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7110 6605 9590 0012 0583

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

D A ABRAHAM LLC
C/O STEVE J ABRAHAM
PO BOX 25123
ALBUQUERQUE, NM 87125

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0583

D A ABRAHAM LLC
C/O STEVE J ABRAHAM
PO BOX 25123
ALBUQUERQUE, NM 87125

Batch #: 2188
Article #: 71106605959000120583
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-5 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0583	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
D A ABRAHAM LLC C/O STEVE J ABRAHAM PO BOX 25123 ALBUQUERQUE, NM 87125	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

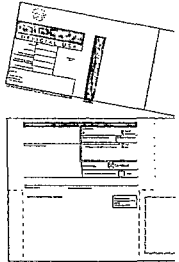
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0583	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
D A ABRAHAM LLC C/O STEVE J ABRAHAM PO BOX 25123 ALBUQUERQUE, NM 87125	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

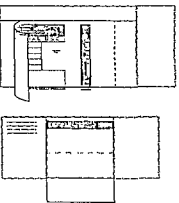
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3



Batch #: 2188
Article #: 71106605959000120583
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0590

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

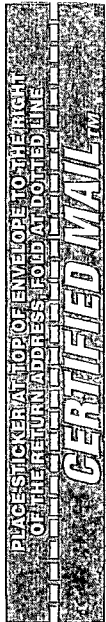
Delivered To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

D E CORNELL IV
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



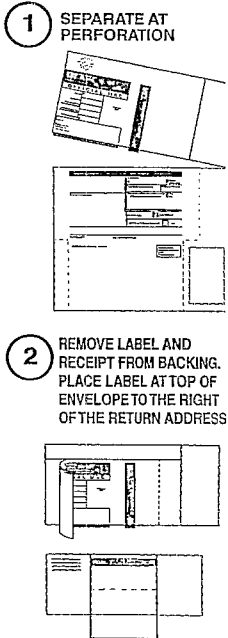
7110 6605 9590 0012 0590

D E CORNELL IV
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

Batch #: 2188
Article #: 71106605959000120590
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8-11R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0590	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
D E CORNELL IV 5009 PONDEROSA NE ALBUQUERQUE, NM 87110	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0590	A. Signature X D.E. Cornell IV ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
D E CORNELL IV 5009 PONDEROSA NE ALBUQUERQUE, NM 87110	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 #: 2188
Article #: 71106605959000120590
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0613

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
D P BOLIN
2525 KELL BLVD #510
WICHITA FALLS, TX 76308-1061
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0613

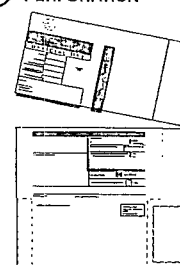
D P BOLIN
2525 KELL BLVD #510
WICHITA FALLS, TX 76308-1061

Batch #: 2188
Article #: 71106605959000120613
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

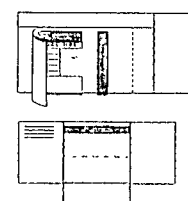
Reorder Form LCD 3800 rev. 01/07

2. Article Number 7110 6605 9590 0012 0613	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: D P BOLIN 2525 KELL BLVD #510 WICHITA FALLS, TX 76308-1061 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 0012 0613	COMPLETE THIS SECTION ON DELIVERY A. Signature X Traci White ☐ Agent ☐ Addressee B. Received by (Printed Name) Traci White C. Date of Delivery 9-5-10 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: D P BOLIN 2525 KELL BLVD #510 WICHITA FALLS, TX 76308-1061 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120613
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0620

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
DALE EDWARD PERRYMAN TRUST
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



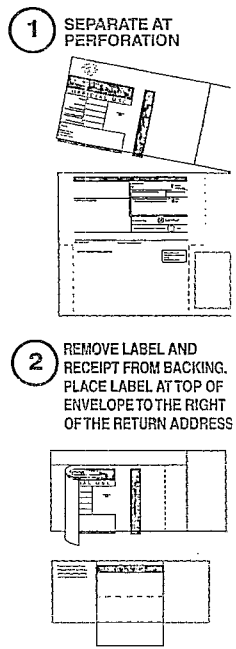
7110 6605 9590 0012 0620

DALE EDWARD PERRYMAN TRUST
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

Batch #: 2188
Article #: 71106605959000120620
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 800-877-8777 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0620	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DALE EDWARD PERRYMAN TRUST 3113 LAGUNA APT 106 SOUTH PADRE ISLAND, TX 78597	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 0012 0620	A. Signature X <i>Michael Perryman</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Michael Perryman</i> <i>9-8-10</i>
DALE EDWARD PERRYMAN TRUST 3113 LAGUNA APT 106 SOUTH PADRE ISLAND, TX 78597	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 #: 2188
Article #: 71106605959000120620
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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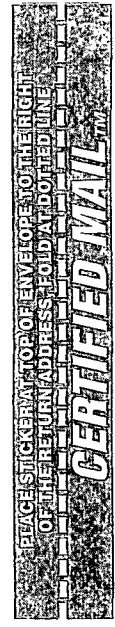
7110 6605 9590 0012 0637

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
DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0637

DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103

Batch #: 2188
Article #: 71106605959000120637
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-841R rev. 01/07

2. Article Number

7110 6605 9590 0012 0637

1. Article Addressed to:

DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

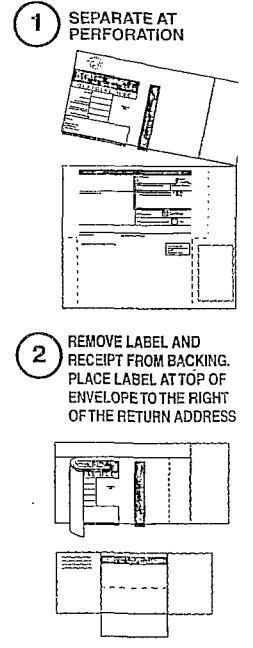
A. Signature ☐ Agent ☒ Addressee
X

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 0012 0637

1. Article Addressed to:

DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Janet M. Smith

B. Received by (Printed Name) C. Date of Delivery
Janet M. Smith 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 #: 2188
Article #: 71106605959000120637
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0644

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
DAN H BOLIN
AYRES AIF
2525 KELL #510
WICHITA FALLS, TX 76301
9/11/10

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0644

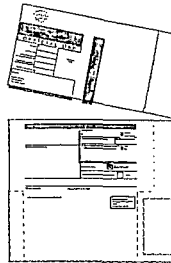
DAN H BOLIN
AYRES AIF
2525 KELL #510
WICHITA FALLS, TX 76301

Batch #: 2188
Article #: 71106605959000120644
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

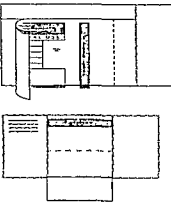
Reorder Form LCD 3800 Rev. 01/07

2. Article Number 7110 6605 9590 0012 0644	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: DAN H BOLIN AYRES AIF 2525 KELL #510 WICHITA FALLS, TX 76301 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 0012 0644	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Traci White</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>TRACI WHITE</i> <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DAN H BOLIN AYRES AIF 2525 KELL #510 WICHITA FALLS, TX 76301 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120644
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0651

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 From
Postmark Date
Postmark Time
Postmark Location
Postmark State, Zip+4

DANIEL D DOVE
799 E PASEO DORADO DR
PUEBLO WEST, CO 81007-1155

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



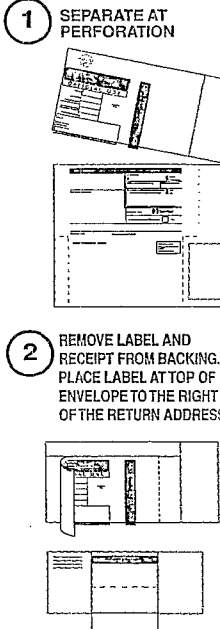
7110 6605 9590 0012 0651

DANIEL D DOVE
799 E PASEO DORADO DR
PUEBLO WEST, CO 81007-1155

Batch #: 2188
Article #: 71106605959000120651
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

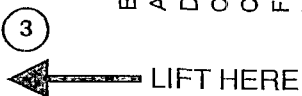
Reorder Form LCD-841R rev. 01/07

2. Article Number 7110 6605 9590 0012 0651	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: DANIEL D DOVE 799 E PASEO DORADO DR PUEBLO WEST, CO 81007-1155	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0651	COMPLETE THIS SECTION ON DELIVERY A. Signature X Daniel Dove B. Received by (Printed Name) C. Date of Delivery 9-3 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: DANIEL D DOVE 799 E PASEO DORADO DR PUEBLO WEST, CO 81007-1155	
Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120651
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0668

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

DANIEL PONDER BRENNAND
1119 RIDGLEA WAY
BOULDER, CO 80303-1494
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



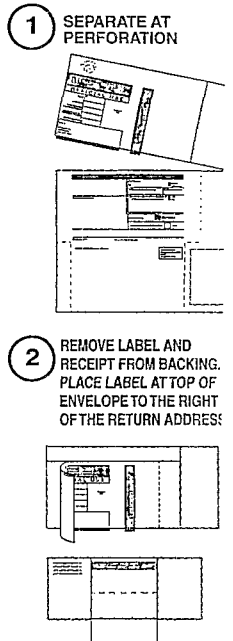
7110 6605 9590 0012 0668

DANIEL PONDER BRENNAND
1119 RIDGLEA WAY
BOULDER, CO 80303-1494

Batch #: 2188
Article #: 71106605959000120668
Date/Time: 8/31/2010 10:26:56 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 0012 0668	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: DANIEL PONDER BRENNAND 1119 RIDGLEA WAY BOULDER, CO 80303-1494 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0668	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Daniel Ponder</i> X ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Daniel Ponder</i> C. Date of Delivery <i>9/21/10</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: DANIEL PONDER BRENNAND 1119 RIDGLEA WAY BOULDER, CO 80303-1494 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120668
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0675

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 Here

Post To
Darby Wilson Mair
3710 Masters Court
League City, TX 77573
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



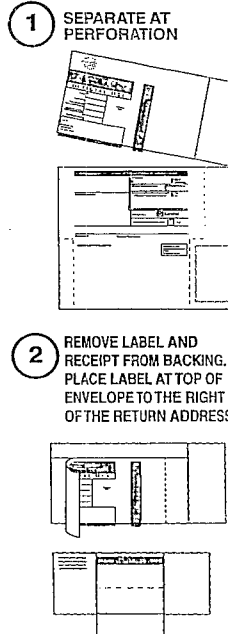
7110 6605 9590 0012 0675

DARBY WILSON MAIR
3710 MASTERS COURT
LEAGUE CITY, TX 77573

Batch #: 2188
Article #: 71106605959000120675
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

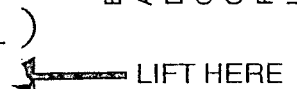
Reorder Form LCD 941R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0675	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DARBY WILSON MAIR 3710 MASTERS COURT LEAGUE CITY, TX 77573	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 0012 0675	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DARBY WILSON MAIR 3710 MASTERS COURT LEAGUE CITY, TX 77573	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 #: 2188
Article #: 71106605959000120675
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0682

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
Darlene Collins
6415 ARROWHEAD LAKE RD
HESPERIA, CA 92345

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



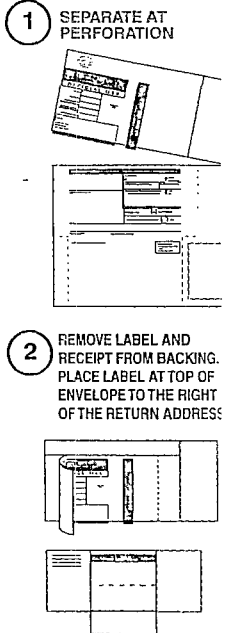
7110 6605 9590 0012 0682

DARLENE COLLINS
6415 ARROWHEAD LAKE RD
HESPERIA, CA 92345

Batch #: 2188
Article #: 71106605959000120682
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 001 rev. 01/07

2. Article Number 7110 6605 9590 0012 0682	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
1. Article Addressed to: DARLENE COLLINS 6415 ARROWHEAD LAKE RD HESPERIA, CA 92345	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0682	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>D. Collins</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
1. Article Addressed to: DARLENE COLLINS 6415 ARROWHEAD LAKE RD HESPERIA, CA 92345	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120682
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2791

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

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

DAVID A JENNINGS
5950 BERSHIRE LN STE 600
DALLAS, TX 75225

Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL

7110 6605 9590 0013 2791

DAVID A JENNINGS
5950 BERSHIRE LN STE 600
DALLAS, TX 75225

Batch #: 2269
Article #: 7110605959000132791
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 2791

1. Article Addressed to:

DAVID A JENNINGS
5950 BERSHIRE LN STE 600
DALLAS, TX 75225

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7110 6605 9590 0013 2791

1. Article Addressed to:

DAVID A JENNINGS
5950 BERSHIRE LN STE 600
DALLAS, TX 75225

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

B. Received by (Printed Name)

Harry K. Maloney

C. Date of Delivery

9-17-10

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

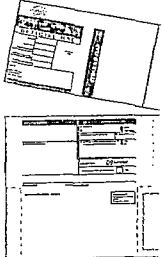
3. Service Type

☒ Certified

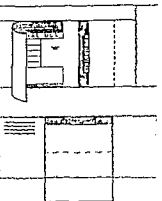
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT
PERFORATION



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



3

Batch #: 2269
Article #: 7110605959000132791
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2807

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	

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

DAVID AHO TR
1391 SMT CHASE DR
SNELLVILLE, GA 30078-3520

Form 3800, August 2005 See Reverse for Instructions



7110 6605 9590 0013 2807

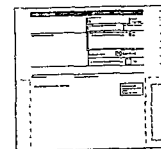
DAVID AHO TR
1391 SMT CHASE DR
SNELLVILLE, GA 30078-3520

Batch #: 2269
Article #: 71106605959000132807
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

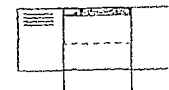
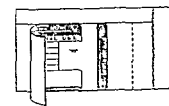
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2807	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID AHO TR 1391 SMT CHASE DR SNELLVILLE, GA 30078-3520	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. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2807	A. Signature X Barbara Aho ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Barbara Aho 9/30/10
DAVID AHO TR 1391 SMT CHASE DR SNELLVILLE, GA 30078-3520	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 #: 71106605959000132807
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 0699

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
David A PIERCE
PO BOX 4140
FARMINGTON, NM 87499
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



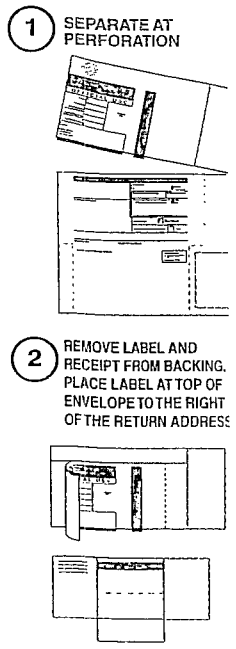
7110 6605 9590 0012 0699

DAVID A PIERCE
PO BOX 4140
FARMINGTON, NM 87499

Batch #: 2188
Article #: 71106605959000120699
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

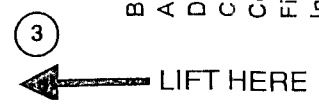
Reorder Form LCD-844B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0699	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID A PIERCE PO BOX 4140 FARMINGTON, NM 87499	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0699	A. Signature X Paul Schrock ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID A PIERCE PO BOX 4140 FARMINGTON, NM 87499	Paul Schrock 9/2/10
	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 #: 2188
Article #: 71106605959000120699
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0774

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

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

DAVID WALKER SMITH
12105 DARNESTOWN RD SUITE 28
GAITHERSBURG, MD 20878
9/1/10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0774

DAVID WALKER SMITH
12105 DARNESTOWN RD SUITE 28
GAITHERSBURG, MD 20878

Batch #: 2188
Article #: 71106605959000120774
Date/Time: 8/31/2010 10:26:56 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 0012 0774	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID WALKER SMITH 12105 DARNESTOWN RD SUITE 28 GAITHERSBURG, MD 20878	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

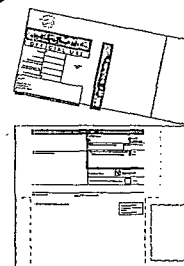
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2188
Article #: 71106605959000120774
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

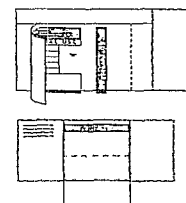
3

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





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7110 6605 9590 0012 0705

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	

At To
Set, Apt. No.;
PO Box No.
City, State, Zip+4

DAVID B TALBOT III
2305 CEDAR SPRINGS RD, SUITE 400
DALLAS, TX 75201

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0705

DAVID B TALBOT III
2305 CEDAR SPRINGS RD, SUITE 400
DALLAS, TX 75201

Batch #: 2188
Article #: 71106605959000120705
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 0705

1. Article Addressed to:

DAVID B TALBOT III
2305 CEDAR SPRINGS RD, SUITE 400
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

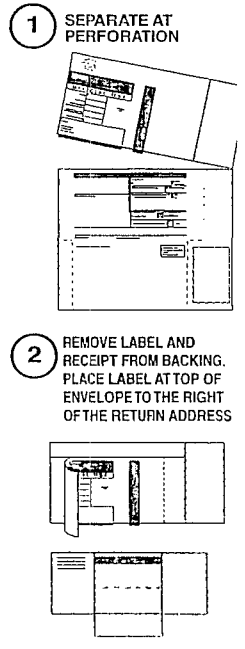
A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 0705

1. Article Addressed to:

DAVID B TALBOT III
2305 CEDAR SPRINGS RD, SUITE 400
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

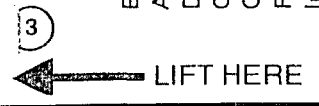
B. Received by (Printed Name) C. Date of Delivery
NAZAKATI 9/3/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120705
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 3347

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

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

DAVID CHANCELLOR
1049 CASTLETOP DR

HASLET, TX 76052

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3347

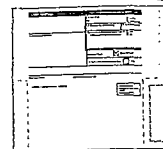
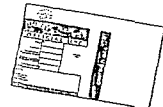
DAVID CHANCELLOR
1049 CASTLETOP DR
HASLET, TX 76052

Batch #: 2272
Article #: 71106605959000133347
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

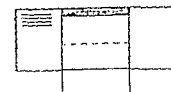
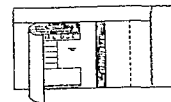
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3347	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DAVID CHANCELLOR 1049 CASTLETOP DR HASLET, TX 76052	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ 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 3347	A. Signature X <i>David Chancellor</i>	☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>David Chancellor</i>	C. Date of Delivery <i>SEP 20 2010</i>
DAVID CHANCELLOR 1049 CASTLETOP DR HASLET, TX 76052	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2272
Article #: 71106605959000133347
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0013 3354

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	

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

DAVID DEWAYNE WENDT LIV TR DTD 1/19
2624 N 159TH DR
GOODYEAR, AZ 85395

Form 3800, August 2009 See Reverse for Instructions



7110 6605 9590 0013 3354

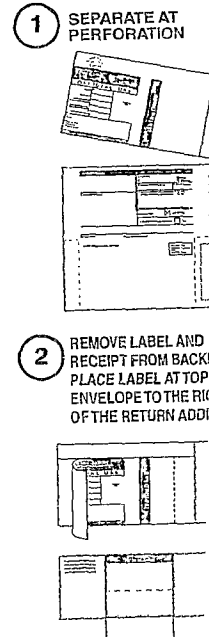
DAVID DEWAYNE WENDT LIV TR DTD 1/19
2624 N 159TH DR

GOODYEAR, AZ 85395

Batch #: 2272
Article #: 71106605959000133354
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3354	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID DEWAYNE WENDT LIV TR DTD 1/19 2624 N 159TH DR GOODYEAR, AZ 85395	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 3354	A. Signature X <i>Susan L. Wendt</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Susan L. Wendt</i> <i>9/18/10</i>
DAVID DEWAYNE WENDT LIV TR DTD 1/19 2624 N 159TH DR GOODYEAR, AZ 85395	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 #: 71106605959000133354
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 0712

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

Send To
David Elbert Reese
2203 North Belmont
Richmond, TX 77469
9/11/10

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0712

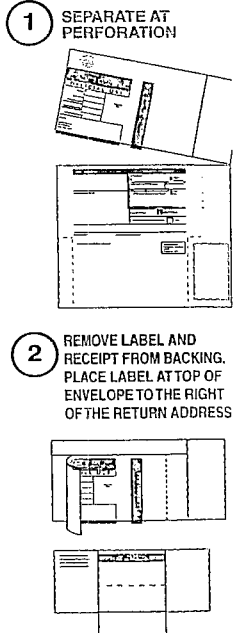
DAVID ELBERT REESE
2203 NORTH BELMONT
RICHMOND, TX 77469

Batch #: 2188
Article #: 71106605959000120712
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-844R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0712	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID ELBERT REESE 2203 NORTH BELMONT RICHMOND, TX 77469	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0712	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID ELBERT REESE 2203 NORTH BELMONT RICHMOND, TX 77469	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 #: 2188
Article #: 71106605959000120712
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0729

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

DAVID GREER MORGAN
3354 S SUTTON SQ
STAFFORD, TX 77477

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0729

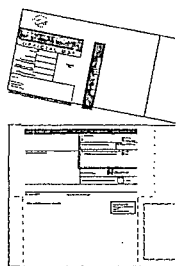
DAVID GREER MORGAN
3354 S SUTTON SQ
STAFFORD, TX 77477

Batch #: 2188
Article #: 7110605959000120729
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

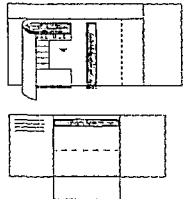
Reorder Form LCD 3811 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0729	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID GREER MORGAN 3354 S SUTTON SQ STAFFORD, TX 77477	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	

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 0012 0729	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID GREER MORGAN 3354 S SUTTON SQ STAFFORD, TX 77477	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 #: 2188
Article #: 7110605959000120729
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 0736

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	

it To
et, Apt. No.,
O Box No.
s, State, Zip+4

DAVID H GRAY
C/O TRUST MIN SEC 1049309
PO BOX 99084
FORT WORTH, TX 76199-0084

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0736

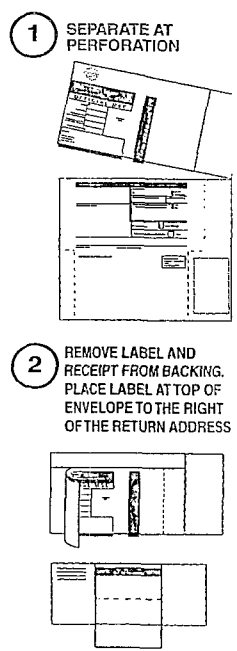
DAVID H GRAY
C/O TRUST MIN SEC 1049309
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2188
Article #: 71106605959000120736
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0736	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DAVID H GRAY C/O TRUST MIN SEC 1049309 PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

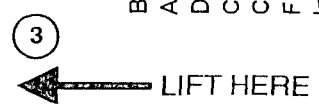


PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0736	A. Signature X ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DAVID H GRAY C/O TRUST MIN SEC 1049309 PO BOX 99084 FORT WORTH, TX 76199-0084	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 #: 2188
Article #: 71106605959000120736
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0743

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
David Henderson
PO BOX 630579
SIMI VALLEY, CA 93063
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



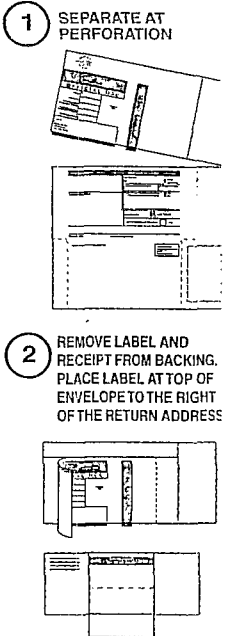
7110 6605 9590 0012 0743

DAVID HENDERSON
PO BOX 630579
SIMI VALLEY, CA 93063

Batch #: 2188
Article #: 71106605959000120743
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

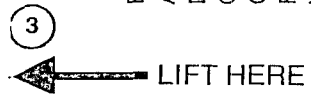
Reorder Form LCD-2001 rev. 01/07

2. Article Number 7110 6605 9590 0012 0743	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: DAVID HENDERSON PO BOX 630579 SIMI VALLEY, CA 93063 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0743	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: DAVID HENDERSON PO BOX 630579 SIMI VALLEY, CA 93063 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120743
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0750

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: **DAVID SCHMIDT**
9244 CLIFFMERE DR
DALLAS, TX 75238
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD ADDED LINE
CERTIFIED MAIL

7110 6605 9590 0012 0750

DAVID SCHMIDT
9244 CLIFFMERE DR
DALLAS, TX 75238

Batch #: 2188
Article #: 71106605959000120750
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 10/07 rev. 01/07

2. Article Number

7110 6605 9590 0012 0750

1. Article Addressed to:

DAVID SCHMIDT
9244 CLIFFMERE DR
DALLAS, TX 75238

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

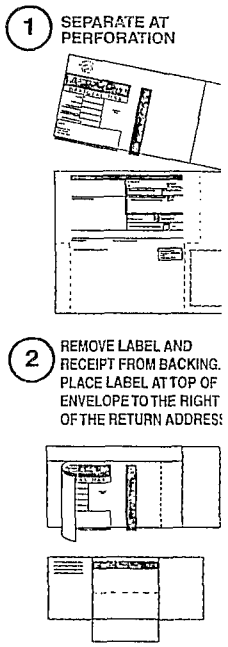
A. Signature ☒ Agent ☐ Addressee
X

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 0012 0750

1. Article Addressed to:

DAVID SCHMIDT
9244 CLIFFMERE DR
DALLAS, TX 75238

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *Angela Schmidt*

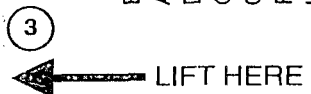
B. Received by (Printed Name) C. Date of Delivery
Angela Schmidt **9-9-10**

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 #: 2188
Article #: 71106605959000120750
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0767

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
DAVID V FREDERKING IRREVOC TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



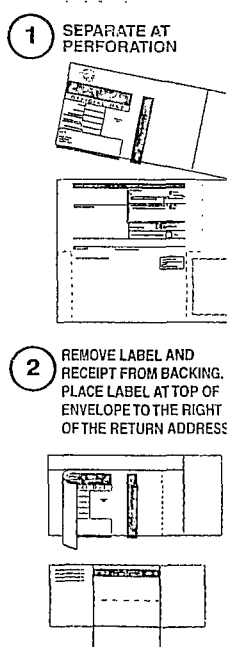
7110 6605 9590 0012 0767

DAVID V FREDERKING IRREVOC TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2188
Article #: 71106605959000120767
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 R rev. 01/07

2. Article Number 7110 6605 9590 0012 0767	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: DAVID V FREDERKING IRREVOC TRUST PO BOX 99084 FORT WORTH, TX 76199-0084 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0767	COMPLETE THIS SECTION ON DELIVERY A. Signature X [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
1. Article Addressed to: DAVID V FREDERKING IRREVOC TRUST PO BOX 99084 FORT WORTH, TX 76199-0084 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120767
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2814

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

Delivered To
DAVID WALKER SMITH
12105 DARNESTOWN RD STE 28
GAITHERSBURG, MD 20878

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 2814

DAVID WALKER SMITH
12105 DARNESTOWN RD STE 28
GAITHERSBURG, MD 20878

Batch #: 2269
Article #: 71106605959000132814
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 2814	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: DAVID WALKER SMITH 12105 DARNESTOWN RD STE 28 GAITHERSBURG, MD 20878	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

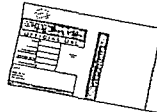
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2269
Article #: 71106605959000132814
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

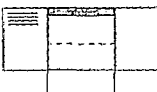
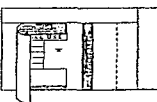
3
LIFT HERE

Reorder Form LCD-1 rev. 01/07

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0012 0781

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

DAVID WILLIAM BRENNAND
159 CHINABERRY ROAD
PINON, NM 88344-9710

9/1/10

Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0781

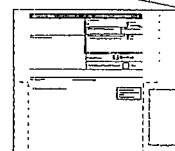
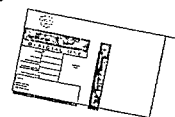
DAVID WILLIAM BRENNAND
159 CHINABERRY ROAD
PINON, NM 88344-9710

Batch #: 2188
Article #: 71106605959000120781
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

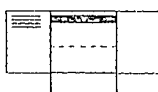
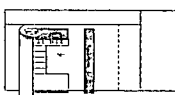
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0781	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID WILLIAM BRENNAND 159 CHINABERRY ROAD PINON, NM 88344-9710	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 0012 0781	A. Signature X <i>Janette Coupland</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Janette Coupland</i> <i>09/02/10</i>
DAVID WILLIAM BRENNAND 159 CHINABERRY ROAD PINON, NM 88344-9710	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 #: 2188
Article #: 71106605959000120781
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0013 3378

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 **DAWSHA LAYLAND**
3442 BRAVATA DR

HUNTINGTON BEACH, CA 92649

(Street, Apt. No.,
PO Box No.,
City, State, Zip+4)

Form 3800, August 2006 See Reverse for Instructions



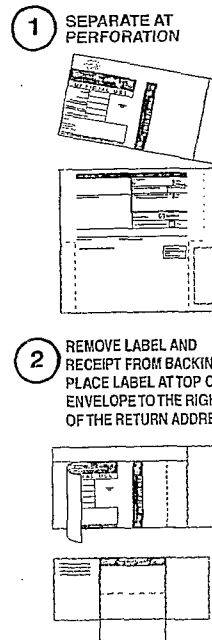
7110 6605 9590 0013 3378

DAWSHA LAYLAND
3442 BRAVATA DR

HUNTINGTON BEACH, CA 92649

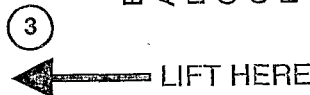
Batch #: 2272
Article #: 71106605959000133378
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3378	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAWSHA LAYLAND 3442 BRAVATA DR HUNTINGTON BEACH, CA 92649	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 3378	A. Signature X <i>DAWSHA LAYLAND</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>DAWSHA LAYLAND</i> <i>9/20/10</i>
DAWSHA LAYLAND 3442 BRAVATA DR HUNTINGTON BEACH, CA 92649	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 #: 71106605959000133378
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0798

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
DAWSON FAMILY TRUST
C/O ROBBIN R DAWSON
PO BOX 1507
PANHANDLE, TX 79068-1507
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0798

DAWSON FAMILY TRUST
C/O ROBBIN R DAWSON
PO BOX 1507
PANHANDLE, TX 79068-1507

Batch #: 2188
Article #: 71106605959000120798
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP R rev. 01/07

2. Article Number 7110 6605 9590 0012 0798	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: DAWSON FAMILY TRUST C/O ROBBIN R DAWSON PO BOX 1507 PANHANDLE, TX 79068-1507	
Code: Allocation Project - D.Howell	

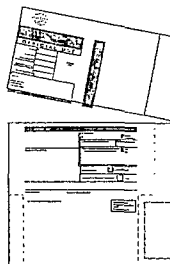
PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 0798	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: DAWSON FAMILY TRUST C/O ROBBIN R DAWSON PO BOX 1507 PANHANDLE, TX 79068-1507	
Code: Allocation Project - D.Howell	

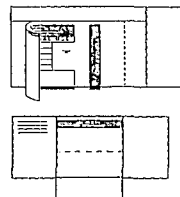
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3



Batch #: 2188
Article #: 71106605959000120798
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
Information visit our website at www.usps.com
7110 6605 9590 0012 0835

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	

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

DEBRA LEE DUPRAY
12040 EAST JEFSUMARK CIRCLE
TUCSON, AZ 85749

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



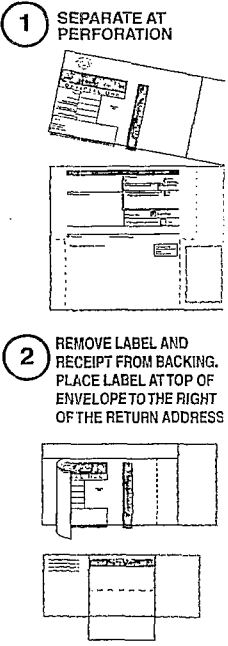
7110 6605 9590 0012 0835

DEBRA LEE DUPRAY
12040 EAST JEFSUMARK CIRCLE
TUCSON, AZ 85749

Batch #: 2189
Article #: 71106605959000120835
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0835	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: DEBRA LEE DUPRAY 12040 EAST JEFSUMARK CIRCLE TUCSON, AZ 85749 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0835	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☐ Agent ☐ Addressee B. Received by (Printed Name) Dupray C. Date of Delivery 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: DEBRA LEE DUPRAY 12040 EAST JEFSUMARK CIRCLE TUCSON, AZ 85749 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120835
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0012 0842

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
DELFINITA G CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



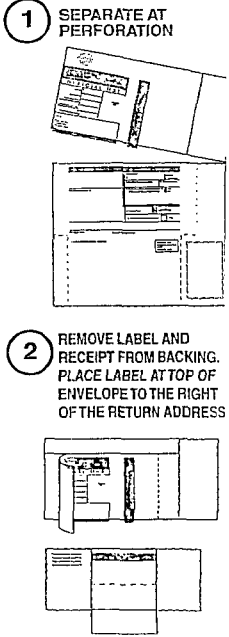
7110 6605 9590 0012 0842

DELFINITA G CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Batch #: 2189
Article #: 71106605959000120842
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number 7110 6605 9590 0012 0842	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: DELFINITA G CHAVEZ 603 WHITE AVE AZTEC, NM 87410 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0842	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-2-2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DELFINITA G CHAVEZ 603 WHITE AVE AZTEC, NM 87410 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120842
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
7110 6605 9590 0012 0804

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

Mail To
DEAH N FOLK LIVING TR DTD APRIL 14
73 RD 2755
AZTEC, NM 87410-9745

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

Form 3800, August 2006 - See Reverse for Instructions

Code: Allocation Project - D.Howell



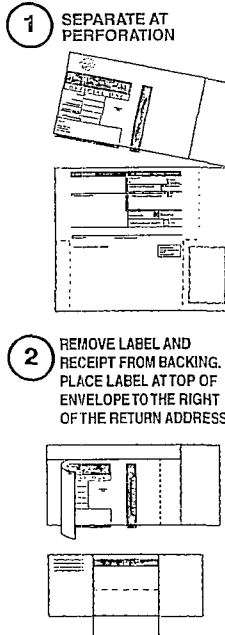
7110 6605 9590 0012 0804

DEAH N FOLK LIVING TR DTD APRIL 14
73 RD 2755
AZTEC, NM 87410-9745

Batch #: 2189
Article #: 71106605959000120804
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0804	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: DEAH N FOLK LIVING TR DTD APRIL 14 73 RD 2755 AZTEC, NM 87410-9745	



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 0804	COMPLETE THIS SECTION ON DELIVERY A. Signature X Deah N. Folk ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/2/10 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. Article Addressed to: DEAH N FOLK LIVING TR DTD APRIL 14 73 RD 2755 AZTEC, NM 87410-9745	

Batch #: 2189
Article #: 71106605959000120804
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
7110 6605 9590 0012 0811

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

DEAN & DARLA KENYON 2003 FAMILY TR
1009 HEATHERFIELD AVE
ROSAMOND, CA 93560

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



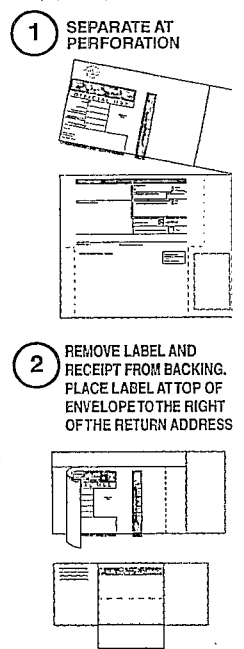
7110 6605 9590 0012 0811

DEAN & DARLA KENYON 2003 FAMILY TR
1009 HEATHERFIELD AVE
ROSAMOND, CA 93560

Batch #: 2189
Article #: 71106605959000120811
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0811	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--



2. Article Number 7110 6605 9590 0012 0811	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 2189
Article #: 71106605959000120811
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3385

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
DEANE W BURNETT
PO BOX 20524
OKLAHOMA CITY, OK 73156

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3385

DEANE W BURNETT
PO BOX 20524

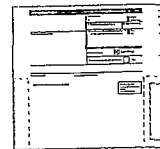
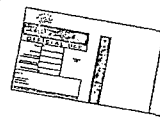
OKLAHOMA CITY, OK 73156

Batch #: 2272
Article #: 71106605959000133385
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

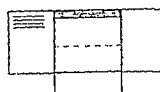
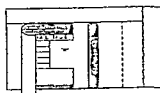
Reorder Form LC rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3385	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DEANE W BURNETT PO BOX 20524 OKLAHOMA CITY, OK 73156	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ 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 3385	A. Signature X <i>Deane Burnett</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DEANE W BURNETT PO BOX 20524 OKLAHOMA CITY, OK 73156	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2272
Article #: 71106605959000133385
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0012 0828

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	

At To: **DEBORAH HERRIG**
24986 182ND ST
SPIRIT LAKE, IA 51360

Set, Apt. No.;
PO Box No.
State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0828

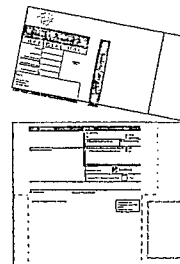
DEBORAH HERRIG
24986 182ND ST
SPIRIT LAKE, IA 51360

Batch #: 2189
Article #: 71106605959000120828
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

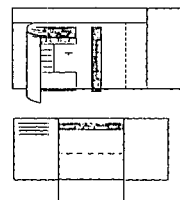
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0828	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEBORAH HERRIG 24986 182ND ST SPIRIT LAKE, IA 51360	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 0012 0828	A. Signature X <i>Deborah Herrig</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>DEBORAH HERRIG</i> <i>9-8-10</i>
DEBORAH HERRIG 24986 182ND ST SPIRIT LAKE, IA 51360	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 #: 2189
Article #: 71106605959000120828
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For more information visit our website at www.usps.com
7110 6605 9590 0012 0859

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

DELMA F KELLEY TESTAMENTARY TRUST
513 WEST SHERIDAN
SHENANDOAH, IA 51601

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



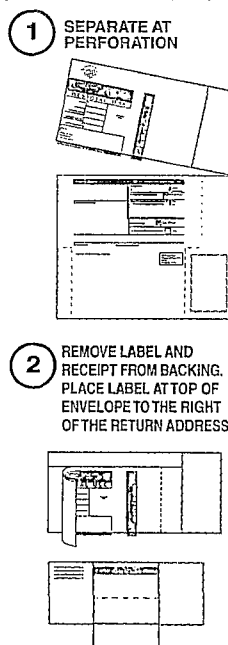
7110 6605 9590 0012 0859

DELMA F KELLEY TESTAMENTARY TRUST
513 WEST SHERIDAN
SHENANDOAH, IA 51601

Batch #: 2189
Article #: 71106605959000120859
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-841R rev. 01/07

2. Article Number 7110 6605 9590 0012 0859	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 1. Article Addressed to: DELMA F KELLEY TESTAMENTARY TRUST 513 WEST SHERIDAN SHENANDOAH, IA 51601 Code: Allocation Project - D.Howell 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---



2. Article Number 7110 6605 9590 0012 0859	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>DALE MATTHEWS</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) DALE MATTHEWS C. Date of Delivery 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1. Article Addressed to: DELMA F KELLEY TESTAMENTARY TRUST 513 WEST SHERIDAN SHENANDOAH, IA 51601 Code: Allocation Project - D.Howell 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Batch #: 2189
Article #: 71106605959000120859
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
Information visit our website at www.usps.com
7110 6605 9590 0012 0866

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	

To
DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0866

DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

Batch #: 2189
Article #: 71106605959000120866
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number
7110 6605 9590 0012 0866

1. Article Addressed to:
DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

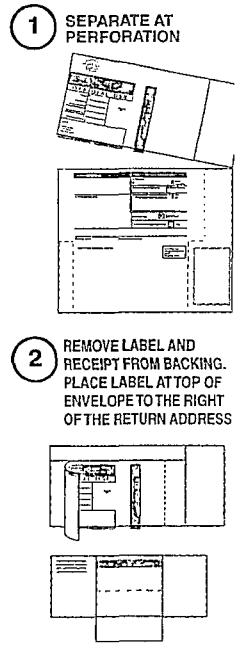
A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number
7110 6605 9590 0012 0866

1. Article Addressed to:
DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sylvia Turner* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Sylvia Turner *9/17/10*

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 #: 2189
Article #: 71106605959000120866
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3392

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

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

DENNIS G ESPINOSA
PO BOX 2864
PAGOSA SPRINGS, CO 81147

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3392

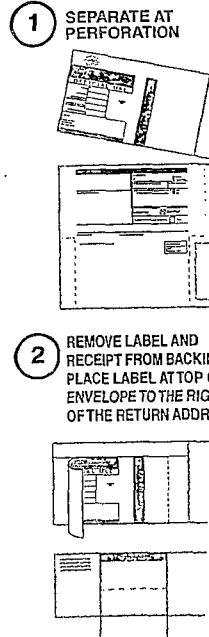
DENNIS G ESPINOSA
PO BOX 2864

PAGOSA SPRINGS, CO 81147

Batch #: 2272
Article #: 71106605959000133392
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:

Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3392	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DENNIS G ESPINOSA PO BOX 2864 PAGOSA SPRINGS, CO 81147	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 3392	A. Signature X <i>Dalia Espinosa</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Dalia Espinosa</i> <i>9-18-10</i>
DENNIS G ESPINOSA PO BOX 2864 PAGOSA SPRINGS, CO 81147	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 #: 71106605959000133392
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 0880

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

To
Attn: Apt. No.;
Or Box No.
City, State, Zip+4

DENNIS R & TERESA M REIMERS JT
1594 CACTUS DRIVE
BAYFIELD, CO 81122

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0880

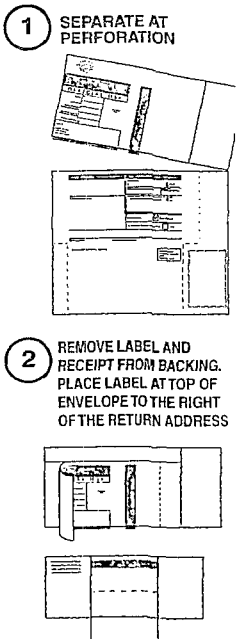
DENNIS R & TERESA M REIMERS JT
1594 CACTUS DRIVE
BAYFIELD, CO 81122

Batch #: 2189
Article #: 71106605959000120880
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Header Form LCU-S11H rev. 07/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0880	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DENNIS R & TERESA M REIMERS JT 1594 CACTUS DRIVE BAYFIELD, CO 81122	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0880	A. Signature X <i>Teresa Reimers</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Teresa Reimers</i> 9-7-10
DENNIS R & TERESA M REIMERS JT 1594 CACTUS DRIVE BAYFIELD, CO 81122	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 #: 2189
Article #: 71106605959000120880
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0897

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	

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

DENNIS R REIMERS
1594 CACTUS DR
BAYFIELD, CO 81122-9634

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



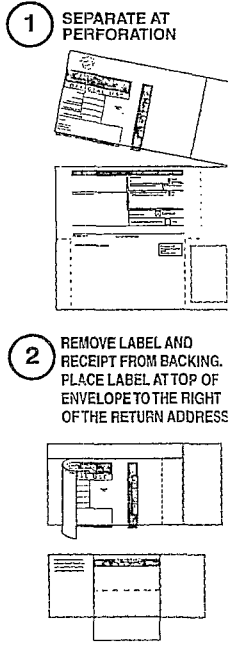
7110 6605 9590 0012 0897

DENNIS R REIMERS
1594 CACTUS DR
BAYFIELD, CO 81122-9634

Batch #: 2189
Article #: 71106605959000120897
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

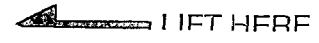
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0897	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DENNIS R REIMERS 1594 CACTUS DR BAYFIELD, CO 81122-9634	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 0012 0897	A. Signature X <i>Dennis Reimers</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Dennis Reimers</i> 9-7-10
DENNIS R REIMERS 1594 CACTUS DR BAYFIELD, CO 81122-9634	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 #: 2189
Article #: 71106605959000120897
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0903

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

DENNIS R STAAL
PO BOX 1110
CHADRON, NE 69337

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



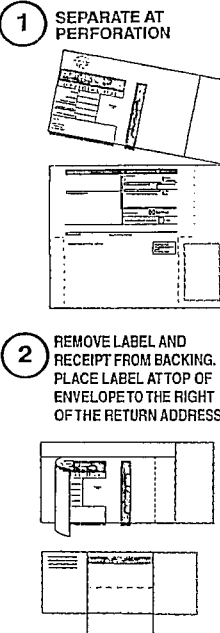
7110 6605 9590 0012 0903

DENNIS R STAAL
PO BOX 1110
CHADRON, NE 69337

Batch #: 2189
Article #: 71106605959000120903
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

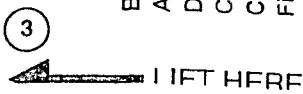
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0903	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DENNIS R STAAL PO BOX 1110 CHADRON, NE 69337	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 0012 0903	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DENNIS R STAAL PO BOX 1110 CHADRON, NE 69337	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 #: 2189
Article #: 71106605959000120903
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0927

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

to
et, Apt. No.;
O Box No.
; State, Zip+4

DEREK PETER VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



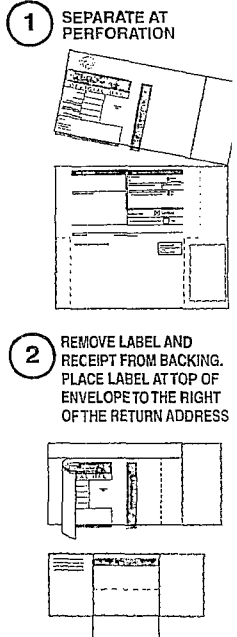
7110 6605 9590 0012 0927

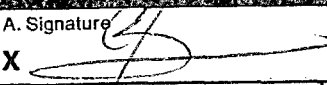
DEREK PETER VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

Batch #: 2189
Article #: 71106605959000120927
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0927	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 1. Article Addressed to: DEREK PETER VENEZIA PO BOX 432976 SAN DIEGO, CA 92143-2976 Code: Allocation Project - D.Howell
3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number 7110 6605 9590 0012 0927	COMPLETE THIS SECTION ON DELIVERY A. Signature  ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1. Article Addressed to: DEREK PETER VENEZIA PO BOX 432976 SAN DIEGO, CA 92143-2976 Code: Allocation Project - D.Howell
3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2189
Article #: 71106605959000120927
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0934

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

Delivered To
DERRICK J TURNBULL
2908 HANOVER
DALLAS, TX 75225

Post Office No.:
Post Office Box No.:
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0934

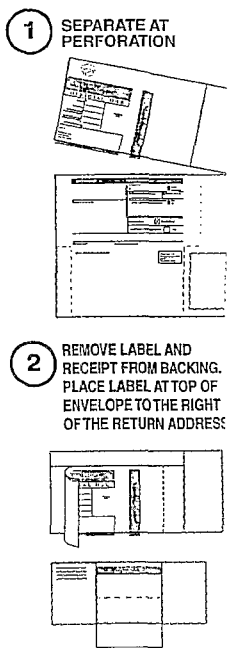
DERRICK J TURNBULL
2908 HANOVER
DALLAS, TX 75225

Batch #: 2189
Article #: 71106605959000120934
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0934	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DERRICK J TURNBULL 2908 HANOVER DALLAS, TX 75225	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0934	A. Signature X <i>Derrick J. Turnbull</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DERRICK J TURNBULL 2908 HANOVER DALLAS, TX 75225	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 #: 2189
Article #: 71106605959000120934
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3408

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

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

DEVIN W SMITH
1710 COVENTRY LN

OKLAHOMA CITY, OK 73120

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3408

DEVIN W SMITH
1710 COVENTRY LN

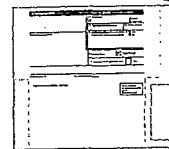
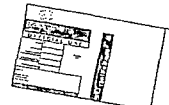
OKLAHOMA CITY, OK 73120

Batch #: 2272
Article #: 71106605959000133408
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

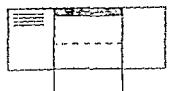
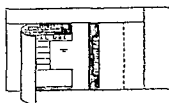
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3408	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEVIN W SMITH 1710 COVENTRY LN OKLAHOMA CITY, OK 73120	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3408	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-17-10
DEVIN W SMITH 1710 COVENTRY LN OKLAHOMA CITY, OK 73120	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 #: 71106605959000133408
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0941

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	

TO
Devon Energy Production Company
ATTN: JAN WOOLDRIDGE
20 NORTH BROADWAY
OKLAHOMA CITY, OK 73102

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



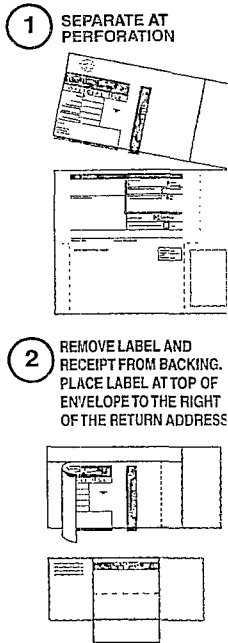
7110 6605 9590 0012 0941

DEVON ENERGY PRODUCTION COMPANY LP
ATTN: JAN WOOLDRIDGE
20 NORTH BROADWAY
OKLAHOMA CITY, OK 73102

Batch #: 2189
Article #: 71106605959000120941
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-841R rev. 01/07

2. Article Number 7110 6605 9590 0012 0941	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 ☐ No If YES enter delivery address below: 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DEVON ENERGY PRODUCTION COMPANY LP ATTN: JAN WOOLDRIDGE 20 NORTH BROADWAY OKLAHOMA CITY, OK 73102 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0941	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 ☐ No If YES enter delivery address below: 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DEVON ENERGY PRODUCTION COMPANY LP ATTN: JAN WOOLDRIDGE 20 NORTH BROADWAY OKLAHOMA CITY, OK 73102 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120941
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3415

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

Postmark
Here

ent To

DH MYATT
105 S DRISKELL DR

CROWLEY, TX 76036

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

PS Form 3800, August 2006 See Reverse for Instructions

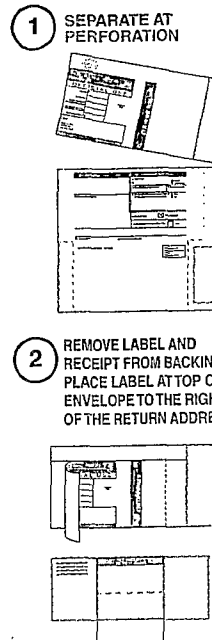
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL

7110 6605 9590 0013 3415

DH MYATT
105 S DRISKELL DR
CROWLEY, TX 76036

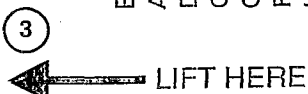
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Article #: 71106605959000133415
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3415		
1. Article Addressed to:		
DH MYATT 105 S DRISKELL DR CROWLEY, TX 76036		
	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3415		
1. Article Addressed to:		
DH MYATT 105 S DRISKELL DR CROWLEY, TX 76036		
	A. Signature X <i>Dh Myatt</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>Dh Myatt</i>	C. Date of Delivery <i>9/17/10</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

Batch #: 2272
Article #: 71106605959000133415
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 2821

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

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

DHP LIV TR
6908 PRESTONSHIRE LN
DALLAS, TX 75225

Form 3800, August 2006 See Reverse for Instructions

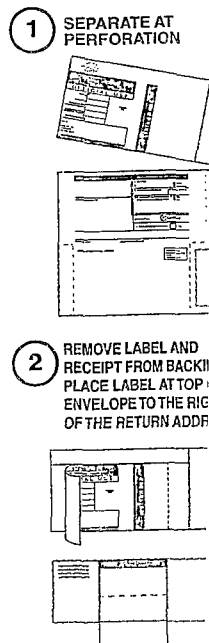


7110 6605 9590 0013 2821

DHP LIV TR
6908 PRESTONSHIRE LN
DALLAS, TX 75225

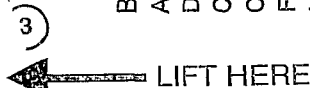
Batch #: 2269
Article #: 71106605959000132821
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2821	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DHP LIV TR 6908 PRESTONSHIRE LN DALLAS, TX 75225	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 2821	A. Signature X <i>Mary Finley</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DHP LIV TR 6908 PRESTONSHIRE LN DALLAS, TX 75225	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 #: 71106605959000132821
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 0965

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

DIANE DERRY
736 HINMAN AVE #1W
EVANSTON, IL 60202

Postmark set, 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 0012 0965

DIANE DERRY
736 HINMAN AVE #1W
EVANSTON, IL 60202

Batch #: 2189
Article #: 71106605959000120965
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-841R rev. 01/07

2. Article Number

7110 6605 9590 0012 0965

1. Article Addressed to:

DIANE DERRY
736 HINMAN AVE #1W
EVANSTON, IL 60202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

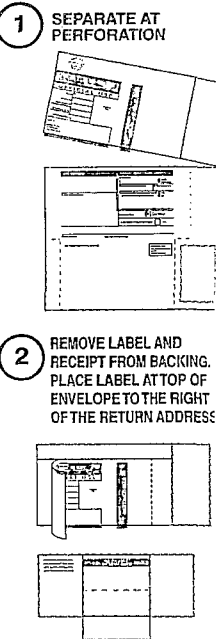
A. Signature ☐ Agent ☒ Addressee
X

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 0012 0965

1. Article Addressed to:

DIANE DERRY
736 HINMAN AVE #1W
EVANSTON, IL 60202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X Diane M. Derry

B. Received by (Printed Name) C. Date of Delivery
Diane M. Derry 9/9/10

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 #: 2189
Article #: 71106605959000120965
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0958

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
Pat Hughes, Apt. No.;
PO Box No.
City, State, Zip+4

DIANA S ROWLEY RESIDUARY TRUST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0958

DIANA S ROWLEY RESIDUARY TRUST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2189
Article #: 71106605959000120958
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0958	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DIANA S ROWLEY RESIDUARY TRUST ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532	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

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UNITED STATES POSTAL SERVICE



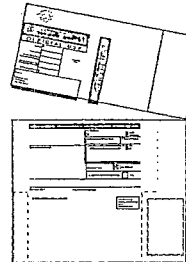
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

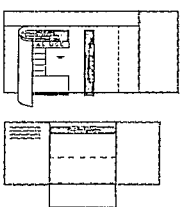
Batch #: 2189
Article #: 71106605959000120958
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0012 1092

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

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

DONALD S. IRONSIDE
3300 DARBY RD, APT 1312
HAVERFORD, PA 19041-1067

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1092

DONALD S. IRONSIDE
3300 DARBY RD, APT 1312
HAVERFORD, PA 19041-1067

Batch #: 2189
Article #: 71106605959000121092
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC
R rev. 01/07

2. Article Number	7110 6605 9590 0012 1092
1. Article Addressed to:	DONALD S. IRONSIDE 3300 DARBY RD, APT 1312 HAVERFORD, PA 19041-1067
COMPLETE THIS SECTION ON DELIVERY	
A. Signature X	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



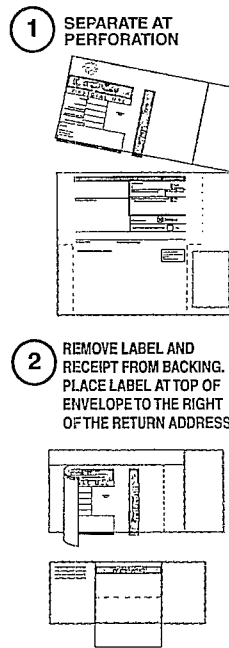
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2189
Article #: 71106605959000121092
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE





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7110 6605 9590 0012 0972

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

Deliver to:
DIANNA DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



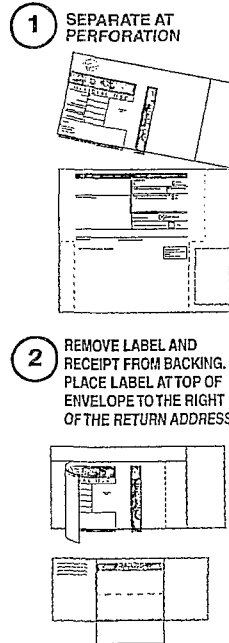
7110 6605 9590 0012 0972

DIANNA DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Batch #: 2189
Article #: 71106605959000120972
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0972	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DIANNA DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706	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 0012 0972	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
DIANNA DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706	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 #: 2189
Article #: 71106605959000120972
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0989

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

Deliver to
Name, Apt. No.,
PO Box No.,
City, State, Zip+4

DICK HOLLAND
PO BOX 2926
MIDLAND, TX 79702-2926

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



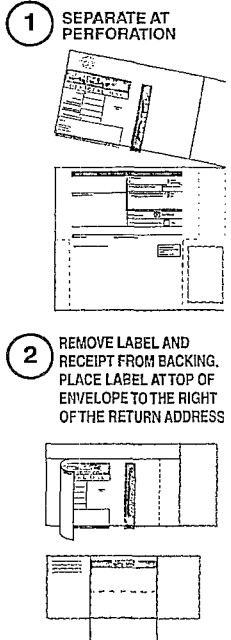
7110 6605 9590 0012 0989

DICK HOLLAND
PO BOX 2926
MIDLAND, TX 79702-2926

Batch #: 2189
Article #: 71106605959000120989
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0989	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DICK HOLLAND PO BOX 2926 MIDLAND, TX 79702-2926	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 0012 0989	A. Signature X <i>McWilliam</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>McWilliam</i> 9-7-10
DICK HOLLAND PO BOX 2926 MIDLAND, TX 79702-2926	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 #: 2189
Article #: 71106605959000120989
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0996

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

DIRK VANHORN REEMTSMA
556 CRESTWOOD DR
OCEANSIDE, CA 92058

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



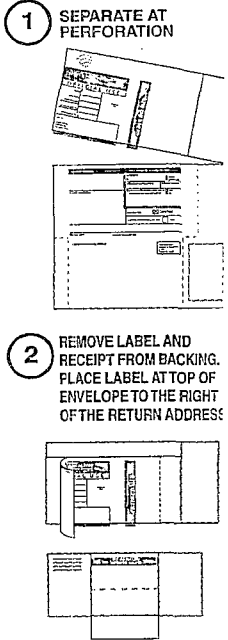
7110 6605 9590 0012 0996

DIRK VANHORN REEMTSMA
556 CRESTWOOD DR
OCEANSIDE, CA 92058

Batch #: 2189
Article #: 71106605959000120996
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-814R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0996	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DIRK VANHORN REEMTSMA 556 CRESTWOOD DR OCEANSIDE, CA 92058	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 0012 0996	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DIRK VANHORN REEMTSMA 556 CRESTWOOD DR OCEANSIDE, CA 92058	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 #: 2189
Article #: 71106605959000120996
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1009

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	

1. Article Addressed to:

DIXIE LEE BOONE
305 PARSIFAL NE
ALBUQUERQUE, NM 87123

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1009

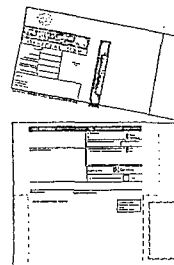
DIXIE LEE BOONE
305 PARSIFAL NE
ALBUQUERQUE, NM 87123

Batch #: 2189
Article #: 71106605959000121009
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

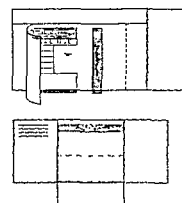
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1009	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DIXIE LEE BOONE 305 PARSIFAL NE ALBUQUERQUE, NM 87123	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 0012 1009	A. Signature X <i>Dixie Boone</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Dixie Boone</i> <i>8/31/2010</i>
DIXIE LEE BOONE 305 PARSIFAL NE ALBUQUERQUE, NM 87123	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 #: 2189
Article #: 71106605959000121009
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 3422

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

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

DOLLY CARSWELL
9653 LONGMONT
HOUSTON, TX 77063

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3422

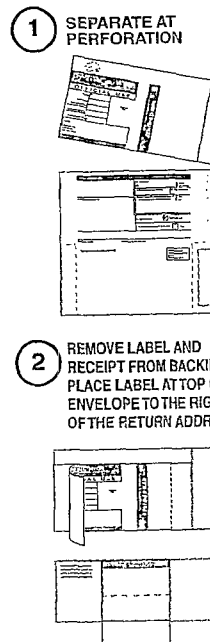
DOLLY CARSWELL
9653 LONGMONT

HOUSTON, TX 77063

Batch #: 2272
Article #: 71106605959000133422
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3422	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DOLLY CARSWELL 9653 LONGMONT HOUSTON, TX 77063	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 3422	A. Signature X <i>Dolly Carswell</i>	☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery <i>9-20-10</i>
DOLLY CARSWELL 9653 LONGMONT HOUSTON, TX 77063	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 #: 71106605959000133422
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1016

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

Delivered To
DOLORAS E DOLLAR
P O BOX 218
FLORA VISTA, NM 87415

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1016

DOLORAS E DOLLAR
P O BOX 218
FLORA VISTA, NM 87415

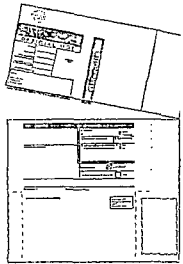
Batch #: 2189
Article #: 71106605959000121016
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

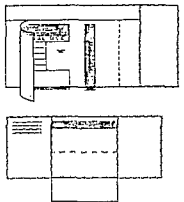
2. Article Number 7110 6605 9590 0012 1016	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: DOLORAS E DOLLAR P O BOX 218 FLORA VISTA, NM 87415	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 1016	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Doloras E Dollar</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Doloras E Dollar</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: DOLORAS E DOLLAR P O BOX 218 FLORA VISTA, NM 87415	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121016
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 1023

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

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

DON C. DENNIS, TRUSTEE OF J. M. DEN
PO BOX 1738
LUBBOCK, TX 79408

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



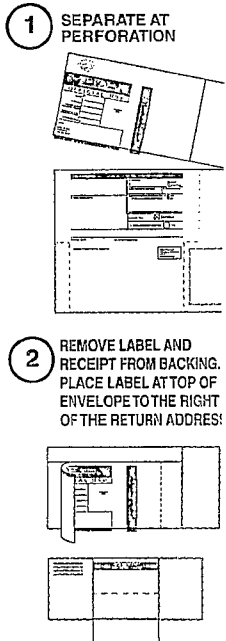
7110 6605 9590 0012 1023

DON C. DENNIS, TRUSTEE OF J. M. DEN
PO BOX 1738
LUBBOCK, TX 79408

Batch #: 2189
Article #: 71106605959000121023
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-11 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1023	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DON C. DENNIS, TRUSTEE OF J. M. DEN PO BOX 1738 LUBBOCK, TX 79408	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 0012 1023	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DON C. DENNIS, TRUSTEE OF J. M. DEN PO BOX 1738 LUBBOCK, TX 79408	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 #: 2189
Article #: 71106605959000121023
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2838

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

ent To **DON K ILFELD**
353 DEER HOLW

NAPA, CA 94558

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

Form 3800, August 2006 See Reverse for Instructions



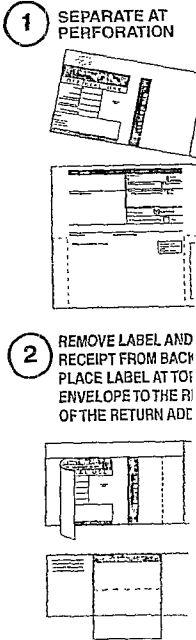
7110 6605 9590 0013 2838

DON K ILFELD
353 DEER HOLW
NAPA, CA 94558

Batch #: 2269
Article #: 71106605959000132838
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

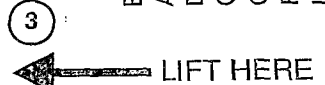
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2838	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DON K ILFELD 353 DEER HOLW NAPA, CA 94558	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 2838	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DON K ILFELD 353 DEER HOLW NAPA, CA 94558	DON K ILFELD 9/20/10
	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 #: 2269
Article #: 71106605959000132838
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 1030

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

Post To
DON DENNIS
P. O. BOX 1738
LUBBOCK, TX 79408

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



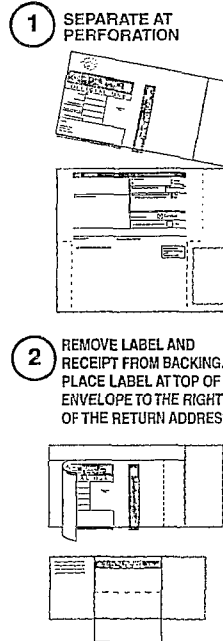
7110 6605 9590 0012 1030

DON DENNIS
P. O. BOX 1738
LUBBOCK, TX 79408

Batch #: 2189
Article #: 71106605959000121030
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-841R rev. 01/07

2. Article Number 7110 6605 9590 0012 1030	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: DON DENNIS P. O. BOX 1738 LUBBOCK, TX 79408 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1030	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: DON DENNIS P. O. BOX 1738 LUBBOCK, TX 79408 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121030
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1047

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	

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

DON REED
2012 N ALLIED RD
STROUD, OK 74079

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1047

DON REED
2012 N ALLIED RD
STROUD, OK 74079

Batch #: 2189
Article #: 71106605959000121047
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811D rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1047	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DON REED 2012 N ALLIED RD STROUD, OK 74079	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

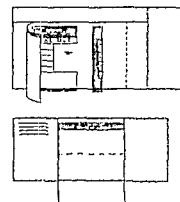
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1047	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DON REED 2012 N ALLIED RD STROUD, OK 74079	ANN CHANDLER 9-3-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 #: 2189
Article #: 71106605959000121047
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1054

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	

Deliver To
Set, Apt. No.;
PO Box No.
City, State, Zip+4

DONALD CANDELARIA & FLORANCE CANDEL
517 E. ZIA
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

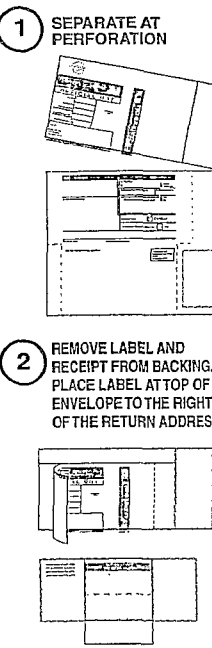


7110 6605 9590 0012 1054

DONALD CANDELARIA & FLORANCE CANDEL
517 E. ZIA
AZTEC, NM 87410

Batch #: 2189
Article #: 711066059590000121054
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

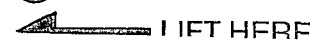
Reorder Form LCD-814R rev. 01/07



2. Article Number 7110 6605 9590 0012 1054	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: DONALD CANDELARIA & FLORANCE CANDEL 517 E. ZIA AZTEC, NM 87410	
Code: Allocation Project - D.Howell	

2. Article Number 7110 6605 9590 0012 1054	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: DONALD CANDELARIA & FLORANCE CANDEL 517 E. ZIA AZTEC, NM 87410	
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 711066059590000121054
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



San Juan Business
PO Box 4289
Farmington NM 87499

ConocoPhillips

7110 6605 9590 0012 1115



Rt. #

Carr. Init.

Date

99 02-1-10

- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☒ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street
- ☐ No Such Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receptacle
- ☐ Box Closed - No Order
- ☐ Returned For Better Address
- ☐ Postage Due

~~DONNA DIANE BANZHOF~~
~~GENERAL DELIVERY~~
~~EL CAJON, CA~~

UNITED STATES POST
02 1R
00065958
MAILED FROM

NAME
1st Notice
2nd Notice
Return



U.S. Postal Service
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(Mail Only, No Insurance Coverage Provided)
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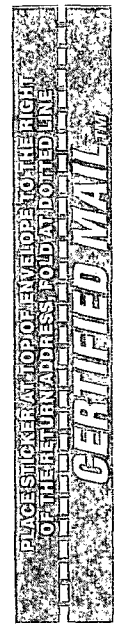
7110 6605 9590 0012 1061

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

To
Donald E Fagan
51 Villa Jardin
San Antonio, TX 78230-2751

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1061

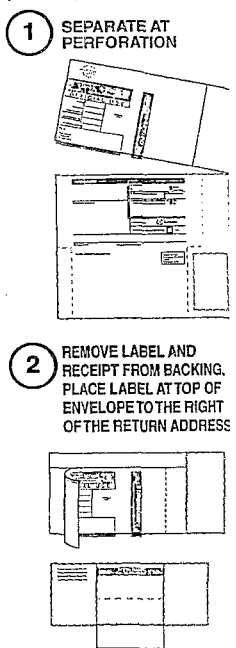
DONALD E FAGAN
51 VILLA JARDIN
SAN ANTONIO, TX 78230-2751

Batch #: 2189
Article #: 71106605959000121061
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1061	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD E FAGAN 51 VILLA JARDIN SAN ANTONIO, TX 78230-2751	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1061	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD E FAGAN 51 VILLA JARDIN SAN ANTONIO, TX 78230-2751	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 #: 2189
Article #: 71106605959000121061
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2845

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

DONALD E FAGAN
51 VILLA JARDIN
SAN ANTONIO, TX 78230-2751

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



7110 6605 9590 0013 2845

DONALD E FAGAN
51 VILLA JARDIN

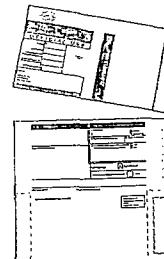
SAN ANTONIO, TX 78230-2751

Batch #: 2269
Article #: 71106605959000132845
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

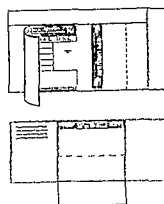
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2845	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD E FAGAN 51 VILLA JARDIN SAN ANTONIO, TX 78230-2751	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 2845	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD E FAGAN 51 VILLA JARDIN SAN ANTONIO, TX 78230-2751	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 #: 71106605959000132845
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2852

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

Recipient To
Donald E PELOTTE
THE DIOCESE OF GALLUP
PO BOX 1338
GALLUP, NM 87305

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2852

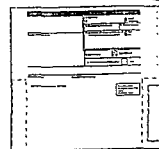
DONALD E PELOTTE
THE DIOCESE OF GALLUP
PO BOX 1338
GALLUP, NM 87305

Batch #: 2269
Article #: 71106605959000132852
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

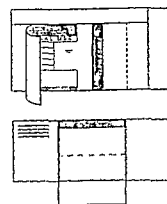
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2852	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD E PELOTTE THE DIOCESE OF GALLUP PO BOX 1338 GALLUP, NM 87305	D. Is delivery address different from item 1? ☐ 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 2852	A. Signature X <i>Denise S. Lopez</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD E PELOTTE THE DIOCESE OF GALLUP PO BOX 1338 GALLUP, NM 87305	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



Batch #: 2269
Article #: 71106605959000132852
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1078

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	

At To
Set, Apt. No.;
PO Box No.
City, State, Zip+4

DONALD J MERRION TRUST
5992 S ABERDEEN ST
LITTLETON, CO 80120

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1078

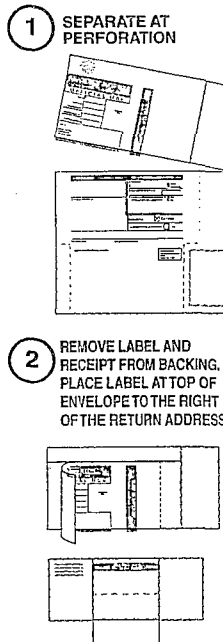
DONALD J MERRION TRUST
5992 S ABERDEEN ST
LITTLETON, CO 80120

Batch #: 2189
Article #: 71106605959000121078
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2: Article Number 7110 6605 9590 0012 1078	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
--	---

Code: Allocation Project - D.Howell



2: Article Number 7110 6605 9590 0012 1078	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Donald J Merrion</i> 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

Batch #: 2189
Article #: 71106605959000121078
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1085

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

DONALD MANGUM
PO BOX 228
PANGUITCH, UT 84759

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



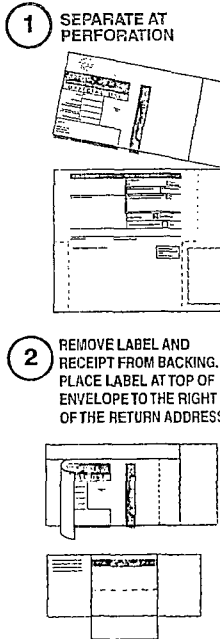
7110 6605 9590 0012 1085

DONALD MANGUM
PO BOX 228
PANGUITCH, UT 84759

Batch #: 2189
Article #: 71106605959000121085
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1085	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD MANGUM PO BOX 228 PANGUITCH, UT 84759	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 0012 1085	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-7-10
DONALD MANGUM PO BOX 228 PANGUITCH, UT 84759	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 #: 2189
Article #: 71106605959000121085
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0012 1108

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

Deliver To: DONALD TURRIETTA
PO BOX 665
MAIN DOWNTOWN STATION
ALBUQUERQUE, NM 87103

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1108

DONALD TURRIETTA
PO BOX 665
MAIN DOWNTOWN STATION
ALBUQUERQUE, NM 87103

Batch #: 2189
Article #: 71106605959000121108
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number: 7110 6605 9590 0012 1108

1. Article Addressed to:
DONALD TURRIETTA
PO BOX 665
MAIN DOWNTOWN STATION
ALBUQUERQUE, NM 87103

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

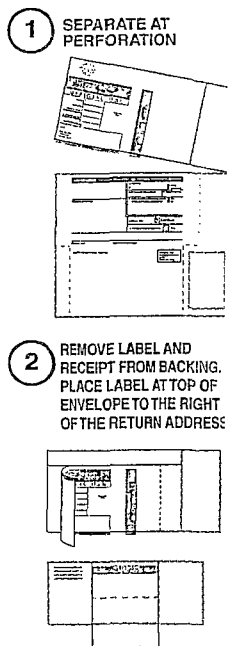
A. Signature: **X** ☐ Agent ☐ Addressee

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

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

3. Service Type: ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number: 7110 6605 9590 0012 1108

1. Article Addressed to:
DONALD TURRIETTA
PO BOX 665
MAIN DOWNTOWN STATION
ALBUQUERQUE, NM 87103

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X** ☐ Agent ☐ Addressee

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

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

3. Service Type: ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121108
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1122

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	

it To
Set, Apt. No.,
PO Box No.,
State, Zip+4

DONNA KRILL
1805 TARRANT CITY ST
HENDERSON, NV 89052

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1122

DONNA KRILL
1805 TARRANT CITY ST
HENDERSON, NV 89052

Batch #: 2189
Article #: 71106605959000121122
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

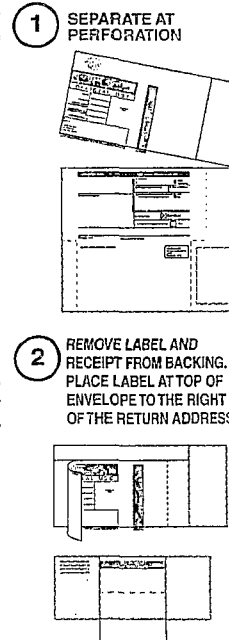
Reorder Form LCD-814R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1122	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONNA KRILL 1805 TARRANT CITY ST HENDERSON, NV 89052	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

Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1122	A. Signature X <i>Donna Krill</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONNA KRILL 1805 TARRANT CITY ST HENDERSON, NV 89052	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 #: 2189
Article #: 71106605959000121122
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 0873

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	

it To
et, Apt. No.;
O Box No.
r, State, Zip+4

DENNIS CROWLEY
8581 GRAY STREET
ARVADA, CO 80003

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



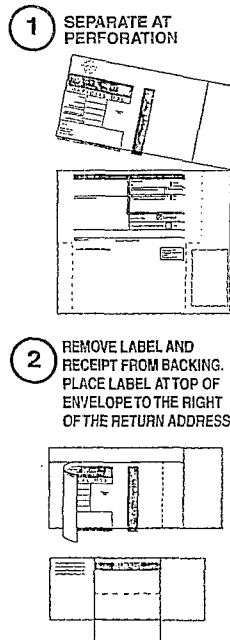
7110 6605 9590 0012 0873

DENNIS CROWLEY
8581 GRAY STREET
ARVADA, CO 80003

Batch #: 2189
Article #: 71106605959000120873
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0873	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: DENNIS CROWLEY 8581 GRAY STREET ARVADA, CO 80003	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0873	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Dennis Crowley</i> B. Received by (Printed Name) <i>Dennis Crowley</i> C. Date of Delivery <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: DENNIS CROWLEY 8581 GRAY STREET ARVADA, CO 80003	
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120873
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289


Conocophillips

7110 6605 9590 0012 1146

DW
9-20

UNCLAIMED
RETURNED TO SENDER
JOHANN L STOLWORTHY LIV TR DD APRL
4000 SUMMER WIND
FARMINGTON, NM 87401

Handwritten signature



02 1R
0006557587
MAILED FROM





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7110 6605 9590 0012 1146

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:
To: DORIANN L STOLWORTHY LIV TR DD APR
4600 SUMMER WIND
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1146

DORIANN L STOLWORTHY LIV TR DD APR
4600 SUMMER WIND
FARMINGTON, NM 87401

Batch #: 2189
Article #: 71106605959000121146
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1146	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DORIANN L STOLWORTHY LIV TR DD APR 4600 SUMMER WIND FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2189
Article #: 71106605959000121146
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIST HERE

Reorder Form LCD-811B rev. 01/07



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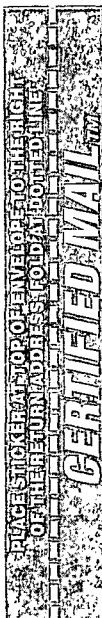
7110 6605 9590 0012 1139

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

To
DORA PARKER
PO BOX 2141
BLOOMFIELD, NM 87413

Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1139

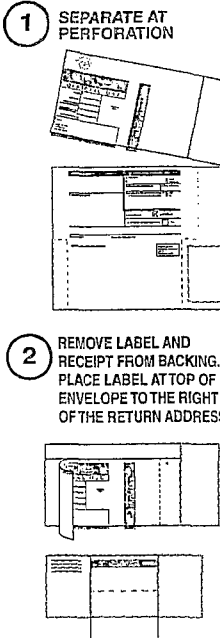
DORA PARKER
PO BOX 2141
BLOOMFIELD, NM 87413

Batch #: 2189
Article #: 71106605959000121139
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1139	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DORA PARKER PO BOX 2141 BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1139	A. Signature <i>Dora Parker</i> ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DORA PARKER PO BOX 2141 BLOOMFIELD, NM 87413	<i>Dora Parker</i> <i>9-2-10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121139
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





7110 6605 9590 0012 1146

MAILED FROM ZIPCODE 87402



Handwritten signature

RETURNED
TO
SENDER
UNCLAIMED

DORIAN L STOLWORTHY LIV TR DD APRL
4600 SUMMER WIND
FARMINGTON, NM 87401





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7110 6605 9590 0012 1153

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

To
DOROTEA VALDEZ LOPEZ ESTATE
RACHEL ANN HANCOCK-WARGO REPRESENTA
PO BOX 355
BLANCO, NM 87412

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1153

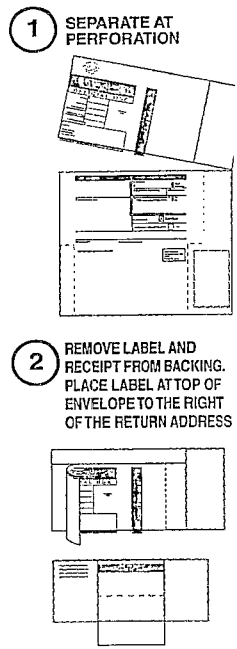
DOROTEA VALDEZ LOPEZ ESTATE
RACHEL ANN HANCOCK-WARGO REPRESENTA
PO BOX 355
BLANCO, NM 87412

Batch #: 2189
Article #: 71106605959000121153
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811P rev. 01/07

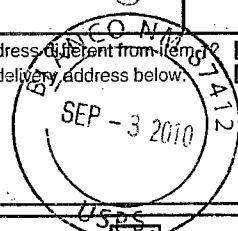
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1153	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOROTEA VALDEZ LOPEZ ESTATE RACHEL ANN HANCOCK-WARGO REPRESENTA PO BOX 355 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1153	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOROTEA VALDEZ LOPEZ ESTATE RACHEL ANN HANCOCK-WARGO REPRESENTA PO BOX 355 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



Batch #: 2189
Article #: 71106605959000121153
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1160

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

To
At, Apt. No.;
Box No.
State, Zip+4

DOROTHY A FARNHAM
2540 ITASCA AVE S
ST MARYS POINT
LAKELAND, MN 55043

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1160

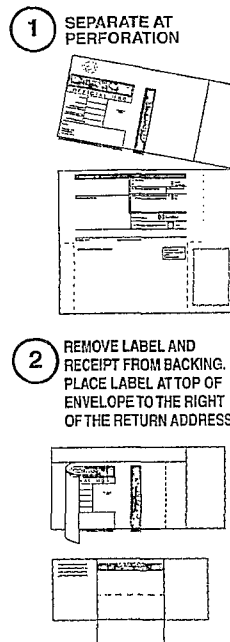
DOROTHY A FARNHAM
2540 ITASCA AVE S
ST MARYS POINT
LAKELAND, MN 55043

Batch #: 2189
Article #: 71106605959000121160
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Header Form LUJ-8111H rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1160	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOROTHY A FARNHAM 2540 ITASCA AVE S ST MARYS POINT LAKELAND, MN 55043	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1160	A. Signature X <i>Dorothy A. Farnham</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-8-10
DOROTHY A FARNHAM 2540 ITASCA AVE S ST MARYS POINT LAKELAND, MN 55043	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 #: 2189
Article #: 71106605959000121160
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1177

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	

1. Article Addressed to:

DOROTHY B HUGHES ESTATE
303 MISTY CREEK LANE
PORT ANGELES, WA 98363

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



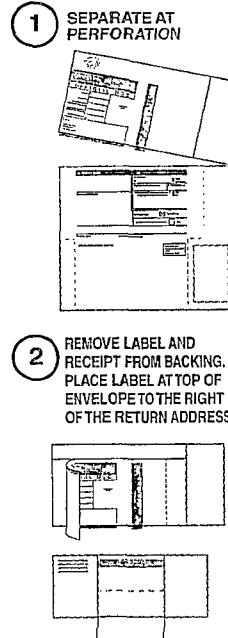
7110 6605 9590 0012 1177

DOROTHY B HUGHES ESTATE
303 MISTY CREEK LANE
PORT ANGELES, WA 98363

Batch #: 2189
Article #: 71106605959000121177
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1177	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DOROTHY B HUGHES ESTATE 303 MISTY CREEK LANE PORT ANGELES, WA 98363	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1177	A. Signature X <i>Suzy Sarna</i>	☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) SUZY SARNA	C. Date of Delivery 9/7/10
DOROTHY B HUGHES ESTATE 303 MISTY CREEK LANE PORT ANGELES, WA 98363	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☒ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

Batch #: 2189
Article #: 71106605959000121177
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1184

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

To
DOROTHY E DENMAN
4600 TAFT BLVD APT 971
WICHITA FALLS, TX 76308

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 0012 1184

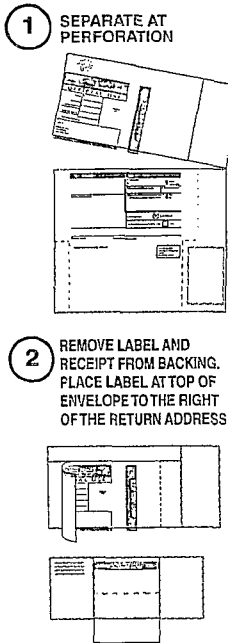
DOROTHY E DENMAN
4600 TAFT BLVD APT 971
WICHITA FALLS, TX 76308

Batch #: 2189
Article #: 71106605959000121184
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1184	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOROTHY E DENMAN 4600 TAFT BLVD APT 971 WICHITA FALLS, TX 76308	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1184	A. Signature <i>Ludy Murray</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Ludy Murray</i> <i>9-3-10</i>
DOROTHY E DENMAN 4600 TAFT BLVD APT 971 WICHITA FALLS, TX 76308	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 #: 2189
Article #: 71106605959000121184
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1191

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

DOROTHY M OLIVER
1250 PARKWOOD CIRCLE UNIT 1004
ATLANTA, GA 30339

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1191

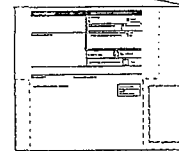
DOROTHY M OLIVER
1250 PARKWOOD CIRCLE UNIT 1004
ATLANTA, GA 30339

Batch #: 2189
Article #: 71106605959000121191
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

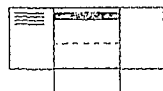
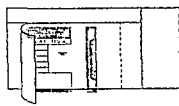
Reorder Form LCD-814B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1191	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOROTHY M OLIVER 1250 PARKWOOD CIRCLE UNIT 1004 ATLANTA, GA 30339	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 0012 1191	A. Signature X <i>Dorothy Oliver</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOROTHY M OLIVER 1250 PARKWOOD CIRCLE UNIT 1004 ATLANTA, GA 30339	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 #: 2189
Article #: 71106605959000121191
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1207

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

Deliver To
Douglas Cameron McLeod
518 17TH ST, STE 1525
DENVER, CO 80202

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1207

DOUGLAS CAMERON MCLEOD
518 17TH ST, STE 1525
DENVER, CO 80202

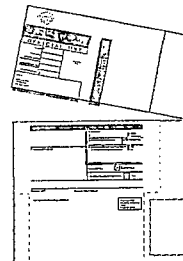
Batch #: 2189
Article #: 71106605959000121207
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

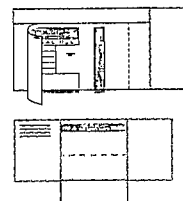
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1207	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOUGLAS CAMERON MCLEOD 518 17TH ST, STE 1525 DENVER, CO 80202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1207	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
DOUGLAS CAMERON MCLEOD 518 17TH ST, STE 1525 DENVER, CO 80202	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 #: 2189
Article #: 71106605959000121207
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



US Postal Service
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Information on Your Website: www.usps.com

7110 6605 9590 0012 1214

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

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

DOUGLAS E ATWILL
2211 FORT UNION DR
SANTA FE, NM 87505

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1214

DOUGLAS E ATWILL
2211 FORT UNION DR
SANTA FE, NM 87505

Batch #: 2189
Article #: 71106605959000121214
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-011R rev. 01/07

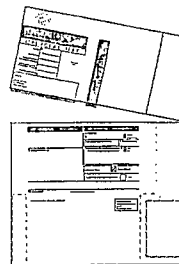
2. Article Number 7110 6605 9590 0012 1214	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

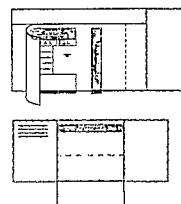
DOUGLAS E ATWILL
2211 FORT UNION DR
SANTA FE, NM 87505

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 0012 1214	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-2-10 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:

DOUGLAS E ATWILL
2211 FORT UNION DR
SANTA FE, NM 87505

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121214
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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Information Visit our website at www.usps.com

7110 6605 9590 0012 1221

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	

TO
Set, Apt. No.,
PO Box No.,
City, State, Zip+4

DOUGLAS E JOHNSTON
2511 WILLOWWICK #226
HOUSTON, TX 77027-3977

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



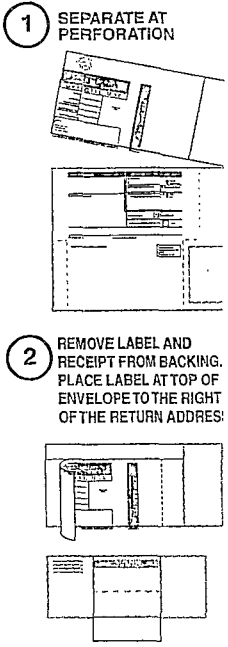
7110 6605 9590 0012 1221

DOUGLAS E JOHNSTON
2511 WILLOWWICK #226
HOUSTON, TX 77027-3977

Batch #: 2189
Article #: 71106605959000121221
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1221	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOUGLAS E JOHNSTON 2511 WILLOWWICK #226 HOUSTON, TX 77027-3977	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1221	A. Signature X <i>W.E. Johnston</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOUGLAS E JOHNSTON 2511 WILLOWWICK #226 HOUSTON, TX 77027-3977	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 #: 2189
Article #: 71106605959000121221
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1238

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	

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

**DUFF-LEACH FAMILY TRUST
C/O J DIANNE DUFF LEACH
P O BOX 30396
ALBUQUERQUE, NM 87190**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1238

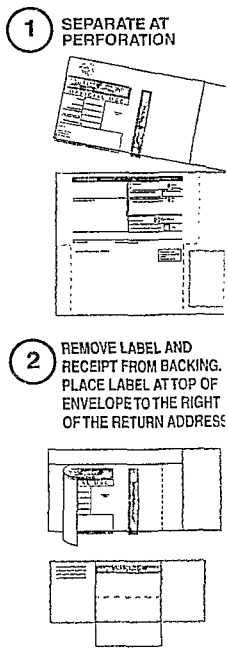
**DUFF-LEACH FAMILY TRUST
C/O J DIANNE DUFF LEACH
P O BOX 30396
ALBUQUERQUE, NM 87190**

Batch #: 2189
Article #: 71106605959000121238
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1238	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DUFF-LEACH FAMILY TRUST C/O J DIANNE DUFF LEACH P O BOX 30396 ALBUQUERQUE, NM 87190	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1238	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DUFF-LEACH FAMILY TRUST C/O J DIANNE DUFF LEACH P O BOX 30396 ALBUQUERQUE, NM 87190	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 #: 2189
Article #: 71106605959000121238
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
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(Insurance Coverage Provided)
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7110 6605 9590 0012 1245

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

to
DUGAN PRODUCTION CORP
ATTN SKIP FRAKER
PO BOX 420
FARMINGTON, NM 87499-0420

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



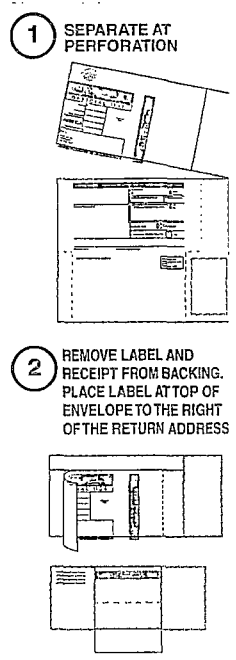
7110 6605 9590 0012 1245

DUGAN PRODUCTION CORP
ATTN SKIP FRAKER
PO BOX 420
FARMINGTON, NM 87499-0420

Batch #: 2189
Article #: 71106605959000121245
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

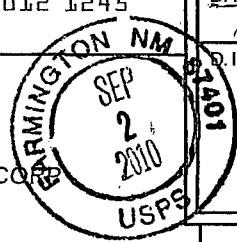
Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1245	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
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Code: Allocation Project - D.Howell

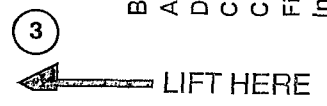
2. Article Number 7110 6605 9590 0012 1245	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Tom Vogan</i> C. Date of Delivery <i>9-2-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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DUGAN PRODUCTION CORP
ATTN SKIP FRAKER
PO BOX 420
FARMINGTON, NM 87499-0420

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121245
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0606

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: **D J SIMMONS CO LTD PARTNERSHIP**
PO BOX 1469
FARMINGTON, NM 87499
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



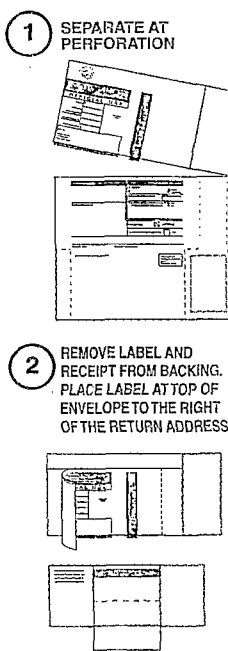
7110 6605 9590 0012 0606

D J SIMMONS CO LTD PARTNERSHIP
PO BOX 1469
FARMINGTON, NM 87499

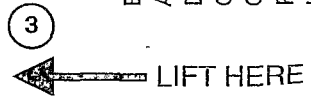
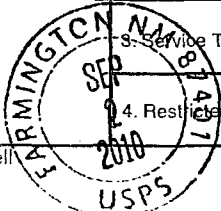
Batch #: 2188
Article #: 71106605959000120606
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number 7110 6605 9590 0012 0606	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: D J SIMMONS CO LTD PARTNERSHIP PO BOX 1469 FARMINGTON, NM 87499 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0606	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mary Tsosie</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>MARY TSOSIE</i> C. Date of Delivery <i>9/2/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No <i>MARY TSOSIE</i> 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: D J SIMMONS CO LTD PARTNERSHIP PO BOX 1469 FARMINGTON, NM 87499 Code: Allocation Project - D.Howell	



Batch #: 2188
Article #: 71106605959000120606
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: