



**U.S. Postal Service**  
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 For more information, visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 2869

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 **E TAIT MELDRAM REV TR DTD 12/01/04**  
**PO BOX 580**  
 Street, Apt. No.; **WEAVERVILLE, NC 28787-0580**  
 or PO Box No.  
 City, 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 2869

7110 6605 9590 0013 2869

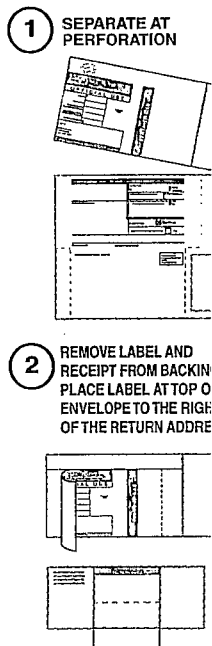
E TAIT MELDRAM REV TR DTD 12/01/04  
 PO BOX 580

WEAVERVILLE, NC 28787-0580

Batch #: 2269  
 Article #: 711066605959000132869  
 Date/Time: 9/14/2010 2:59:26 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 2869	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:  E TAIT MELDRAM REV TR DTD 12/01/04 PO BOX 580  WEAVERVILLE, NC 28787-0580	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> <b>Certified</b>	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2269  
 Article #: 711066605959000132869  
 Date/Time: 9/14/2010 2:59:26 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
 LIFT HERE



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

7110 6605 9590 0012 1252

**E HUNTER STONE II TR**  
**PO BOX 460929**  
**DENVER, CO 80246**

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 AT DOTTED LINE  
**CERTIFIED MAIL™**

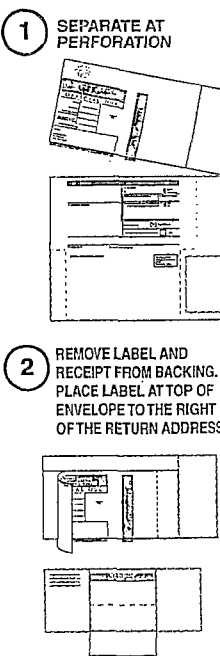
7110 6605 9590 0012 1252

**E HUNTER STONE II TR**  
**PO BOX 460929**  
**DENVER, CO 80246**

Batch #: 2189  
 Article #: 71106605959000121252  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-814R rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1252	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>E HUNTER STONE II TR</b> <b>PO BOX 460929</b> <b>DENVER, CO 80246</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1252	A. Signature <input checked="" type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>E HUNTER STONE II TR</b> <b>PO BOX 460929</b> <b>DENVER, CO 80246</b>	<b>CANCOT HARNAK</b>	<b>9/13/2010</b>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2189  
 Article #: 71106605959000121252  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
**LIFT HERE**



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 7110 6605 9590 0012 1269

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

Deliver to: **E TRAVERS MITCHELL**  
**PO BOX 153**  
**TELLURIDE, CO 81435**

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 1269

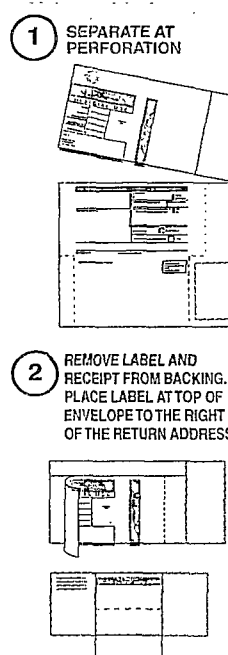
**E TRAVERS MITCHELL**  
**PO BOX 153**  
**TELLURIDE, CO 81435**

Batch #: 2189  
 Article #: 71106605959000121269  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3880, August 2006 See Reverse for Instructions

Reorder Form LCD-811B rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1269	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
E TRAVERS MITCHELL PO BOX 153 TELLURIDE, CO 81435		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1269	A. Signature <b>X</b> <i>E Travers Mitchell</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
E TRAVERS MITCHELL PO BOX 153 TELLURIDE, CO 81435	TRAVERS MITCHELL	9/16/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121269  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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

Mail To  
**E. HUNTER STONE II TRUST**  
**PO BOX 460929**  
**DENVER, CO 80246**

Form 3811, August 2006. See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE, NOT HERE!  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

Code: Allocation Project - D.Howell

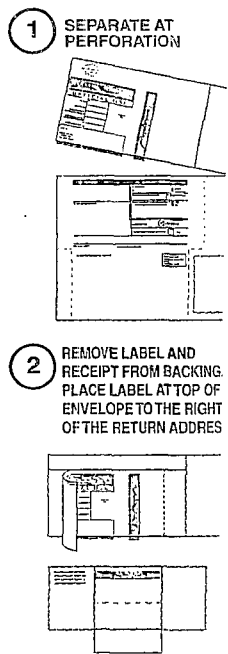
7110 6605 9590 0012 1276

**E. HUNTER STONE II TRUST**  
**PO BOX 460929**  
**DENVER, CO 80246**

Batch #: 2189  
 Article #: 71106605959000121276  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811B rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1276	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
E. HUNTER STONE II TRUST PO BOX 460929 DENVER, CO 80246	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1276	A. Signature <input checked="" type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
E. HUNTER STONE II TRUST PO BOX 460929 DENVER, CO 80246	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

3

Batch #: 2189  
 Article #: 71106605959000121276  
 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 1283

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: **EDGAR CLAY GRIFFIN JR**  
**1 STEVE FUQUA PL**  
**MISSOURI CITY, TX 77459**

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

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



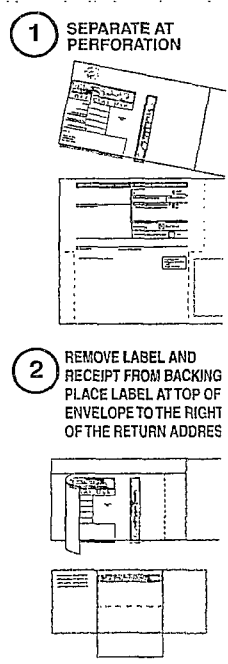
7110 6605 9590 0012 1283

**EDGAR CLAY GRIFFIN JR**  
**1 STEVE FUQUA PL**  
**MISSOURI CITY, TX 77459**

Batch #: 2189  
 Article #: 71106605959000121283  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Recorder Form LCD-811B rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1283	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
EDGAR CLAY GRIFFIN JR 1 STEVE FUQUA PL MISSOURI CITY, TX 77459	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1283	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
EDGAR CLAY GRIFFIN JR 1 STEVE FUQUA PL MISSOURI CITY, TX 77459	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121283  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



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7110 6605 9590 0013 3439

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

Send To **EDGAR JOHN LAYLAND**  
**102 HUTCHINSON DR**  
  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, Zip+4  
**SMYRNA, TN 37167**

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™**

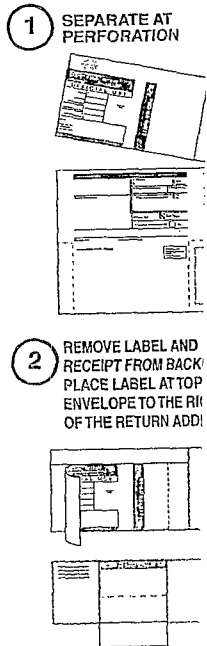
7110 6605 9590 0013 3439

**EDGAR JOHN LAYLAND**  
**102 HUTCHINSON DR**  
**SMYRNA, TN 37167**

Batch #: 2272  
 Article #: 71106605959000133439  
 Date/Time: 9/14/2010 3:26:43 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

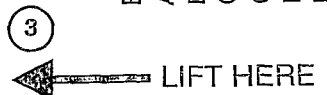
Reorder Form LCD-810 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 3439	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDGAR JOHN LAYLAND 102 HUTCHINSON DR SMYRNA, TN 37167		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 3439	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>Edgar J Layland</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDGAR JOHN LAYLAND 102 HUTCHINSON DR SMYRNA, TN 37167		9-18-10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2272  
 Article #: 71106605959000133439  
 Date/Time: 9/14/2010 3:26:43 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:





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7110 6605 9590 0012 1290

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  
**EDMUND M. LONGCOPE**  
**400 W. HOPKINS, SUITE 101**  
**SAN MARCOS, TX 78666**

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

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 AT DOTTED LINE.  
**CERTIFIED MAIL™**

7110 6605 9590 0012 1290

**EDMUND M. LONGCOPE**  
**400 W. HOPKINS, SUITE 101**  
**SAN MARCOS, TX 78666**

Batch #: 2189  
 Article #: 71106605959000121290  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-812, rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1290

1. Article Addressed to:

**EDMUND M. LONGCOPE**  
**400 W. HOPKINS, SUITE 101**  
**SAN MARCOS, TX 78666**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

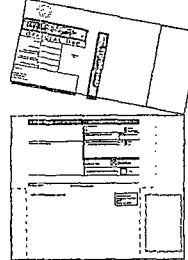
B. Received by (Printed Name) C. Date of Delivery

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

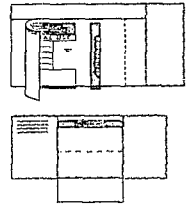
3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

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

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 #: 71106605959000121290  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3

LIST HERE



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
Mail Only - No Insurance Coverage (Optional)

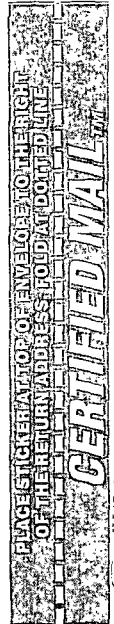
7110 6605 9590 0012 1306

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: **EDNA MORRELL LIVING TRUST**  
**P O BOX 5383**  
**DENVER, CO 80217**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



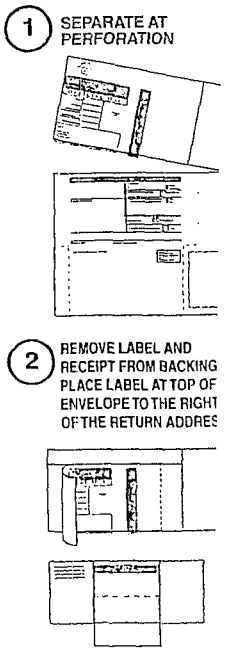
7110 6605 9590 0012 1306

**EDNA MORRELL LIVING TRUST**  
**P O BOX 5383**  
**DENVER, CO 80217**

Batch #: 2189  
 Article #: 71106605959000121306  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811B rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1306	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDNA MORRELL LIVING TRUST P O BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1306	A. Signature <input type="checkbox"/> Agent <i>Mattew Haden</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDNA MORRELL LIVING TRUST P O BOX 5383 DENVER, CO 80217	<i>Mattew Haden 9-7-10</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121306  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 Mail Only. No Insurance Coverage Provided.  
 For delivery information visit our website at www.usps.com.  
 7110 6605 9590 0012 1320

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  
 EDWARD CALVIN  
 2380 FOREST ST  
 DENVER, CO 80207-3261  
 Street, Apt. No.,  
 PO Box No.,  
 City, State, Zip+4  
 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 AT DOTTED LINE  
**CERTIFIED MAIL™**

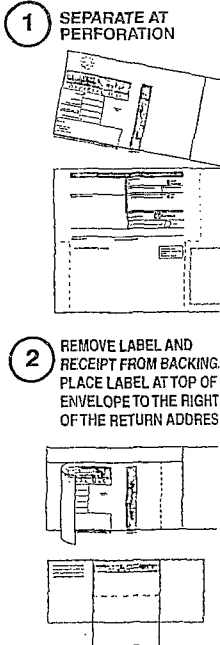
7110 6605 9590 0012 1320

EDWARD CALVIN  
 2380 FOREST ST  
 DENVER, CO 80207-3261

Batch #: 2189  
 Article #: 71106605959000121320  
 Date/Time: 8/31/2010 10:48:42 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 1320	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  EDWARD CALVIN 2380 FOREST ST DENVER, CO 80207-3261	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1320	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  EDWARD CALVIN 2380 FOREST ST DENVER, CO 80207-3261	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121320  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Phillips



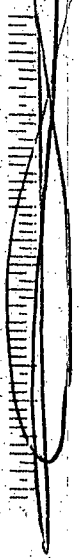
7110 6605 9590 0012 1313

MAILED FROM ZIP CODE 87402

EDWARD CATATUM TRUST  
TERRELL D PALMER TRUSTEE  
18 WEST 6TH STREET SUITE 066  
TULSA, OK 74119

*[Handwritten signature]*

*PK  
MS-ADD  
K11/16  
[Signature]*





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

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

**EDWARD C TATUM TRUST  
 TERRELL D PALMER TRUSTEE  
 15 WEST 6TH STREET, SUITE 066  
 TULSA, OK 74119**

Form 3800, August 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

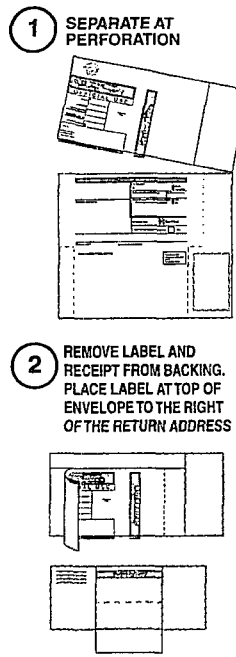
7110 6605 9590 0012 1313

**EDWARD C TATUM TRUST  
 TERRELL D PALMER TRUSTEE  
 15 WEST 6TH STREET, SUITE 066  
 TULSA, OK 74119**

Batch #: 2189  
 Article #: 71106605959000121313  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811D rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 1313	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  <b>EDWARD C TATUM TRUST    TERRELL D PALMER TRUSTEE    15 WEST 6TH STREET, SUITE 066    TULSA, OK 74119</b>	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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 #: 71106605959000121313  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3

LIST HERE



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7110 6605 9590 0012 1337

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: **EDWARD CHARLES BAUMANN**  
 2410 BRIARBROOK  
 HOUSTON, TX 77042

Form 3800, August 2006. See Reverse for Instructions.

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

Code: Allocation Project - D.Howell

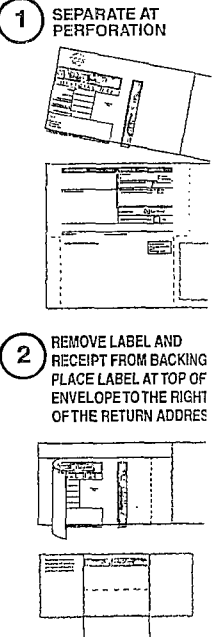
7110 6605 9590 0012 1337

EDWARD CHARLES BAUMANN  
 2410 BRIARBROOK  
 HOUSTON, TX 77042

Batch #: 2189  
 Article #: 71106605959000121337  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811B, rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1337	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDWARD CHARLES BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1337	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDWARD CHARLES BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121337  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



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7110 6605 9590 0012 1344

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: EDWARD ISERN JR  
 515 W 5TH  
 ELLINWOOD, KS 67526

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™**

Code: Allocation Project - D.Howell

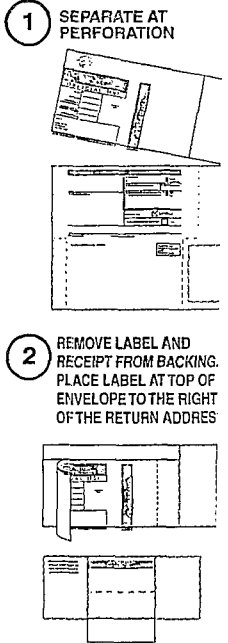
7110 6605 9590 0012 1344

EDWARD ISERN JR  
 515 W 5TH  
 ELLINWOOD, KS 67526

Batch #: 2189  
 Article #: 71106605959000121344  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-814B Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1344	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDWARD ISERN JR 515 W 5TH ELLINWOOD, KS 67526		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1344	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDWARD ISERN JR 515 W 5TH ELLINWOOD, KS 67526	EDWARD ISERN JR	SEP 1 2010
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121344  
 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 0013 3446

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

Send To  
 EDWARD LAYLAND MYATT JR  
 1903 NEVADA  
 DENTON, TX 76209

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

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 3446

EDWARD LAYLAND MYATT JR  
 1903 NEVADA  
 DENTON, TX 76209

Batch #: 2272  
 Article #: 71106605959000133446  
 Date/Time: 9/14/2010 3:26:43 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3446

1. Article Addressed to:

EDWARD LAYLAND MYATT JR  
 1903 NEVADA  
 DENTON, TX 76209

**COMPLETE THIS SECTION ON DELIVERY**

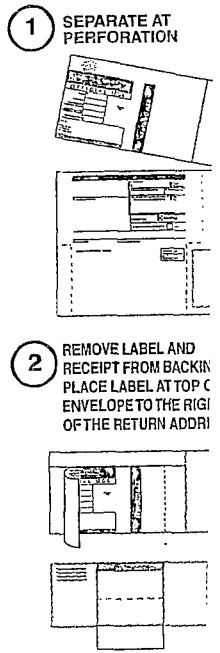
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 3446

1. Article Addressed to:

EDWARD LAYLAND MYATT JR  
 1903 NEVADA  
 DENTON, TX 76209

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

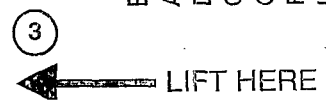
B. Received by (Printed Name) C. Date of Delivery  
*C Myatt* 9-17-10

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 #: 2272  
 Article #: 71106605959000133446  
 Date/Time: 9/14/2010 3:26:43 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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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: EDWARD L RYERSON JR TRUST  
 ATTN SUSAN CHIAPPISI  
 1336 MASSACHUSETTS AVE  
 CAMBRIDGE, MA 2138

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



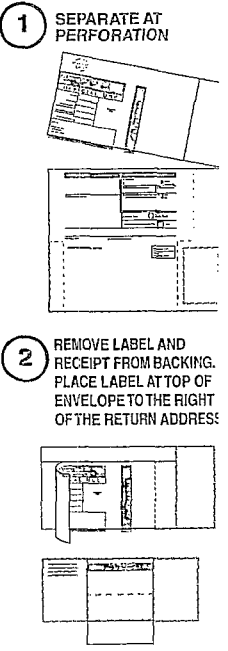
7110 6605 9590 0012 1351

EDWARD L RYERSON JR TRUST  
 ATTN SUSAN CHIAPPISI  
 1336 MASSACHUSETTS AVE  
 CAMBRIDGE, MA 2138

Batch #: 2189  
 Article #: 71106605959000121351  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1351	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDWARD L RYERSON JR TRUST ATTN SUSAN CHIAPPISI 1336 MASSACHUSETTS AVE CAMBRIDGE, MA 2138	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1351	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDWARD L RYERSON JR TRUST ATTN SUSAN CHIAPPISI 1336 MASSACHUSETTS AVE CAMBRIDGE, MA 2138	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	9-4-10
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121351  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



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7110 6605 9590 0012 1368

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: EDWARD R ATWILL ESTATE  
 PO BOX 1551  
 TUBAC, AZ 85646

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1368

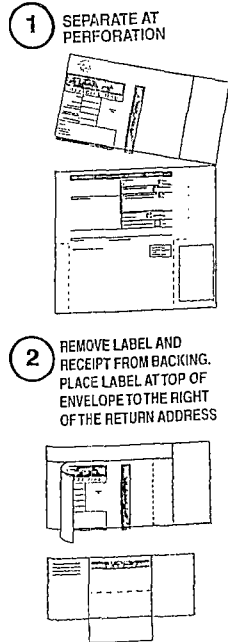
EDWARD R ATWILL ESTATE  
 PO BOX 1551  
 TUBAC, AZ 85646

Batch #: 2189  
 Article #: 71106605959000121368  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1368	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDWARD R ATWILL ESTATE PO BOX 1551 TUBAC, AZ 85646	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Code: Allocation Project - D.Howell



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1368	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>Edward R Atwill</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDWARD R ATWILL ESTATE PO BOX 1551 TUBAC, AZ 85646	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Code: Allocation Project - D.Howell

Batch #: 2189  
 Article #: 71106605959000121368  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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7110 6605 9590 0012 1375

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	

Delivered To  
Edward Winterer &  
289 Oceanview Ave  
Del Mar, CA 92014-3321

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1375

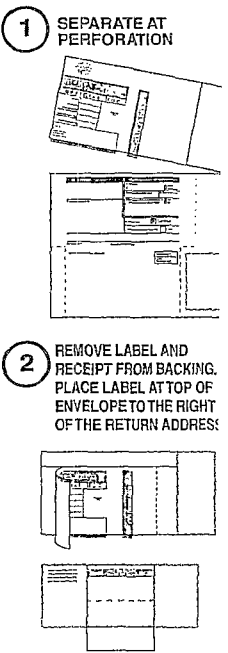
EDWARD WINTERER &  
289 OCEANVIEW AVE  
DEL MAR, CA 92014-3321

Batch #: 2189  
Article #: 71106605959000121375  
Date/Time: 8/31/2010 10:48:42 AM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

Reorder Form LCD-811R rev. 01/07

<b>2. Article Number</b>  7110 6605 9590 0012 1375	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  EDWARD WINTERER & 289 OCEANVIEW AVE DEL MAR, CA 92014-3321	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Code: Allocation Project - D.Howell



<b>2. Article Number</b>  7110 6605 9590 0012 1375	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  EDWARD WINTERER & 289 OCEANVIEW AVE DEL MAR, CA 92014-3321	A. Signature <b>X</b> <i>M. Winterer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery <i>Winterer</i> <i>9-4</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Code: Allocation Project - D.Howell


Batch #: 2189  
Article #: 71106605959000121375  
Date/Time: 8/31/2010 10:48:42 AM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

3

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

# ConocoPhillips

7110 6605 9590 0012 1382

  
**UNCLAIMED**

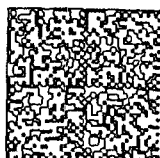
EILEEN MEDINA GARRIDO  
3363 E EVANS DR  
PHOENIX, AZ 85032

SEP 04 2018

SEP 10 2018

✓  
✓  
9-4

22



UNITED STATES!  
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7110 6605 9590 0012 1399

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  
**ELAINE LYONS**  
**21422 GANTON DR**  
**KATY, TX 77450**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1399

**ELAINE LYONS**  
**21422 GANTON DR**  
**KATY, TX 77450**

Batch #: 2189  
 Article #: 71106605959000121399  
 Date/Time: 8/31/2010 10:48:42 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 1399

1. Article Addressed to:

**ELAINE LYONS**  
**21422 GANTON DR**  
**KATY, TX 77450**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

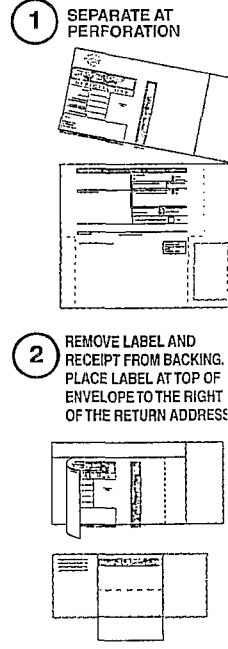
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1399

1. Article Addressed to:

**ELAINE LYONS**  
**21422 GANTON DR**  
**KATY, TX 77450**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Elaine Lyons**

B. Received by (Printed Name) C. Date of Delivery  
 9 4 90

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2189  
 Article #: 71106605959000121399  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



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

7110 6605 9590 0012 1405

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  
 Recipient, Apt. No., PO Box No., City, State, Zip+4  
**ELEANOR G HAND**  
**1875 GORDON MANOR NE**  
**ATLANTA, GA 30307**

Form 3800, August 2009 - See Reverse for Instructions

Code: Allocation Project - D.Howell



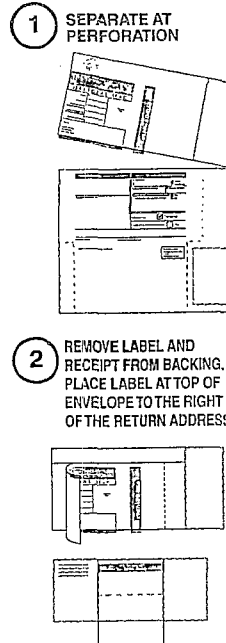
7110 6605 9590 0012 1405

**ELEANOR G HAND**  
**1875 GORDON MANOR NE**  
**ATLANTA, GA 30307**

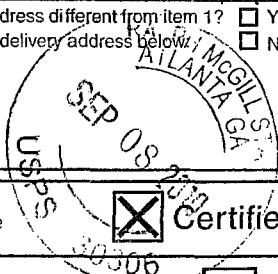
Batch #: 2189  
 Article #: 71106605959000121405  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-814D rev. 01/07

<b>2 Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1405	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>ELEANOR G HAND</b> <b>1875 GORDON MANOR NE</b> <b>ATLANTA, GA 30307</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2 Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1405	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <b>X LOW PERSMAN</b>	C. Date of Delivery <b>X 9-4-10</b>
<b>ELEANOR G HAND</b> <b>1875 GORDON MANOR NE</b> <b>ATLANTA, GA 30307</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



Batch #: 2189  
 Article #: 71106605959000121405  
 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 0013 2876

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 **ELEANOR G TRUJILLO**  
**2114 E MT DANIELS DR**  
 reet, Apt. No.,  
 PO Box No.  
 ity, State, Zip+4 **ELLENSBURG, WA 98926**

Form 3800/August 2005 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THEIR TURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

7110 6605 9590 0013 2876

**ELEANOR G TRUJILLO**  
**2114 E MT DANIELS DR**  
**ELLENSBURG, WA 98926**

Batch #: 2269  
 Article #: 71106605959000132876  
 Date/Time: 9/14/2010 2:59:26 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD- rev. 01/07

**2. Article Number**

7110 6605 9590 0013 2876

1. Article Addressed to:

**ELEANOR G TRUJILLO**  
**2114 E MT DANIELS DR**  
**ELLENSBURG, WA 98926**

**COMPLETE THIS SECTION ON DELIVERY**

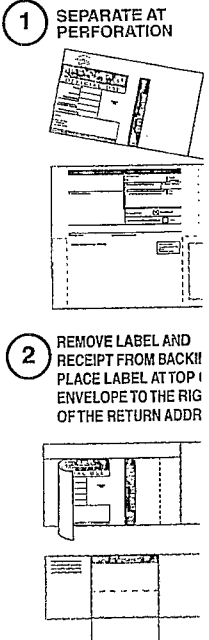
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 2876

1. Article Addressed to:

**ELEANOR G TRUJILLO**  
**2114 E MT DANIELS DR**  
**ELLENSBURG, WA 98926**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Eleanor Trujillo*  Addressee

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

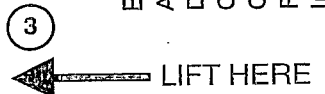
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

3

Batch #: 2269  
 Article #: 71106605959000132876  
 Date/Time: 9/14/2010 2:59:26 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 1412

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: **ELEANOR I DUNNE FAMILY TR**  
 1401 N WESTERN AVE  
 LAKE FOREST, IL 60045

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 AT DOTTED LINE  
**CERTIFIED MAIL™**

7110 6605 9590 0012 1412

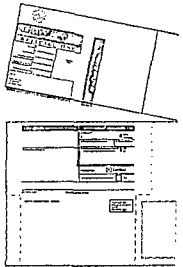
ELEANOR I DUNNE FAMILY TR  
 1401 N WESTERN AVE  
 LAKE FOREST, IL 60045

Batch #: 2189  
 Article #: 71106605959000121412  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

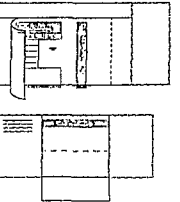
Reorder Form LCD-811B, rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1412	A. Signature <b>X</b> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ELEANOR I DUNNE FAMILY TR 1401 N WESTERN AVE LAKE FOREST, IL 60045		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1412	A. Signature <b>X</b> <i>RETS</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ELEANOR I DUNNE FAMILY TR 1401 N WESTERN AVE LAKE FOREST, IL 60045	<i>RE BROWN</i>	<i>8/31</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121412  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



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

Delivered to: **ELIZABETH BLACK MONTGOMERY**  
 2308 MIMOSA  
 HOUSTON, TX 77019

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1429

ELIZABETH BLACK MONTGOMERY  
 2308 MIMOSA  
 HOUSTON, TX 77019

Batch #: 2189  
 Article #: 71106605959000121429  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-811R rev. 01/07

**2. Article Number**  
 7110 6605 9590 0012 1429

1. Article Addressed to:  
 ELIZABETH BLACK MONTGOMERY  
 2308 MIMOSA  
 HOUSTON, TX 77019

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

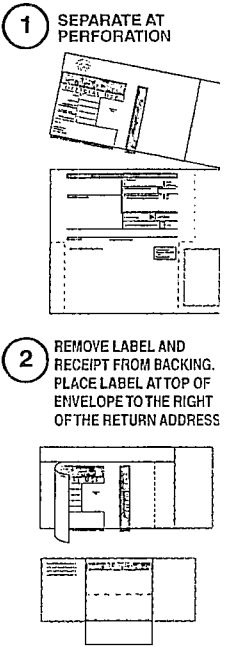
A. Signature  
 X  Agent  
 Addressee

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 1429

1. Article Addressed to:  
 ELIZABETH BLACK MONTGOMERY  
 2308 MIMOSA  
 HOUSTON, TX 77019

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 9/8/10

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

3

Batch #: 2189  
 Article #: 71106605959000121429  
 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 1443

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  
 Elizabeth H LUND ROYALTY TRUST  
 BARBARA LUND TRUSTEE  
 10939 ALADDIN DR  
 DALLAS, TX 75229

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1443

ELIZABETH H LUND ROYALTY TRUST  
 BARBARA LUND TRUSTEE  
 10939 ALADDIN DR  
 DALLAS, TX 75229

Batch #: 2189  
 Article #: 71106605959000121443  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-811B rev. 01/07

**2. Article Number**  
 7110 6605 9590 0012 1443

1. Article Addressed to:  
 ELIZABETH H LUND ROYALTY TRUST  
 BARBARA LUND TRUSTEE  
 10939 ALADDIN DR  
 DALLAS, TX 75229

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

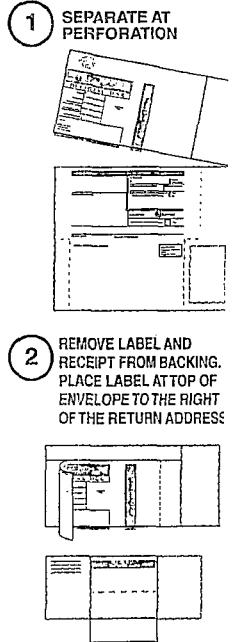
A. Signature  
 X  Agent  
 Addressee

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 1443

1. Article Addressed to:  
 ELIZABETH H LUND ROYALTY TRUST  
 BARBARA LUND TRUSTEE  
 10939 ALADDIN DR  
 DALLAS, TX 75229

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 Addressee

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

3

Batch #: 2189  
 Article #: 71106605959000121443  
 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 1436

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  
 ELIZABETH GOODWIN REESE  
 7800 NAIRN  
 HOUSTON, TX 77074

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1436

ELIZABETH GOODWIN REESE  
 7800 NAIRN  
 HOUSTON, TX 77074

Batch #: 2189  
 Article #: 71106605959000121436  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8111R rev. 01/07

**2. Article Number**  
 7110 6605 9590 0012 1436

1. Article Addressed to:  
 ELIZABETH GOODWIN REESE  
 7800 NAIRN  
 HOUSTON, TX 77074

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 Addressee

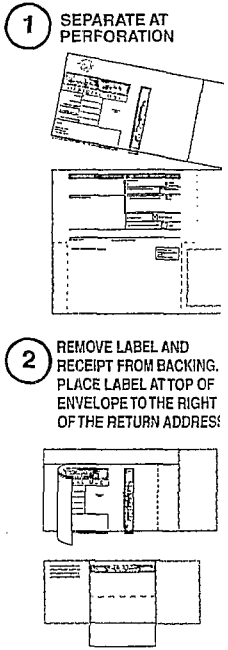
B. Received by (Printed Name) C. Date of Delivery

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 1436

1. Article Addressed to:  
 ELIZABETH GOODWIN REESE  
 7800 NAIRN  
 HOUSTON, TX 77074

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Mrs. Reese  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 9-8-10

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 #: 2189  
 Article #: 71106605959000121436  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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7110 6605 9590 0012 1450

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

Delivered To  
 ELIZABETH H WHITE FAMILY TRUST  
 P O BOX 780099  
 DALLAS, TX 75378-0099

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 1450

ELIZABETH H WHITE FAMILY TRUST  
 P O BOX 780099  
 DALLAS, TX 75378-0099

Batch #: 2189  
 Article #: 71106605959000121450  
 Date/Time: 8/31/2010 10:48:42 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 1450

1. Article Addressed to:

ELIZABETH H WHITE FAMILY TRUST  
 P O BOX 780099  
 DALLAS, TX 75378-0099

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

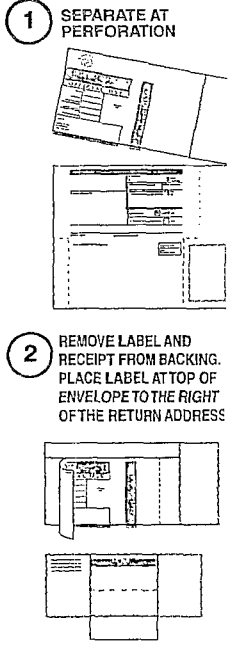
A. Signature  Agent  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1450

1. Article Addressed to:

ELIZABETH H WHITE FAMILY TRUST  
 P O BOX 780099  
 DALLAS, TX 75378-0099

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

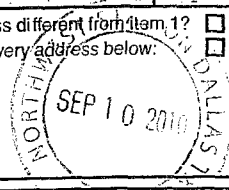
A. Signature  Agent  Addressee

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

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

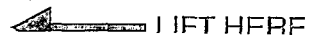
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2189  
 Article #: 71106605959000121450  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





**US Postal Service**  
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7110 6605 9590 0012 1467	
Postage \$	\$1.05
Certified Fee	\$2.80
Return Receipt Fee (Postage Required)	\$2.30
Restricted Delivery Fee (Postage Required)	\$0.00
Total Postage & Fees \$	\$6.15

Mail To  
 Elizabeth Jo Keenom  
 16790 HWY 550  
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

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

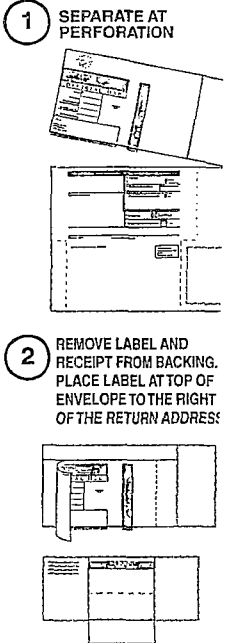
7110 6605 9590 0012 1467

ELIZABETH JO KEENOM  
 16790 HWY 550  
 AZTEC, NM 87410

Batch #: 2189  
 Article #: 71106605959000121467  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-814R rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1467	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ELIZABETH JO KEENOM 16790 HWY 550 AZTEC, NM 87410		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1467	A. Signature <input type="checkbox"/> Agent <b>X Elizabeth Keenom</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ELIZABETH JO KEENOM 16790 HWY 550 AZTEC, NM 87410	Elizabeth Keenom	SEP 07 2010
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121467  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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

7110 6605 9590 0013 3453

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 **ELIZABETH MARIE O'HORNETT GILTHVEDT**  
**C/O ROGERS & BELL**  
**PO BOX 3209**  
**TULSA, OK 74101**

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

PS Form 3800, August 2006 See Reverse for Instructions

PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

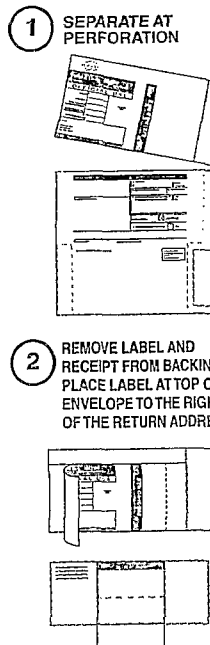
7110 6605 9590 0013 3453

ELIZABETH MARIE O'HORNETT GILTHVEDT  
 C/O ROGERS & BELL  
 PO BOX 3209  
 TULSA, OK 74101

Batch #: 2272  
 Article #: 71106605959000133453  
 Date/Time: 9/14/2010 3:26:43 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

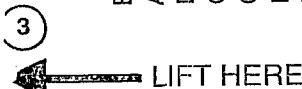
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3453	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ELIZABETH MARIE O'HORNETT GILTHVEDT C/O ROGERS & BELL PO BOX 3209 TULSA, OK 74101		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3453	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ELIZABETH MARIE O'HORNETT GILTHVEDT C/O ROGERS & BELL PO BOX 3209 TULSA, OK 74101	H. Mollman	9-20
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2272  
 Article #: 71106605959000133453  
 Date/Time: 9/14/2010 3:26:43 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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 7110 6605 9590 0012 1474

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

ELIZABETH N MESSECA  
 C/O RBC WEALTH MGMNT  
 6301 UPTOWN BLVD NE STE 100  
 ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell

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

11 1000 0011 8100 0 111 10 001 01 011010 8 110 8 101 100 011 10 111 00 01

7110 6605 9590 0012 1474

ELIZABETH N MESSECA  
 C/O RBC WEALTH MGMNT  
 6301 UPTOWN BLVD NE STE 100  
 ALBUQUERQUE, NM 87110

Batch #: 2189  
 Article #: 71106605959000121474  
 Date/Time: 8/31/2010 10:48:42 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 1474

1. Article Addressed to:

ELIZABETH N MESSECA  
 C/O RBC WEALTH MGMNT  
 6301 UPTOWN BLVD NE STE 100  
 ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

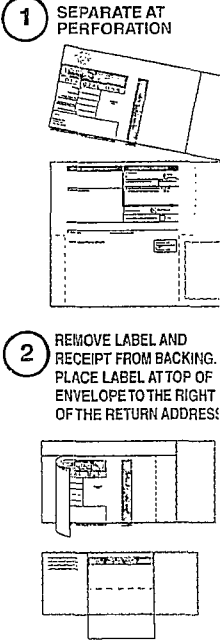
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1474

1. Article Addressed to:

ELIZABETH N MESSECA  
 C/O RBC WEALTH MGMNT  
 6301 UPTOWN BLVD NE STE 100  
 ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 E Messeca 9/1/2010

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

Batch #: 2189  
 Article #: 71106605959000121474  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



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 7110 6605 9590 0012 1481

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.,  
 or PO Box No.  
 City, State, Zip+4

**ELIZABETH P FLETCHER  
 C/O BARRON FLETCHER  
 300 E. 75TH  
 NEW YORK, NY 10021-3375**

PS Form 3811, 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 AT DOTTED LINE  
**CERTIFIED MAIL™**

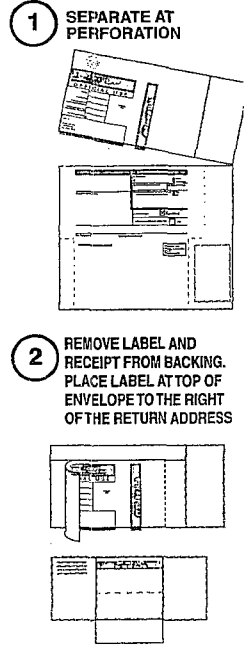
7110 6605 9590 0012 1481

**ELIZABETH P FLETCHER  
 C/O BARRON FLETCHER  
 300 E. 75TH  
 NEW YORK, NY 10021-3375**

Batch #: 2189  
 Article #: 71106605959000121481  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1481	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
<b>ELIZABETH P FLETCHER          C/O BARRON FLETCHER          300 E. 75TH          NEW YORK, NY 10021-3375</b>	3. Service Type <input checked="" type="checkbox"/> <b>Certified</b>	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

|||||

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

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

Batch #: 2189  
 Article #: 71106605959000121481  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



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 7110 6605 9590 0012 1498

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  
**ELIZABETH S BAYER**  
**4932 S ELKHART CT**  
**AURORA, CO 80015-2218**

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

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 AT DOTTED LINE  
**CERTIFIED MAIL™**

7110 6605 9590 0012 1498

**ELIZABETH S BAYER**  
**4932 S ELKHART CT**  
**AURORA, CO 80015-2218**

Batch #: 2189  
 Article #: 71106605959000121498  
 Date/Time: 8/31/2010 10:48:42 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 1498

1. Article Addressed to:

**ELIZABETH S BAYER**  
**4932 S ELKHART CT**  
**AURORA, CO 80015-2218**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

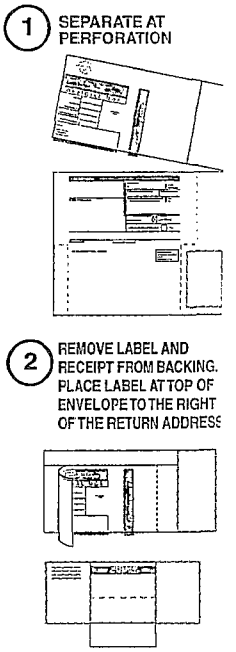
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1498

1. Article Addressed to:

**ELIZABETH S BAYER**  
**4932 S ELKHART CT**  
**AURORA, CO 80015-2218**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

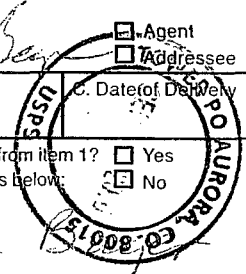
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2189  
 Article #: 71106605959000121498  
 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 0013 3460

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	

Delivered To: **ELIZABETH SIBOLE**  
**710 PIAZZA PLACE**  
**SAN ANTONIO, TX 78253**

PS Form 3800, August 2008 See Reverse for Instructions

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

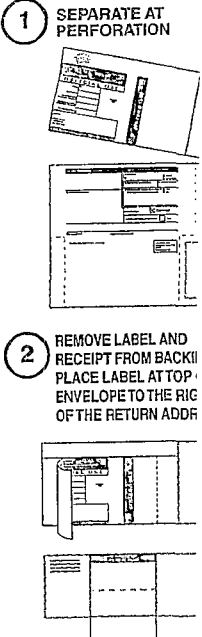
7110 6605 9590 0013 3460

**ELIZABETH SIBOLE**  
**710 PIAZZA PLACE**  
**SAN ANTONIO, TX 78253**

Batch #: 2272  
 Article #: 71106605959000133460  
 Date/Time: 9/14/2010 3:26:43 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

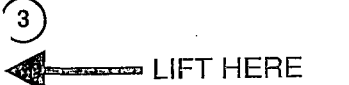
Reorder Form LCD- rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 3460	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ELIZABETH SIBOLE 710 PIAZZA PLACE SAN ANTONIO, TX 78253	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 3460	A. Signature <b>X</b> <i>Elizabeth Sibole</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ELIZABETH SIBOLE 710 PIAZZA PLACE SAN ANTONIO, TX 78253	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2272  
 Article #: 71106605959000133460  
 Date/Time: 9/14/2010 3:26:43 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:







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 7110 6605 9590 0012 1504

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: **ELIZABETH T ISHAM TRUST  
 DRAWER 99084  
 FORT WORTH, TX 76199-0084**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1504

ELIZABETH T ISHAM TRUST  
 DRAWER 99084  
 FORT WORTH, TX 76199-0084

Batch #: 2189  
 Article #: 71106605959000121504  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8111B rev. 01/07

**2. Article Number**  
 7110 6605 9590 0012 1504

1. Article Addressed to:  
 ELIZABETH T ISHAM TRUST  
 DRAWER 99084  
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

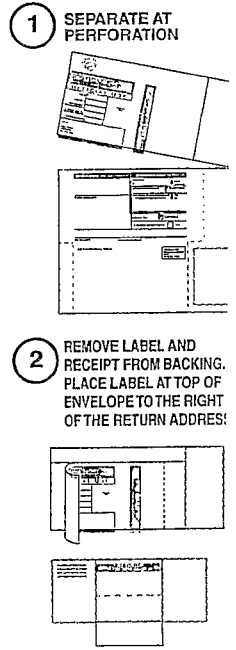
A. Signature  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**  
 7110 6605 9590 0012 1504

1. Article Addressed to:  
 ELIZABETH T ISHAM TRUST  
 DRAWER 99084  
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2189  
 Article #: 71106605959000121504  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



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7110 6605 9590 0012 1511

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

Deliver To  
 Elizabeth Turner Calloway  
 PO BOX 191767  
 DALLAS, TX 75219-8506

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 1511

ELIZABETH TURNER CALLOWAY  
 PO BOX 191767  
 DALLAS, TX 75219-8506

Batch #: 2189  
 Article #: 71106605959000121511  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811, August 2006. See Reverse for Instructions

Recorder Form LCD-811B, rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1511

1. Article Addressed to:

ELIZABETH TURNER CALLOWAY  
 PO BOX 191767  
 DALLAS, TX 75219-8506

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

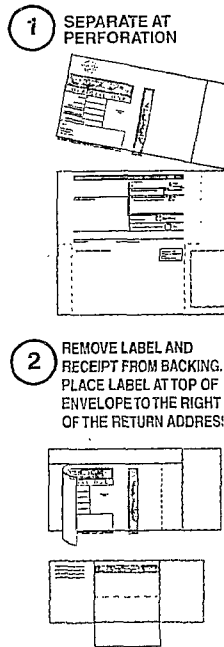
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1511

1. Article Addressed to:

ELIZABETH TURNER CALLOWAY  
 PO BOX 191767  
 DALLAS, TX 75219-8506

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

Robert Williams 8/31/10

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

3

Batch #: 2189  
 Article #: 71106605959000121511  
 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 0013 2883

Postage	\$		Postmark Here
		\$0.44	
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.54</b>	

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

**ELLEN L MARBERRY**  
**244 E EAST DR**  
  
**BAYFIELD, CO 81122**

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 2883

**ELLEN L MARBERRY**  
**244 E EAST DR**  
**BAYFIELD, CO 81122**

Batch #: 2269  
 Article #: 71106605959000132883  
 Date/Time: 9/14/2010 2:59:26 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 2883

1. Article Addressed to:

**ELLEN L MARBERRY**  
**244 E EAST DR**  
  
**BAYFIELD, CO 81122**

**COMPLETE THIS SECTION ON DELIVERY**

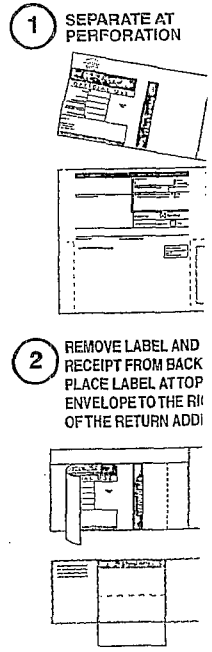
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 2883

1. Article Addressed to:

**ELLEN L MARBERRY**  
**244 E EAST DR**  
  
**BAYFIELD, CO 81122**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

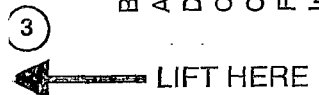
B. Received by (Printed Name) C. Date of Delivery  
**DWANE M. JENKINS** **9-18-10**

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 #: 71106605959000132883  
 Date/Time: 9/14/2010 2:59:26 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:



Reorder Form LCD-8 v. 01/07



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 For more information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0012 1528

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

**ELLEN NICKSON BROWN TEST TRUST**  
**PO BOX 1587**  
**DENISON, TX 75021**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1528

**ELLEN NICKSON BROWN TEST TRUST**  
**PO BOX 1587**  
**DENISON, TX 75021**

Batch #: 2189  
 Article #: 71106605959000121528  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8112 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1528

1. Article Addressed to:

**ELLEN NICKSON BROWN TEST TRUST**  
**PO BOX 1587**  
**DENISON, TX 75021**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

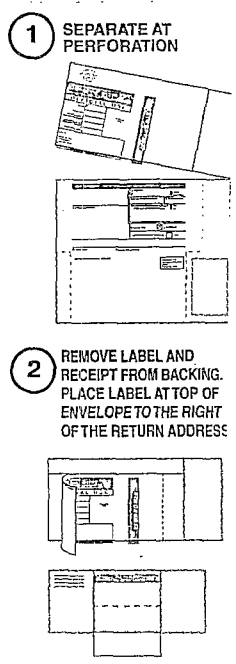
A. Signature  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1528

1. Article Addressed to:

**ELLEN NICKSON BROWN TEST TRUST**  
**PO BOX 1587**  
**DENISON, TX 75021**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2189  
 Article #: 71106605959000121528  
 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 0013 3477

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	

Return To: **ELLIOT E & CHARLENE M HATHEWAY REV**  
**1801 W TRENTON ST**  
**BROKEN ARROW, OK 74012**

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3477

**ELLIOT E & CHARLENE M HATHEWAY REV**  
**1801 W TRENTON ST**  
**BROKEN ARROW, OK 74012**

Batch #: 2272  
 Article #: 71106605959000133477  
 Date/Time: 9/14/2010 3:26:44 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3477

1. Article Addressed to:

**ELLIOT E & CHARLENE M HATHEWAY REV**  
**1801 W TRENTON ST**  
**BROKEN ARROW, OK 74012**

**COMPLETE THIS SECTION ON DELIVERY**

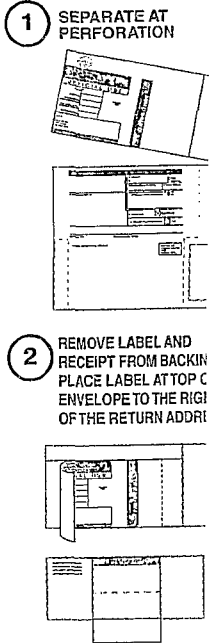
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 3477

1. Article Addressed to:

**ELLIOT E & CHARLENE M HATHEWAY REV**  
**1801 W TRENTON ST**  
**BROKEN ARROW, OK 74012**

**COMPLETE THIS SECTION ON DELIVERY**

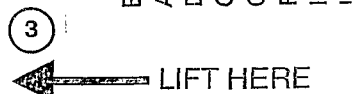
A. Signature  Agent  Addressee  
**X Michele Hatheway**

B. Received by (Printed Name) C. Date of Delivery  
**Michele Hatheway** **SEP 23 2010**

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2272  
 Article #: 71106605959000133477  
 Date/Time: 9/14/2010 3:26:44 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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7110 6605 9590 0012 1535

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  
 ELLIS RUDY LTD  
 22499 IMPERIAL VALLEY DRIVE  
 HOUSTON, TX 77073-1173

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 1535

ELLIS RUDY LTD  
 22499 IMPERIAL VALLEY DRIVE  
 HOUSTON, TX 77073-1173

Batch #: 2189  
 Article #: 71106605959000121535  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-814B rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1535

1. Article Addressed to:

ELLIS RUDY LTD  
 22499 IMPERIAL VALLEY DRIVE  
 HOUSTON, TX 77073-1173

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

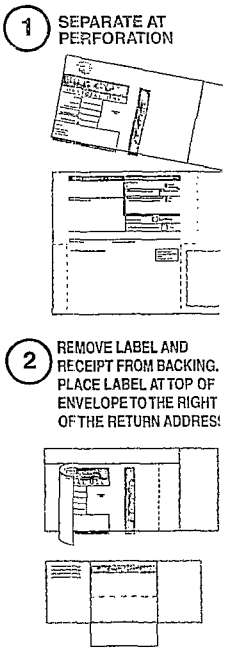
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1535

1. Article Addressed to:

ELLIS RUDY LTD  
 22499 IMPERIAL VALLEY DRIVE  
 HOUSTON, TX 77073-1173

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Joe Rudy**

B. Received by (Printed Name) C. Date of Delivery  
 Joe Rudy 8/31/10

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2189  
 Article #: 71106605959000121535  
 Date/Time: 8/31/2010 10:48:42 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
 LIFT HERE



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7110 6605 9590 0012 1542

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  
**ELSR LP**  
 8080 N CENTRAL EXPY, STE 1420  
 DALLAS, TX 75206-1806

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 1542

**ELSR LP**  
 8080 N CENTRAL EXPY, STE 1420  
 DALLAS, TX 75206-1806

Batch #: 2189  
 Article #: 71106605959000121542  
 Date/Time: 8/31/2010 10:48:42 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 1542

1. Article Addressed to:

**ELSR LP**  
 8080 N CENTRAL EXPY, STE 1420  
 DALLAS, TX 75206-1806

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

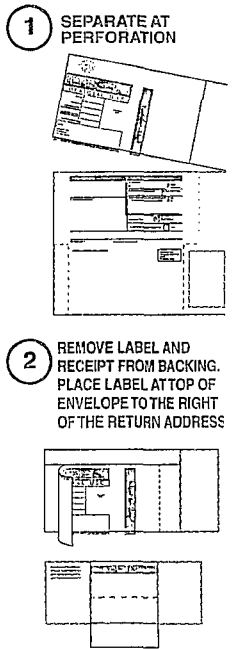
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1542

1. Article Addressed to:

**ELSR LP**  
 8080 N CENTRAL EXPY, STE 1420  
 DALLAS, TX 75206-1806

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *Tom Backol*

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

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

3

Batch #: 2189  
 Article #: 71106605959000121542  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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7110 6605 9590 0012 1559

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  
 Attention: Apt. No.,  
 PO Box No.,  
 City, State, Zip+4

**EMANUEL VARICAK**  
**316 S SYCAMORE ST**  
**NORTH PLATTE, NE 69101-7544**

PS Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 1559

**EMANUEL VARICAK**  
**316 S SYCAMORE ST**  
**NORTH PLATTE, NE 69101-7544**

Batch #: 2189  
 Article #: 71106605959000121559  
 Date/Time: 8/31/2010 10:48:43 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 1559

1. Article Addressed to:

**EMANUEL VARICAK**  
**316 S SYCAMORE ST**  
**NORTH PLATTE, NE 69101-7544**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

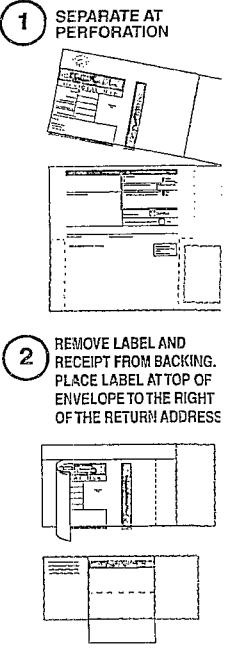
B. Received by (Printed Name) C. Date of Delivery

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

Code: Allocation Project - D.Howell



**Article Number**

7110 6605 9590 0012 1559

1. Article Addressed to:

**EMANUEL VARICAK**  
**316 S SYCAMORE ST**  
**NORTH PLATTE, NE 69101-7544**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X Emanuel Varicak**  Addressee

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

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

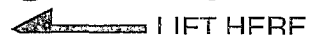
3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

Batch #: 2189  
 Article #: 71106605959000121559  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3







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7110 6605 9590 0012 1566

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: **EMILIE M HARDIE**  
**1065 LOS JARDINES**  
**EL PASO, TX 79912-1942**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1566

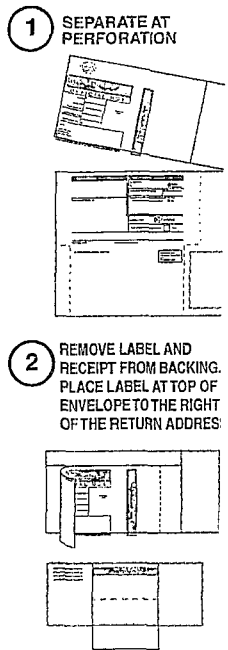
**EMILIE M HARDIE**  
**1065 LOS JARDINES**  
**EL PASO, TX 79912-1942**

Batch #: 2189  
 Article #: 71106605959000121566  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1566	A. Signature <input checked="" type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EMILIE M HARDIE 1065 LOS JARDINES EL PASO, TX 79912-1942		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: Allocation Project - D.Howell



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 1566	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>Hardie</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EMILIE M HARDIE 1065 LOS JARDINES EL PASO, TX 79912-1942	<i>Hardie</i>	8/3
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2189  
 Article #: 71106605959000121566  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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7110 6605 9590 0012 1573

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  
 EMILIE SWINNEY  
 13 PARK PLACE CT  
 WICHITA FALLS, TX 76302-1964

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1573

EMILIE SWINNEY  
 13 PARK PLACE CT  
 WICHITA FALLS, TX 76302-1964

Batch #: 2189  
 Article #: 71106605959000121573  
 Date/Time: 8/31/2010 10:48:43 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 1573

1. Article Addressed to:

EMILIE SWINNEY  
 13 PARK PLACE CT  
 WICHITA FALLS, TX 76302-1964

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

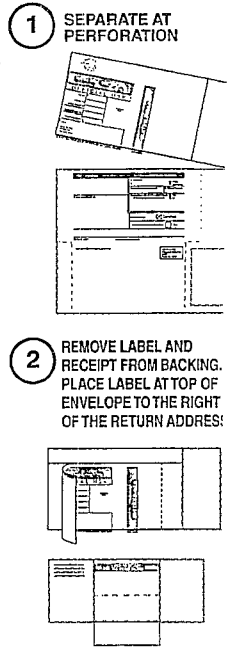
A. Signature  
 X  Agent  
 Addressee

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 1573

1. Article Addressed to:

EMILIE SWINNEY  
 13 PARK PLACE CT  
 WICHITA FALLS, TX 76302-1964

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Emilie Swinney*  Agent  
 Addressee

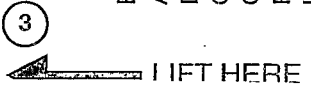
B. Received by (Printed Name) C. Date of Delivery  
 Emilie Swinney 9-3-10

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 #: 2189  
 Article #: 71106605959000121573  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 1580

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

Deliver to  
**EMILY GRAMBLING**  
916 CHERRY HILL LANE  
EL PASO, TX 79912

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1580

**EMILY GRAMBLING**  
916 CHERRY HILL LANE  
EL PASO, TX 79912

Batch #: 2189  
Article #: 71106605959000121580  
Date/Time: 8/31/2010 10:48:43 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 1580

1. Article Addressed to:

**EMILY GRAMBLING**  
916 CHERRY HILL LANE  
EL PASO, TX 79912

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

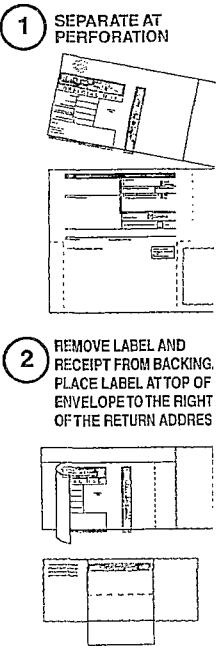
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell



**2. Article Number**

7110 6605 9590 0012 1580

1. Article Addressed to:

**EMILY GRAMBLING**  
916 CHERRY HILL LANE  
EL PASO, TX 79912

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Emily Grambling**

B. Received by (Printed Name) C. Date of Delivery  
**Emily Grambling 9-3-10**

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

Code: Allocation Project - D.Howell

Batch #: 2189  
Article #: 71106605959000121580  
Date/Time: 8/31/2010 10:48:43 AM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

3



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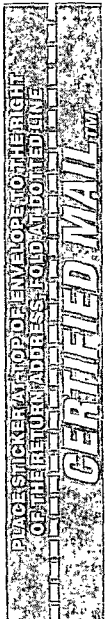
7110 6605 9590 0012 1597

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:  
 Emily Lobato  
 586 HUNTINGTON DR UNIT J  
 ARCADIA, CA 91007

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1597

EMILY LOBATO  
 586 HUNTINGTON DR UNIT J  
 ARCADIA, CA 91007

Batch #: 2189  
 Article #: 71106605959000121597  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8112 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1597

1. Article Addressed to:

EMILY LOBATO  
 586 HUNTINGTON DR UNIT J  
 ARCADIA, CA 91007

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

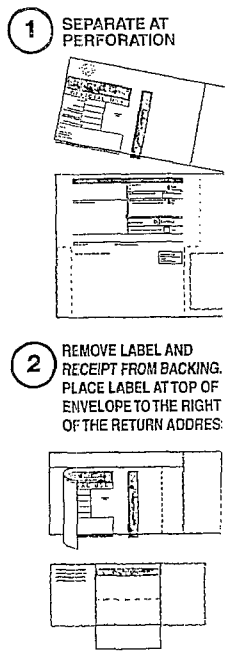
A. Signature  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1597

1. Article Addressed to:

EMILY LOBATO  
 586 HUNTINGTON DR UNIT J  
 ARCADIA, CA 91007

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

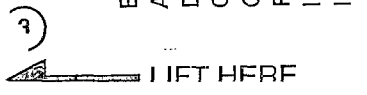
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2189  
 Article #: 71106605959000121597  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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 Information Visit our website at www.usps.com  
 7110 6605 9590 0012 1603

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  
**EMOGENE L TREXEL**  
 40 CAMINO ALTO, APT 11104  
 MILL VALLEY, CA 94941

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 ALONG DOTTED LINE  
**CERTIFIED MAIL**

7110 6605 9590 0012 1603

**EMOGENE L TREXEL**  
 40 CAMINO ALTO, APT 11104  
 MILL VALLEY, CA 94941

Batch #: 2189  
 Article #: 71106605959000121603  
 Date/Time: 8/31/2010 10:48:43 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 1603

1. Article Addressed to:

**EMOGENE L TREXEL**  
 40 CAMINO ALTO, APT 11104  
 MILL VALLEY, CA 94941

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

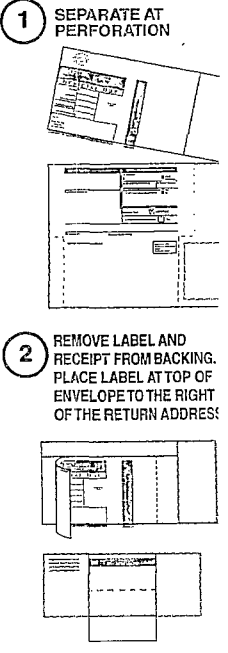
B. Received by (Printed Name) C. Date of Delivery

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

Code: Allocation Project - D.Howell



**2. Article Number**

7110 6605 9590 0012 1603

1. Article Addressed to:

**EMOGENE L TREXEL**  
 40 CAMINO ALTO, APT 11104  
 MILL VALLEY, CA 94941

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Pat Reeve 9-4-10

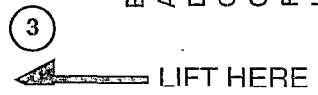
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

Batch #: 2189  
 Article #: 71106605959000121603  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





U.S. Postal Service  
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Information: [www.usps.com](http://www.usps.com)

7110 6605 9590 0012 1610

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  
ENERGEN RESOURCES CORPORATION  
ATTN: BILLIE E LOPEZ  
605 RICHARD ARRINGTON JR BLVD  
BIRMINGHAM, AL 35203-2707

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1610

ENERGEN RESOURCES CORPORATION  
ATTN: BILLIE E LOPEZ  
605 RICHARD ARRINGTON JR BLVD  
BIRMINGHAM, AL 35203-2707

Batch #: 2189  
Article #: 71106605959000121610  
Date/Time: 8/31/2010 10:48:43 AM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

Form 3800, August 2008 See Reverse for Instructions

Reorder Form LCD-814R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1610

1. Article Addressed to:

ENERGEN RESOURCES CORPORATION  
ATTN: BILLIE E LOPEZ  
605 RICHARD ARRINGTON JR BLVD  
BIRMINGHAM, AL 35203-2707

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

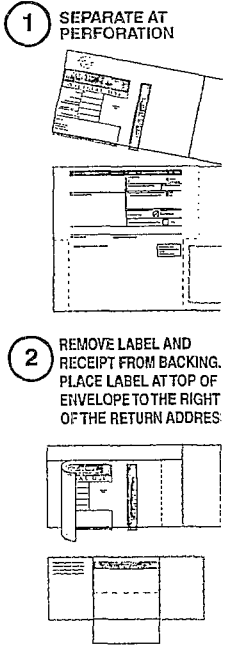
A. Signature  Agent  
**X** Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1610

1. Article Addressed to:

ENERGEN RESOURCES CORPORATION  
ATTN: BILLIE E LOPEZ  
605 RICHARD ARRINGTON JR BLVD  
BIRMINGHAM, AL 35203-2707

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]* Addressee

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* 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

3

Batch #: 2189  
Article #: 71106605959000121610  
Date/Time: 8/31/2010 10:48:43 AM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:



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7110 6605 9590 0012 1627

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  
 ERIK WOLF  
 4110 SE HAWTHORNE BLVD, APT 440  
 PORTLAND, OR 97214

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 AT DOTTED LINE  
**CERTIFIED MAIL™**

7110 6605 9590 0012 1627

ERIK WOLF  
 4110 SE HAWTHORNE BLVD, APT 440  
 PORTLAND, OR 97214

Batch #: 2189  
 Article #: 71106605959000121627  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Recorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1627

1. Article Addressed to:

ERIK WOLF  
 4110 SE HAWTHORNE BLVD, APT 440  
 PORTLAND, OR 97214

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

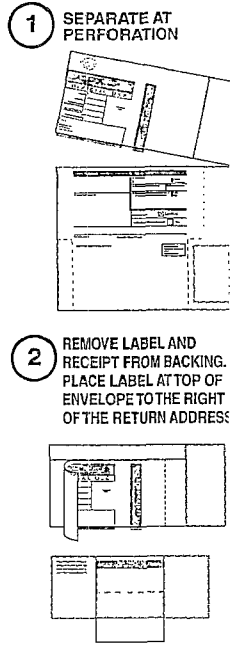
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1627

1. Article Addressed to:

ERIK WOLF  
 4110 SE HAWTHORNE BLVD, APT 440  
 PORTLAND, OR 97214

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Mariela J. Petrasz 09-03-10

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 #: 71106605959000121627  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
 LIST HERE



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7110 6605 9590 0012 1634

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  
**ERNEST MARTINEZ**  
**3217 N DUSTIN AVE**  
**FARMINGTON, NM 87401**

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 AT DOTTED LINE.  
**CERTIFIED MAIL™**

7110 6605 9590 0012 1634

**ERNEST MARTINEZ**  
**3217 N DUSTIN AVE**  
**FARMINGTON, NM 87401**

Batch #: 2189  
 Article #: 71106605959000121634  
 Date/Time: 8/31/2010 10:48:43 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 1634

1. Article Addressed to:

**ERNEST MARTINEZ**  
**3217 N DUSTIN AVE**  
**FARMINGTON, NM 87401**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X**  Agent  
 Addressee

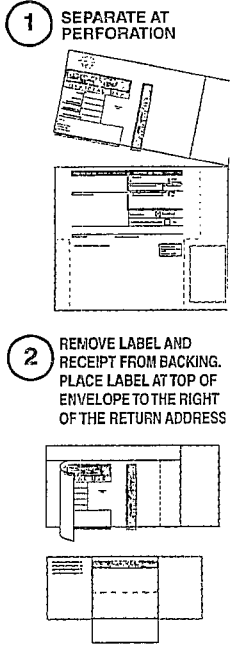
B. Received by (Printed Name) C. Date of Delivery

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 1634

1. Article Addressed to:

**ERNEST MARTINEZ**  
**3217 N DUSTIN AVE**  
**FARMINGTON, NM 87401**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X Ernest Martinez**  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 #: 71106605959000121634  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0012 1641

EST GEORGE ANN BERGH  
 C/O L J BERGH EXEC  
 3206 AIRPORT RD  
 FAIRBANKS, AK 99709

Form 3800, August 2006 See Reverse for Instructions

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

**CERTIFIED MAIL**

Code: Allocation Project - D.Howell

7110 6605 9590 0012 1641

EST GEORGE ANN BERGH  
 C/O L J BERGH EXEC  
 3206 AIRPORT RD  
 FAIRBANKS, AK 99709

Batch #: 2189  
 Article #: 71106605959000121641  
 Date/Time: 8/31/2010 10:48:43 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 1641

1. Article Addressed to:

EST GEORGE ANN BERGH  
 C/O L J BERGH EXEC  
 3206 AIRPORT RD  
 FAIRBANKS, AK 99709

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

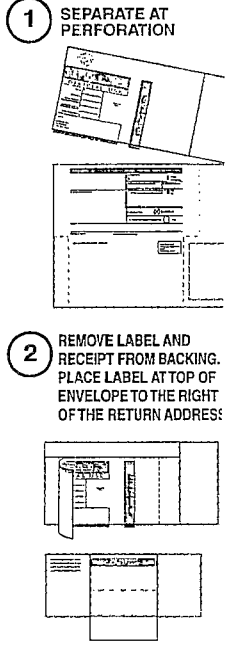
A. Signature  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 1641

1. Article Addressed to:

EST GEORGE ANN BERGH  
 C/O L J BERGH EXEC  
 3206 AIRPORT RD  
 FAIRBANKS, AK 99709

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

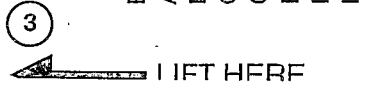
TERRY L. HAYNES 9-7-10

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 #: 2189  
 Article #: 71106605959000121641  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 1658

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: **EUGENIA DAVANT WILSON**  
 PO BOX 1160  
 SULPHUR, LA 70664-1160

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



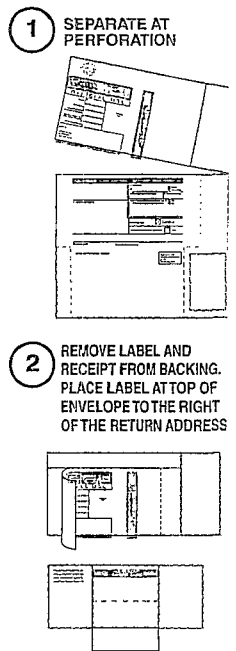
7110 6605 9590 0012 1658

EUGENIA DAVANT WILSON  
 PO BOX 1160  
 SULPHUR, LA 70664-1160

Batch #: 2189  
 Article #: 71106605959000121658  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

<b>2. Article Number</b>  7110 6605 9590 0012 1658	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <b>EUGENIA DAVANT WILSON</b> PO BOX 1160 SULPHUR, LA 70664-1160	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> <b>Certified</b>		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>  7110 6605 9590 0012 1658	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
	A. Signature <b>X</b> <i>Eugenia Davant Wilson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <b>EUGENIA DAVANT WILSON</b> PO BOX 1160 SULPHUR, LA 70664-1160	B. Received by (Printed Name) <i>Eugenia Davant Wilson</i>	C. Date of Delivery <i>SEP 13 2010</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> <b>Certified</b>		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2189  
 Article #: 71106605959000121658  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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 7110 6605 9590 0012 1665

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  
 EULA MAY JOHNSTON TRUST 661  
 PO BOX 2546  
 DALLAS, TX 76113-2546

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 AT DOTTED LINE  
**CERTIFIED MAIL™**

7110 6605 9590 0012 1665

EULA MAY JOHNSTON TRUST 661  
 PO BOX 2546  
 DALLAS, TX 76113-2546

Batch #: 2189  
 Article #: 71106605959000121665  
 Date/Time: 8/31/2010 10:48:43 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 1665

1. Article Addressed to:  
 EULA MAY JOHNSTON TRUST 661  
 PO BOX 2546  
 DALLAS, TX 76113-2546

**COMPLETE THIS SECTION ON DELIVERY**

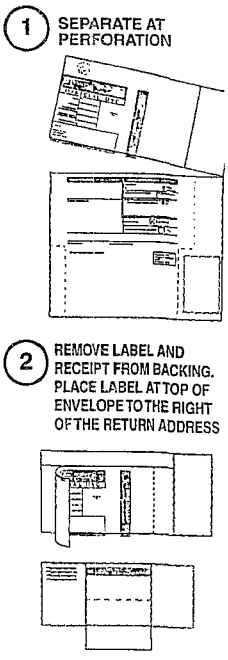
A. Signature  
 X  Agent  
 Addressee

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

**2. Article Number**  
 7110 6605 9590 0012 1665

1. Article Addressed to:  
 EULA MAY JOHNSTON TRUST 661  
 PO BOX 2546  
 DALLAS, TX 76113-2546

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 C. Collins SEP 10 2010

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

3. Service Type  Certified

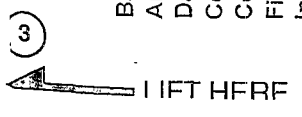
4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2189  
 Article #: 71106605959000121665  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt





**U.S. Postal Service**  
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For more information visit our website at www.usps.com

7110 6605 9590 0012 1672

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:  
 EVELYN BLANCHE SIMMONS TR UTA JUL 2  
 P O BOX 1819  
 BETHANY, OK 73008-1819

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1672

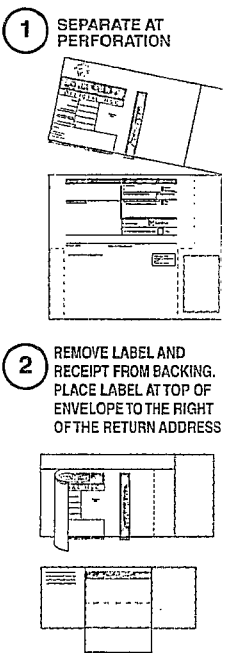
EVELYN BLANCHE SIMMONS TR UTA JUL 2  
 P O BOX 1819  
 BETHANY, OK 73008-1819

Batch #: 2189  
 Article #: 71106605959000121672  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-811R rev. 01/07

<b>2. Article Number</b>  7110 6605 9590 0012 1672	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  EVELYN BLANCHE SIMMONS TR UTA JUL 2 P O BOX 1819 BETHANY, OK 73008-1819	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell	



<b>2. Article Number</b>  7110 6605 9590 0012 1672	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  EVELYN BLANCHE SIMMONS TR UTA JUL 2 P O BOX 1819 BETHANY, OK 73008-1819	A. Signature <b>X</b> <i>Evelyn Simmons</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery <i>Evelyn Simmons</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell	

Batch #: 2189  
 Article #: 71106605959000121672  
 Date/Time: 8/31/2010 10:48:43 AM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

