

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 #:

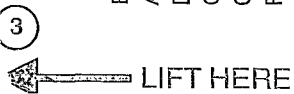
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8924	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALBERT HOLLY 7919 FRIARS COURT LN SPRING, TX 77379	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 8924	A. Signature X <i>Albert Holly</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALBERT HOLLY 7919 FRIARS COURT LN SPRING, TX 77379	<i>Albert Holly</i> <i>9/4/10</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 #: 71106605959000118924
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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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
9/11/10

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8931

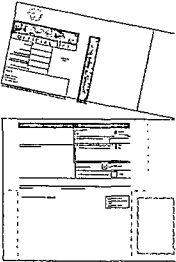
ALBERT L HOPKINS JR
6 LA COSTA WAY
PALM COAST, FL 32137-4701

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

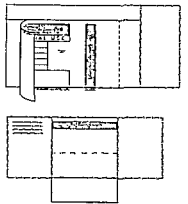
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8931	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALBERT L HOPKINS JR 6 LA COSTA WAY PALM COAST, FL 32137-4701	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 8931	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALBERT L HOPKINS JR 6 LA COSTA WAY PALM COAST, FL 32137-4701	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 #: 71106605959000118931
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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(Certified Mail Only, No Insurance Coverage Provided)
For information visit our Website at 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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8955

ALICE BROWN
PO BOX 554
GREENWOOD, IN 46142-0554

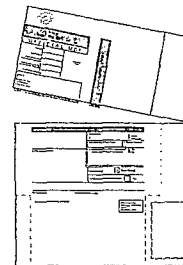
Batch #: 2183
Article #: 71106605959000118955
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

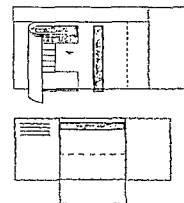
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8955	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALICE BROWN PO BOX 554 GREENWOOD, IN 46142-0554	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery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



PS Form 3811 Domestic Return Receipt

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 <i>Alice Brown</i> <i>9-7-10</i>
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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

3



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	

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8962

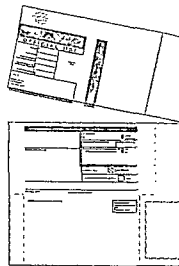
ALICE JANE WEBB
3525 TURTLE CREEK BLVD #19A
DALLAS, TX 75219-5514

Batch #: 2183
Article #: 71106605959000118962
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

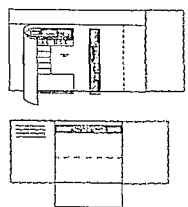
Reorder Form LCD rev. 01/07

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

1 SEPARATE AT PERFORATION

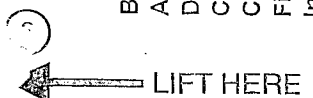


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8962	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
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

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





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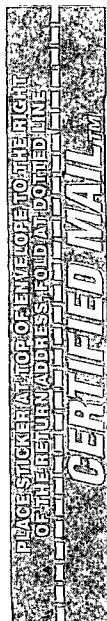
7110 6605 9590 0011 8986

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	

Postage to
Alicia Rains
202 CR 162
BALLINGER, TX 76821
9/1/10

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8986

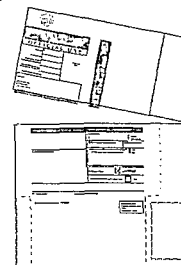
ALICE RAINS
202 CR 162
BALLINGER, TX 76821

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

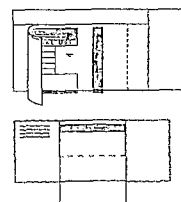
Reorder Form LCD rev. 01/07

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
ALICE 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

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 8986	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALICE RAINS 202 CR 162 BALLINGER, TX 76821	ALICE RAINS 9-8-10-2K
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 #: 71106605959000118986
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0011 8979

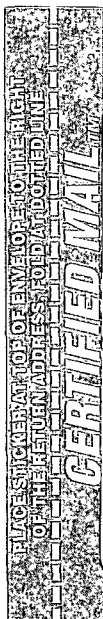
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ALICE M VICENTI
9020 TWIN HARBOR NW
ALBUQUERQUE, NM 87121
9/1/10

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

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

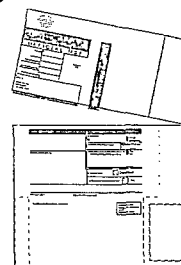
Batch #: 2183
Article #: 71106605959000118979
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-2 rev. 01/07

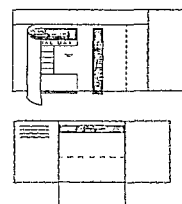
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8979	A. Signature X ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ALICE M VICENTI 9020 TWIN HARBOR NW ALBUQUERQUE, NM 87121	D. Is delivery address different from item 1? ☐ Yes If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



PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8979	A. Signature X <i>Mary Herve</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 Herve</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 #: 71106605959000118979
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811

Domestic Return Receipt

3

LIFT HERE



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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	

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

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

911110

Form 3811, August 2006 See Rate Schedule for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8993

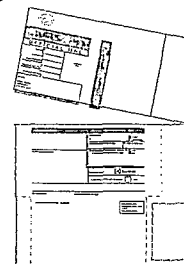
ALISON A GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

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

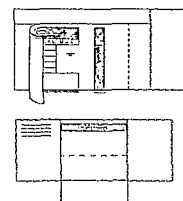
Reorder Form LCD rev. 01/07

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

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	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

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

3



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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	

sent To
AMBER CROWLEY
934 EAST 300 S
PROVO, UT 84606

reel, Apt. No.;
PO Box No.
ty, State, Zip+4

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



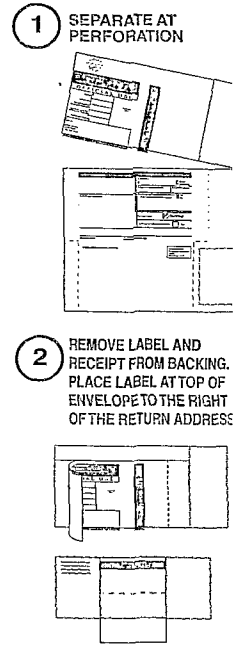
7110 6605 9590 0011 9006

AMBER CROWLEY
934 EAST 300 S
PROVO, UT 84606

Batch #: 2183
Article #: 711066059590000119006
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 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	



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) <i>Amber Hennrich</i> C. Date of Delivery <i>SEP - 7 2010</i> 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 #: 711066059590000119006
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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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	

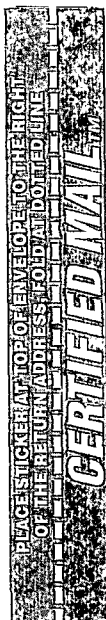
sent To
street, Apt. No.,
PO Box No.
City, State, Zip+4

AMELIA ANNE SUNDBERG
1915 BROWN SCHOOL CT
RICHMOND, TX 77406

9/1/10

PS Form 3800, August 2006-1-2. 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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

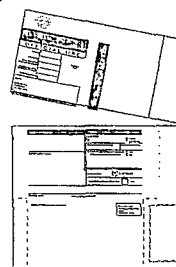
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

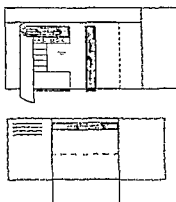
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9013	A. Signature X <i>Sam Sundberg</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Sam Sundberg</i> <i>9/8/10</i>
AMELIA ANNE SUNDBERG 1915 BROWN SCHOOL CT RICHMOND, TX 77406	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 #: 71106605959000119013
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9020

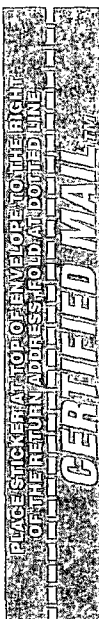
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

Form 3800, August 2006 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

7110 6605 9590 0011 9020

1. Article Addressed to:

AMELIA C KELLY
4585 JORDAN SPUR RD
BOZEMAN, MT 59715

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

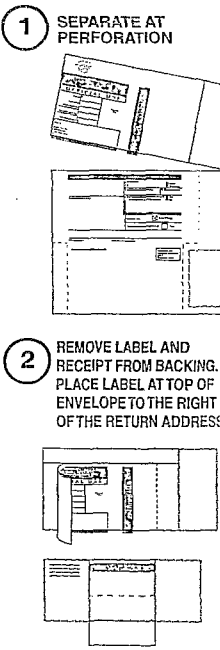
B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0011 9020

1. Article Addressed to:

AMELIA C KELLY
4585 JORDAN SPUR RD
BOZEMAN, MT 59715

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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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	

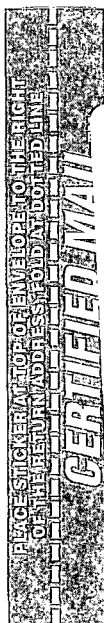
Post To
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

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

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9037

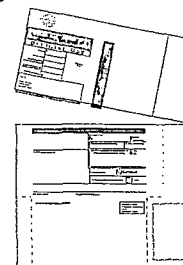
AMERICAN ASSURANCE 2000 LP
PO BOX 41027
HOUSTON, TX 77241-1027

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

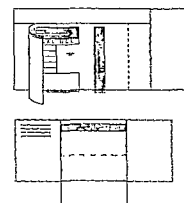
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9037	A. Signature ☒ Agent X ☐ 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 ☐ Agent X ☒ 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	EDUARDO TAFEINER 9-7-10
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 #: 71106605959000119037
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
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Information Visit our website at www.usps.com

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

9/1/10

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

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9044

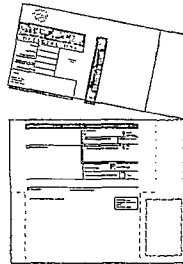
AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

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

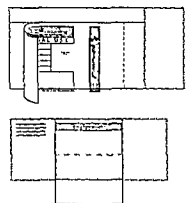
Reorder Form LCD-8, rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9044	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AMIRA F BOISSON PMB 8355 511 E SAN YSIDRO BLVD SAN YSIDRO, CA 92173-3111	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



PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9044	A. Signature X <i>5/1/10 E. J.</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>2. Camasillo</i> <i>9-4-10</i>
AMIRA F BOISSON PMB 8355 511 E SAN YSIDRO BLVD SAN YSIDRO, CA 92173-3111	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 #: 71106605959000119044
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
(For Mail Only; No Insurance Coverage Provided)
For delivery 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

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

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-8 v. 01/07

2. Article Number 7110 6605 9590 0011 9051	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: AMMO INVESTEMENT 500 N AKARD DALLAS, TX 75201	
Code: Allocation Project - D.Howell	

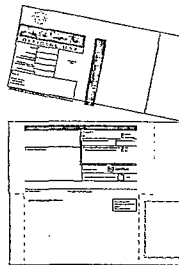
PS Form 3811

2. Article Number 7110 6605 9590 0011 9051	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Dennis M. Reed</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: AMMO INVESTEMENT 500 N AKARD DALLAS, TX 75201	
Code: Allocation Project - D.Howell	

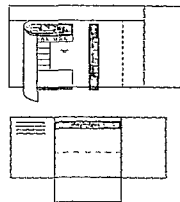
PS Form 3811

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 #: 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
(No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0011 9068

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

Return 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9068

1. Article Addressed to:

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

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
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

7110 6605 9590 0011 9068

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X Jackie Anderson

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

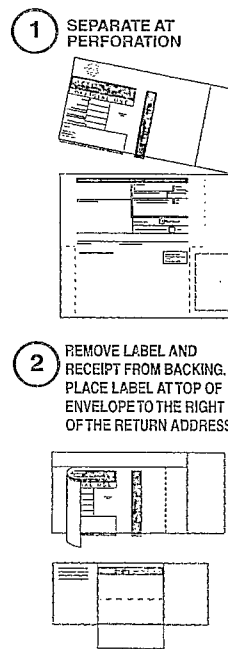
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt



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

3





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	

Int To
reet, Apt. No.;
PO Box No.
ity, State, Zip+4

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



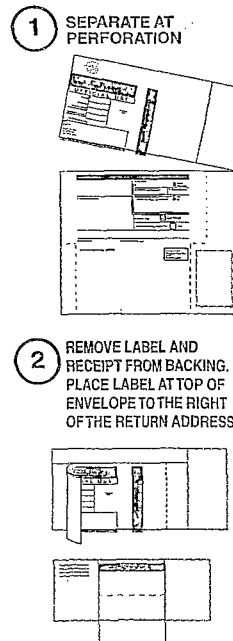
7110 6605 9590 0011 9075

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

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

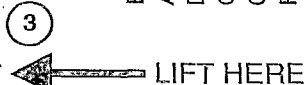
Reorder Form LCD-8 Rev. 01/07

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? If YES enter delivery address below:	☐ Yes ☐ 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? If YES enter delivery address below:	☐ Yes ☐ 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 #:





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7110 6605 9590 0011 9082

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
9/1/10
Form 3800, August 2006 See Reverse for Instructions

ANDREA T LUCERO
505 N. 4TH
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9082

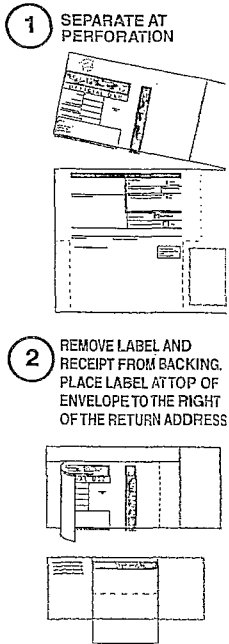
ANDREA T LUCERO
505 N. 4TH
BLOOMFIELD, NM 87413

Batch #: 2183
Article #: 71106605959000119082
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 9082
1. Article Addressed to:
ANDREA T LUCERO
505 N. 4TH
BLOOMFIELD, NM 87413
Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY
A. Signature
☒ Agent
☒ Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No
3. Service Type ☒ Certified
4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811

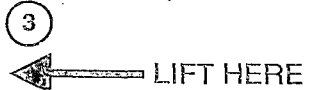
2. Article Number
7110 6605 9590 0011 9082
1. Article Addressed to:
ANDREA T LUCERO
505 N. 4TH
BLOOMFIELD, NM 87413
Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY
A. Signature
☒ Agent
☒ Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No
3. Service Type ☒ Certified
4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119082
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811

Domestic Return Receipt





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	

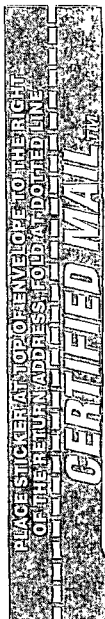
ent To
reet, Apt. No.;
PO Box No.
ity, State, Zip+4

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210

9/1/10

Form 3800, AUG. 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9105

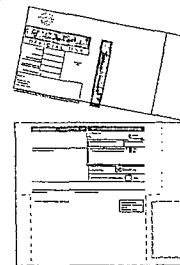
ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210

Batch #: 2183
Article #: 7110605959000119105
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

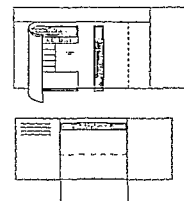
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9105	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANDREW J HOMBURGER 2417 S ADAMS ST DENVER, CO 80210	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 9105	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANDREW J HOMBURGER 2417 S ADAMS ST DENVER, CO 80210	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



Batch #: 2183
Article #: 7110605959000119105
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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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
ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562
9/11/10
Form 3800, August 2006 (See Reverse for Instructions)

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-1 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9112

1. Article Addressed to:

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

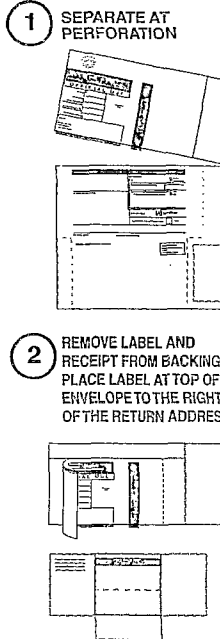
A. Signature ☐ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0011 9112

1. Article Addressed to:

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Betty Hicks

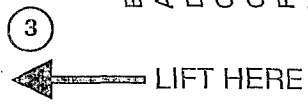
B. Received by (Printed Name) C. Date of Delivery
Betty Hicks 9/13/10

D. Is delivery address different from item 1? ☒ Yes
If YES enter delivery address below: ☐ No
1243 Jones Ranch Rd
Gardnerville NV 89460

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 #:





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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	

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

ANGELINA BURKIN
PO BOX 12882
WILMINGTON, NC 28405

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2722

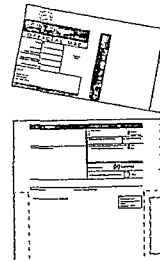
ANGELINA BURKIN
PO BOX 12882
WILMINGTON, NC 28405

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

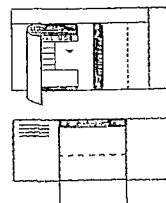
Reorder Form LCD-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2722		
1. Article Addressed to:	A. Signature X ☐ Agent ☐ Addressee	
ANGELINA BURKIN PO BOX 12882 WILMINGTON, NC 28405	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 BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2722		
1. Article Addressed to:	A. Signature X <i>Angelina Burkin</i> ☐ Agent ☐ Addressee	
ANGELINA BURKIN PO BOX 12882 WILMINGTON, NC 28405	B. Received by (Printed Name) <i>ANGELINA BURKIN</i>	C. Date of Delivery <i>9/14/2010</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	

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

sent To
Street, Apt. No.,
PO Box No.
City, State, Zip+4
9/1/10
ANITA BRIGGS
115 FISH & GAME RD
CHERRY VALLEY, NY 13320
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



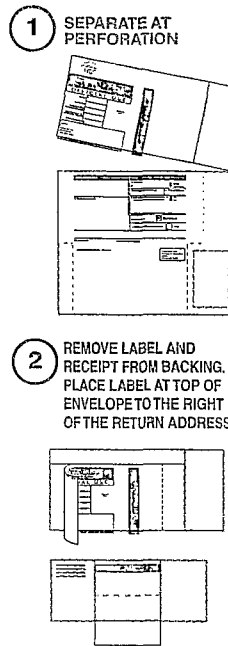
7110 6605 9590 0011 9129

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-8 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9129	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: ANITA BRIGGS 115 FISH & GAME RD CHERRY VALLEY, NY 13320	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9129	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Waltera Brigg 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: ANITA BRIGGS 115 FISH & GAME RD CHERRY VALLEY, NY 13320	
Code: Allocation Project - D.Howell	

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



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(Certified Mail Only, No Insurance Coverage Provided)
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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
9/1/10

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



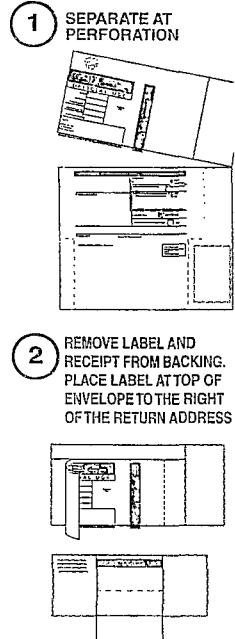
7110 6605 9590 0011 9136

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	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: ANN BOYD 6140 DELOACHE DALLAS, TX 75225-2811	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9136	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
1. Article Addressed to: ANN BOYD 6140 DELOACHE DALLAS, TX 75225-2811	
Code: Allocation Project - D.Howell	

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





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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	

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

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

Form 3800, August 2006, PSN 7530-01-000-9000 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-1 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
X ☐ Agent
☐ Addressee

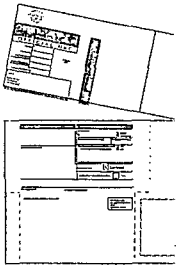
B. Received by (Printed Name) C. Date of Delivery

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

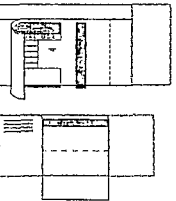
3. Service Type ☒ Certified

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 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
X ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
RE Emmons and 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 #:



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

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	

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

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U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only; No Insurance Coverage Provided)
See Instructions on Back of Envelope for Details

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	

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

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

9/11/10

Form 3800, August 2008 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



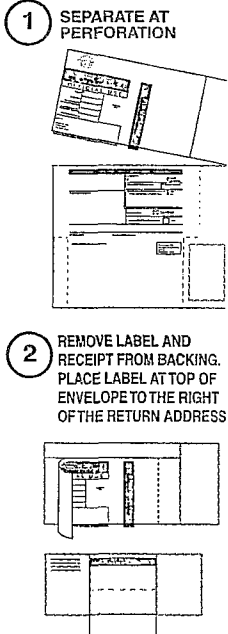
7110 6605 9590 0011 9167

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 #:

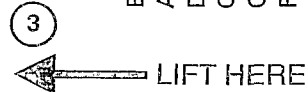
Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9167	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANNA CELIA HOWELL HILTON 1507 E LA RUA ST PENSACOLA, FL 32501	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 9167	A. Signature ☐ Agent X <i>Celia Hilton</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Celia Hilton</i>
ANNA CELIA HOWELL HILTON 1507 E LA RUA ST PENSACOLA, FL 32501	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 #: 71106605959000119167
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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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	

Return To
ANNA MARIE LUCAS
14431 FAIR KNOLL WAY
HOUSTON, TX 77062

Postnet barcode: 7110 6605 9590 0011 9174

Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



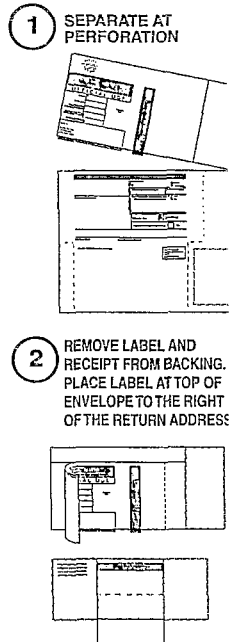
7110 6605 9590 0011 9174

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
(For Mail Only; No Insurance Coverage Provided)
For information, visit our website at www.usps.com

7110 6605 9590 0011 9181

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

ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9181

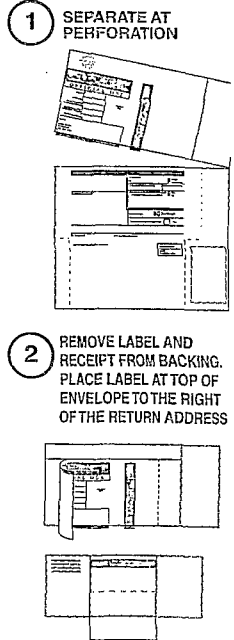
ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

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

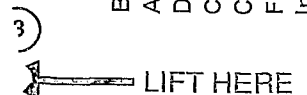
Reorder Form LCD-2 rev. 01/07

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		

2. Article	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9181	A. Signature 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 #:





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	

ent To

reet, Apt. No.;
PO Box No.
ty, 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-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9198	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANNE MCCORD MILLER PO BOX 840738 DALLAS, TX 75284-0738	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

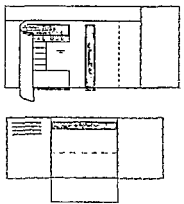
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9198	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery ANNE MCCORD MILLER SEP 05 2010
ANNE MCCORD MILLER PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different 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



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

3

LIFT HERE



7110 6605 9590 0011 9211



0006557587 SEP 01 2010
MAILED FROM ZIP CODE 87402

*Refer
fund*

ANTHONY BARD BOARD
25464 W CUBARD
BARBERS PT, IL 60003

BOARD

-  **Do Not Detach** **As Addressed**
- ☐ Unable To Forward
 - ☐ Invalid/Unknown Address
 - ☐ Unclaimed, Left No Address
 - ☐ Attempted ☐ Refused
 - ☐ No Such Street ☐ Not Known
 - ☐ Vacant ☐ No Reply
 - ☐ No Mail Recipients
 - ☐ Box Closed - No Order
 - ☐ Returned For Better Address
 - ☐ Postage Due _____



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(Certified 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	

Ant To
reet, Apt. No.;
PO Box No.
ly, State, Zip+4
9/1/10
Form 3800, August 2008 See Reverse for Instructions

ANTHONY BARD BOARD
25464 W CUBA RD
BARRINGTON, IL 60010

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9211

ANTHONY BARD BOARD
25464 W CUBA RD
BARRINGTON, IL 60010

Batch #: 2183
Article #: 7110605959000119211
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 9211	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: ANTHONY BARD BOARD 25464 W CUBA RD BARRINGTON, IL 60010 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

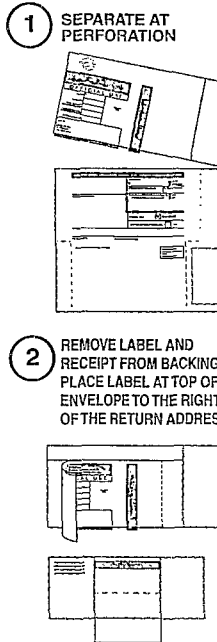
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2183
Article #: 7110605959000119211
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
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Mail ONLY Insurance Coverage Provider
Information Visit our website at 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	

int To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4
9/18/10
APCO MINERALS LTD
221 JACKSON PL
CORPUS CHRISTI, TX 78411
Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9228

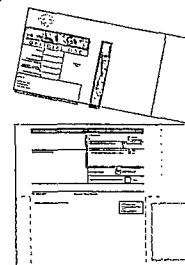
APCO MINERALS LTD
221 JACKSON PL
CORPUS CHRISTI, TX 78411

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

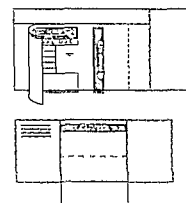
Reorder Form LCD- rev. 01/07

2. Article Number 7110 6605 9590 0011 9228	COMPLETE THIS SECTION ON DELIVERY A. Signature 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: APCO MINERALS LTD 221 JACKSON PL CORPUS CHRISTI, TX 78411 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 9228	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Ella Kuchard</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>E. Kuchard 8-4-10</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: APCO MINERALS LTD 221 JACKSON PL CORPUS CHRISTI, TX 78411 Code: Allocation Project - D.Howell	

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



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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	

Return To
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 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



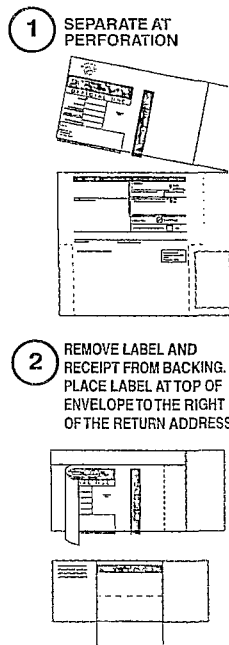
7110 6605 9590 0011 9235

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 #:

Reorder Form LCD-8-10-01/07

2. Article Number 7110 6605 9590 0011 9235	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: ARCH W SHAW II TRUST UAD FEB 1 1971 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9235	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Arch W Shaw</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) 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
1. Article Addressed to: ARCH W SHAW II TRUST UAD FEB 1 1971 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438 Code: Allocation Project - D.Howell	

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



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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	

Postage To
Return, 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 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9242

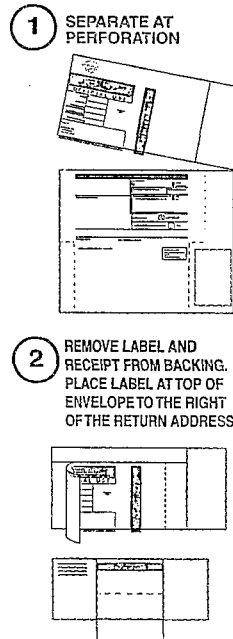
ARCHER PEARL ENERGY LLC
112 E PECAN ST, SUITE 500
SAN ANTONIO, TX 78205

Batch #: 2183
Article #: 71106605959000119242
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 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	

PS Form 3811



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	

PS Form 3811

Domestic Return Receipt

3

LIFT HERE

Batch #: 2183
Article #: 71106605959000119242
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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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

Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THEIR 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

7110 6605 9590 0013 3231

1. Article Addressed to:

ARMONDO E ESPINOSA
PO BOX 371
BLANCO, NM 87412

COMPLETE THIS SECTION ON DELIVERY

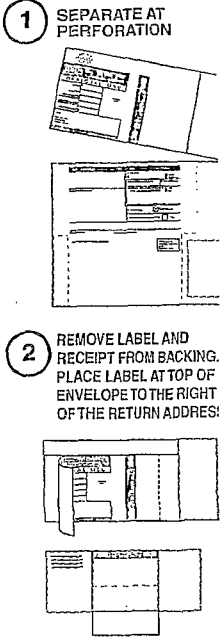
A. Signature ☐ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0013 3231

1. Article Addressed to:

ARMONDO E ESPINOSA
PO BOX 371
BLANCO, NM 87412

COMPLETE THIS SECTION ON DELIVERY

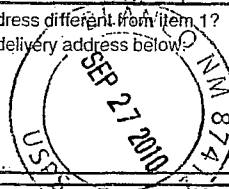
A. Signature ☐ Agent ☒ Addressee
X *Armondo Espinosa*

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

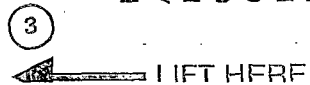
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



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





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

Form 3800, August 2006 See Reverse for Instructions



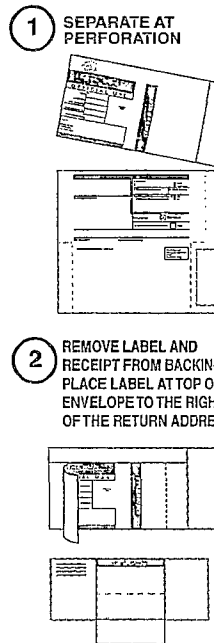
7110 6605 9590 0013 2739

ARNE L FILAN
40 S DIVISION ST

WALLA WALLA, WA 99362

Batch #: 2269
Article #: 711066059590000132739
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 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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 711066059590000132739
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

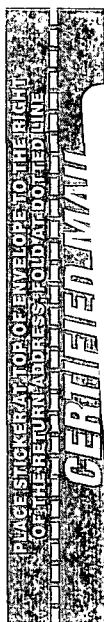


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7110 6605 9590 0011 9259

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	

Post To
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

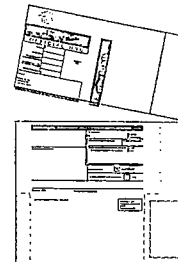
ART CUNNINGHAM
5141 N 40 ST
PHOENIX, AZ 85018

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

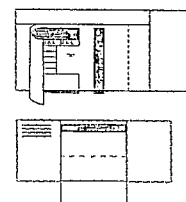
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0011 9259	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: ART CUNNINGHAM 5141 N 40 ST PHOENIX, AZ 85018 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

2. Article Number 7110 6605 9590 0011 9259	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>M. M. D.</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>M. M. D.</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No Certified ☐ Yes
1. Article Addressed to: CUNN141# 850192070 1310 29 09/06/10 NOTIFY SENDER OF NEW ADDRESS CUNNINGHAM' ART PMB 819 3219 E CAMELBACK RD PHOENIX AZ 85018-2307 Code: Allocation Project - D.Howell	

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

3



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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	

Delivered To
Address, Apt. No.,
PO Box No.,
City, State, Zip+4
9/1/10
ASCENCION T WALKER
606 MESA RIDGE
SAN ANTONIO, TX 78258
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



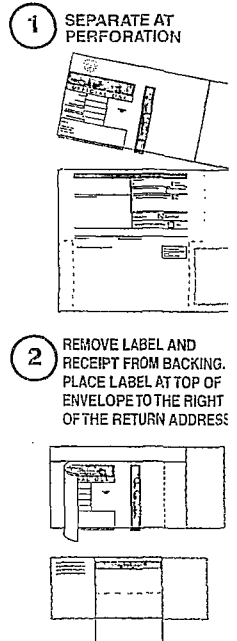
7110 6605 9590 0011 9266

ASCENCION T WALKER
606 MESA RIDGE
SAN ANTONIO, TX 78258

Batch #: 2183
Article #: 711066059590000119266
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 B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: ASCENCION T WALKER 606 MESA RIDGE SAN ANTONIO, TX 78258	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



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

Batch #: 2183
Article #: 711066059590000119266
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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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	

Return To
ASHBURN LIVING TRUST
7095 69TH ST.
VERO BEACH, FL 32967-4810
9/1/10

Postnet barcode: 7110 6605 9590 0011 9273

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

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9273

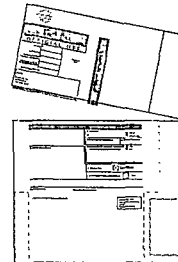
ASHBURN LIVING TRUST
7095 69TH ST.
VERO BEACH, FL 32967-4810

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

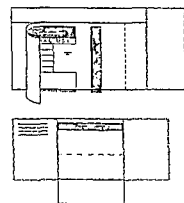
Reorder Form LCD-6 rev. 01/07

2. Article Number 7110 6605 9590 0011 9273	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: ASHBURN LIVING TRUST 7095 69TH ST. VERO BEACH, FL 32967-4810 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 9273	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>WTR Ashburn</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Ashburn</i> <i>9/4/10</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: ASHBURN LIVING TRUST 7095 69TH ST. VERO BEACH, FL 32967-4810 Code: Allocation Project - D.Howell	

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



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7110 6605 9590 0011 9280

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

ATKO PARTNERS LTD
260 IH 45 S, SUITE A
HUNTSVILLE, TX 77340
9/1/10

Form 3800, August 2006, PSN 7511 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9280

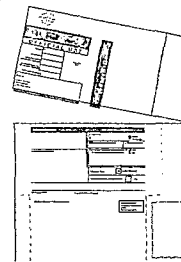
ATKO PARTNERS LTD
260 IH 45 S, SUITE A
HUNTSVILLE, TX 77340

Batch #: 2183
Article #: 711066059590000119280
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

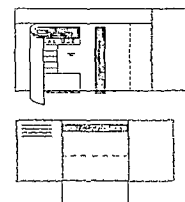
Reorder Form LCD-1 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9280	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: ATKO PARTNERS LTD 260 IH 45 S, SUITE A HUNTSVILLE, TX 77340 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 9280	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>M. Duncan</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>M. Duncan</i> C. Date of Delivery <i>4-7-10</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: ATKO PARTNERS LTD 260 IH 45 S, SUITE A HUNTSVILLE, TX 77340 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 711066059590000119280
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

ATLANTIC PARTNERS
P. O. BOX 3759
MIDLAND, TX 79702
9/11/10

Form 3800, August 2008. 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

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

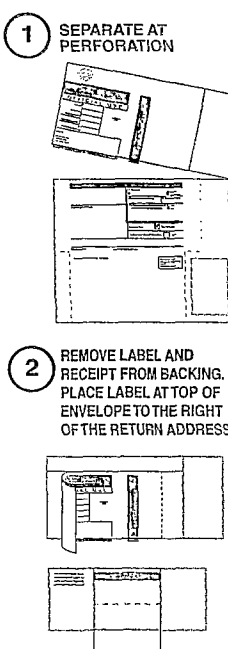
A. Signature ☒ Agent
X ☐ Addressee

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 9297

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Kathryn Clark* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Kathryn Clark 9/7/10

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

