



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

7110 6605 9590 0013 2869

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

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

reet, Apt. No.;
r PO Box No.
ity, State, Zip+4
WEAVERVILLE, NC 28787-0580

PS Form 3810, 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 #: 71106605959000132869
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



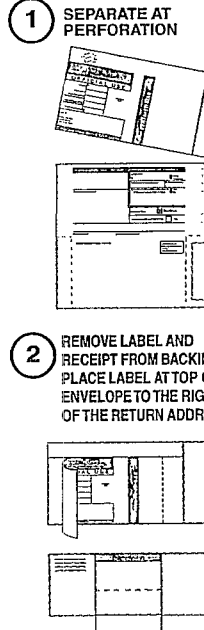
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2269
Article #: 71106605959000132869
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE





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

7110 6605 9590 0012 1252

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1252

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

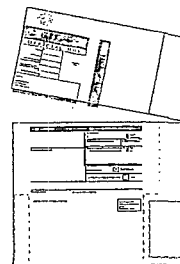
Batch #: 2189
Article #: 71106605959000121252
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

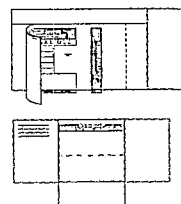
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1252	A. Signature X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
1. Article Addressed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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1252	A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery <i>AMCO HARNAK</i> <i>9/12/2010</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes
E HUNTER STONE II TR PO BOX 460929 DENVER, CO 80246	

Code: Allocation Project - D.Howell

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



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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For more information, visit our website at www.usps.com
7110 6605 9590 0012 1269

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

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

E TRAVERS MITCHELL
PO BOX 153
TELLURIDE, CO 81435

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



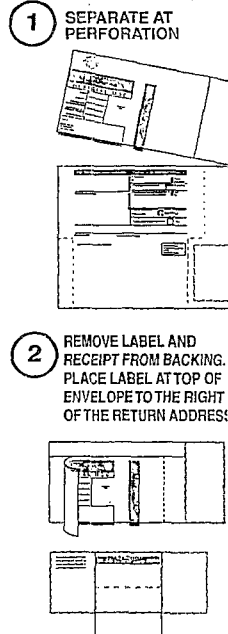
7110 6605 9590 0012 1269

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 #:

Reorder Form LCD-811B Rev. 01/07

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



2. Article Number 7110 6605 9590 0012 1269	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery TRAVERS MITCHELL 9/16/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: E TRAVERS MITCHELL PO BOX 153 TELLURIDE, CO 81435 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 #:



US Postal Service
CERTIFIED MAIL RECEIPT
Mail Only; No Insurance Coverage Provided
Information: Visit our website at www.usps.com

7110 6605 9590 0012 1276

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

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

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



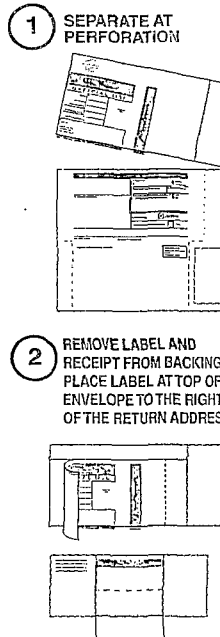
7110 6605 9590 0012 1276

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

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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1276	A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>JANILCO HENNAK</i> 9/13/2010
E. HUNTER STONE II TRUST PO BOX 460929 DENVER, CO 80246	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service™
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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	

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

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

Form 3800, August 2006 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 #:

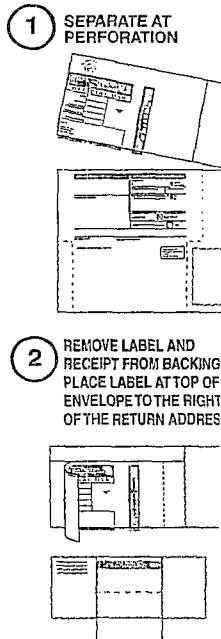
Reorder Form LCD-812 Rev. 01/07

2. Article Number 7110 6605 9590 0012 1283	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

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

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 1283	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Edgar C. Griffin Jr</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Edgar C. Griffin Jr</i> <i>9/1/2010</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

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

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

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	

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

EDGAR JOHN LAYLAND
102 HUTCHINSON DR

SMYRNA, TN 37167

Form 3800, August 2006, See Reverse for Instructions



7110 6605 9590 0013 3439

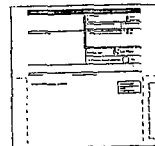
EDGAR JOHN LAYLAND
102 HUTCHINSON DR
SMYRNA, TN 37167

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

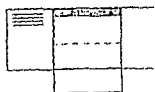
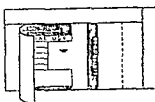
Reorder Form LCD-810, 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3439	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP OF THE RETURN ADD



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3439	A. Signature X ☒ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ 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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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-811 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1290	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EDMUND M. LONGCOPE 400 W. HOPKINS, SUITE 101 SAN MARCOS, TX 78666	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

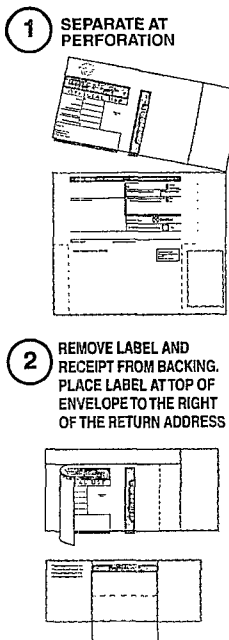
UNITED STATES POSTAL SERVICE



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

Lisa Hunter, Land Department
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 #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Delivery Confirmation Visit our website at www.usps.com

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

PS Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS TO OBTAIN POSTED LINE
CERTIFIED MAIL

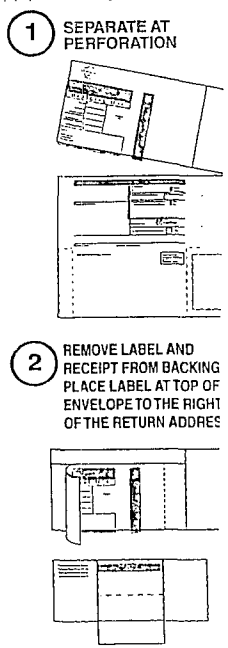
7110 6605 9590 0012 1306

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

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



2: Article Number 7110 6605 9590 0012 1306	COMPLETE THIS SECTION ON DELIVERY A. Signature X Matthew Haden ☐ Agent ☐ Addressee B. Received by (Printed Name) Matthew Haden 9-710 C. Date of Delivery 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: EDNA MORRELL LIVING TRUST P O BOX 5383 DENVER, CO 80217	
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 #:



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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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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

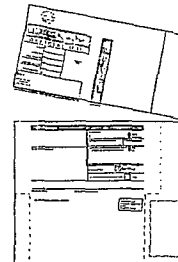
2. Article Number 7110 6605 9590 0012 1320	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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1. Article Addressed to:

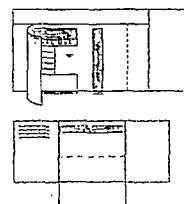
EDWARD CALVIN
2380 FOREST ST
DENVER, CO 80207-3261

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 1320	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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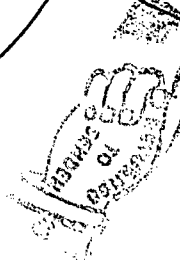
1. Article Addressed to:

EDWARD CALVIN
2380 FOREST ST
DENVER, CO 80207-3261

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

INS. ADD
Kunk
7





U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 1313

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1313

EDWARD C TATUM TRUST
TERRELL D PALMER TRUSTEE
15 WEST 6TH STREEET, 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-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1313	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: EDWARD C TATUM TRUST TERRELL D PALMER TRUSTEE 15 WEST 6TH STREEET, SUITE 066 TULSA, OK 74119	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

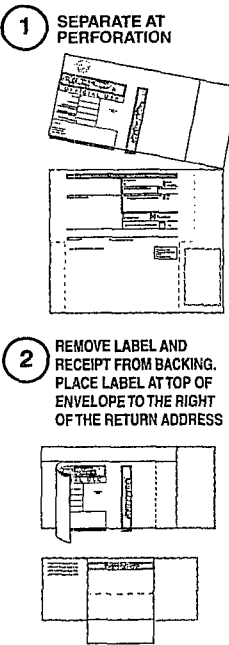
UNITED STATES POSTAL SERVICE



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	

Delivered To
Edward Charles Baumann
2410 Briarbrook
Houston, TX 77042

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

Code: Allocation Project - D.Howell



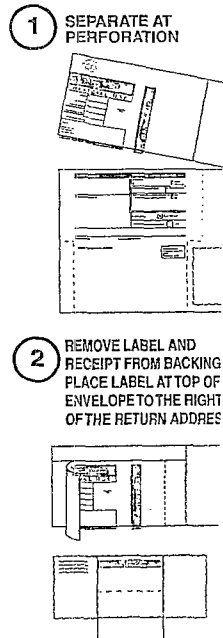
7110 6605 9590 0012 1337

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-8111 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1337	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1337	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-9-10
EDWARD CHARLES BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121337
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 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	

Send To
Edward ISERN JR
515 W 5TH
ELLINWOOD, KS 67526

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



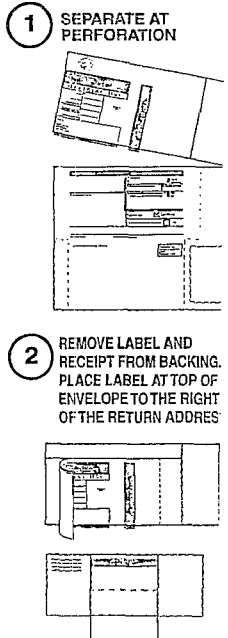
7110 6605 9590 0012 1344

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-811B rev. 01/07

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



2. Article Number 7110 6605 9590 0012 1344	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: EDWARD ISERN JR 515 W 5TH ELLINWOOD, KS 67526 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	

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

EDWARD LAYLAND MYATT JR
1903 NEVADA

DENTON, TX 76209

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

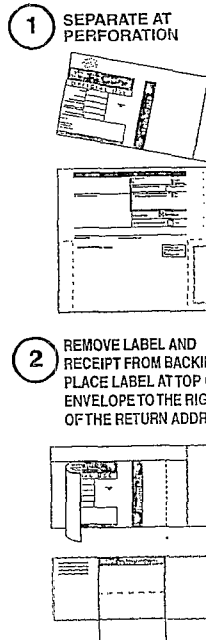
CERTIFIED MAIL™

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3446	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EDWARD LAYLAND MYATT JR 1903 NEVADA DENTON, TX 76209	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3446	A. Signature X <i>E. Layland Myatt</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>E. Layland Myatt</i> 9-17-10
EDWARD LAYLAND MYATT JR 1903 NEVADA DENTON, TX 76209	D. Is 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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7110 6605 9590 0012 1351

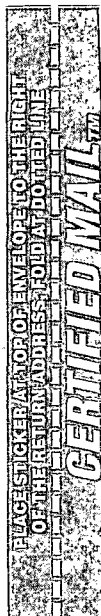
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1351

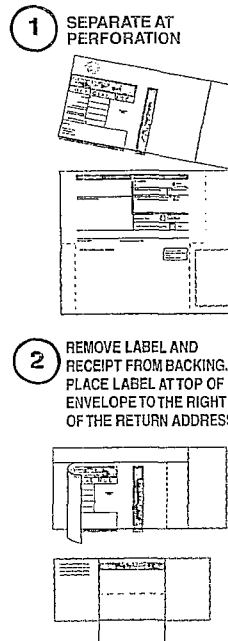
EDWARD L RYERSON JR TRUST
ATTN SUSAN CHIAPPISI
1336 MASSACHUSETTS AVE
CAMBRIDGE, MA 2138

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1351	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1351	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-4-10
EDWARD L RYERSON JR TRUST ATTN SUSAN CHIAPPISI 1336 MASSACHUSETTS AVE CAMBRIDGE, MA 2138	D. Is 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 #: 71106605959000121351
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 1368

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	

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1368

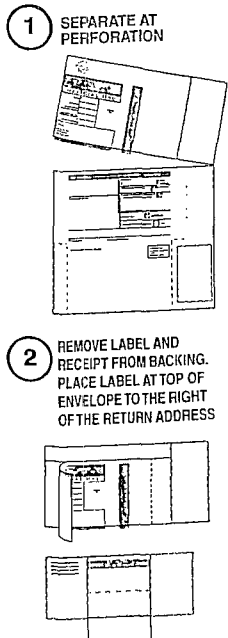
EDWARD R ATWILL ESTATE
PO BOX 1551
TUBAC, AZ 85646

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1368	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1368	A. Signature X <i>Seleny Matwev</i> ☐ Agent ☐ 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? ☐ 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 #: 71106605959000121368
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 1375

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	

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



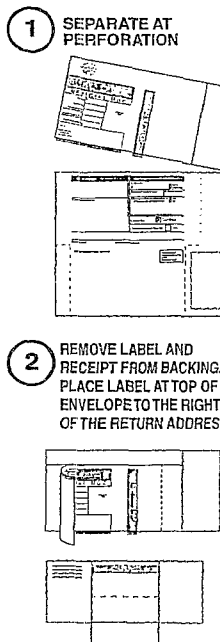
7110 6605 9590 0012 1375

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

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



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

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

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

ConocoPhillips

7110 6605 9590 0012 1382

UNCLAIMED

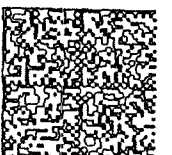
EILEEN MEDINA GARRIDO
3363 E EVANS DR
PHOENIX, AZ 85032

SEP 11 2001

SEP 10 2001

✓
✓
9-4

22



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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	

nt To
ELAINE LYONS
21422 GANTON DR
KATY, TX 77450

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



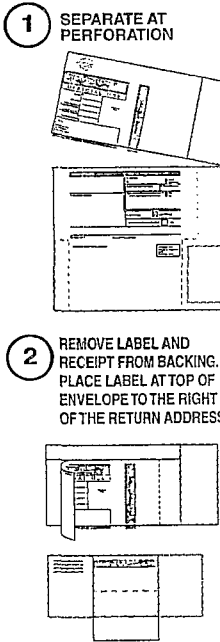
7110 6605 9590 0012 1399

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	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ELAINE LYONS 21422 GANTON DR KATY, TX 77450 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1399	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Elaine Lyons</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9 4 90 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ELAINE LYONS 21422 GANTON DR KATY, TX 77450 Code: Allocation Project - D.Howell	

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



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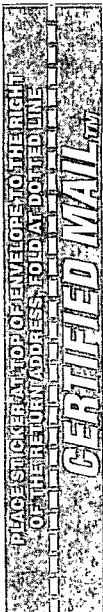
7110 6605 9590 0012 1405

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	

Post To
ELEANOR G HAND
1875 GORDON MANOR NE
ATLANTA, GA 30307

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



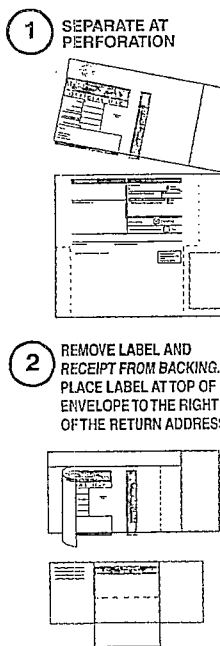
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ELEANOR G HAND
1875 GORDON MANOR NE
ATLANTA, GA 30307

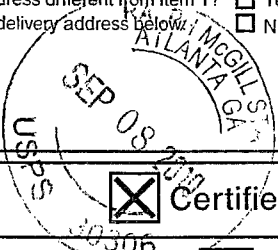
Batch #: 2189
Article #: 71106605959000121405
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

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



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



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



7110 6605 9590 0013 2876

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

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

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

Form 3800, August 2006 See Reverse for Instructions



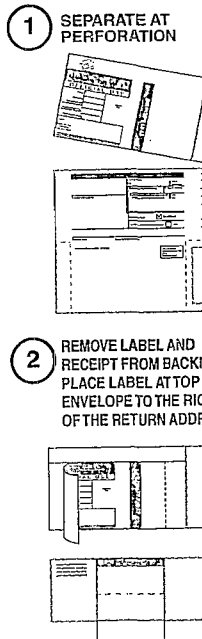
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ELEANOR G TRUJILLO
2114 E MT DANIELS DR
ELLENSBURG, WA 98926

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2876	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELEANOR G TRUJILLO 2114 E MT DANIELS DR ELLENSBURG, WA 98926	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2876	A. Signature X <i>Eleanor G Trujillo</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELEANOR G TRUJILLO 2114 E MT DANIELS DR ELLENSBURG, WA 98926	D. Is 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 #: 71106605959000132876
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





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 1412

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

To
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



7110 6605 9590 0012 1412

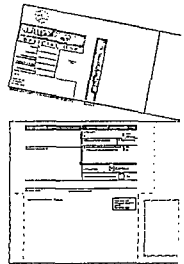
ELEANOR I DUNNE FAMILY TR
1401 N WESTERN AVE
LAKE FOREST, IL 60045

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

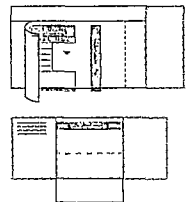
Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1412	A. Signature X ☐ Agent ☒ 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? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1412	A. Signature X <i>RECEIVED</i> ☐ Agent ☒ 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>RECEIVED</i> <i>8/31</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121412
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
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Domestic Mail Only, No Insurance Coverage Provided
Information Visit Our Website at www.usps.com

7110 6605 9590 0012 1429

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

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

ELIZABETH BLACK MONTGOMERY
2308 MIMOSA
HOUSTON, TX 77019

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



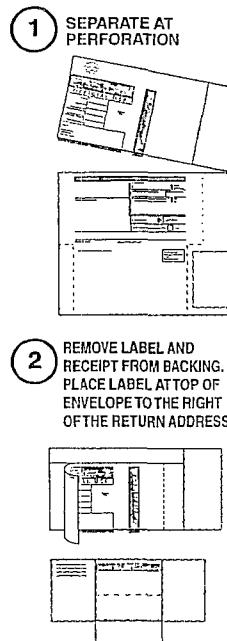
7110 6605 9590 0012 1429

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 #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1429	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH BLACK MONTGOMERY 2308 MIMOSA HOUSTON, TX 77019	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1429	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/8/10
ELIZABETH BLACK MONTGOMERY 2308 MIMOSA HOUSTON, TX 77019	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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	

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

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

Form 3800, August 2006 See Reverse for Instructions

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 #: 7110605959000121443
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

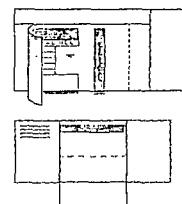
Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1443	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH H LUND ROYALTY TRUST BARBARA LUND TRUSTEE 10939 ALADDIN DR DALLAS, TX 75229	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1443	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH H LUND ROYALTY TRUST BARBARA LUND TRUSTEE 10939 ALADDIN DR DALLAS, TX 75229	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 7110605959000121443
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 1436

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 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 #:

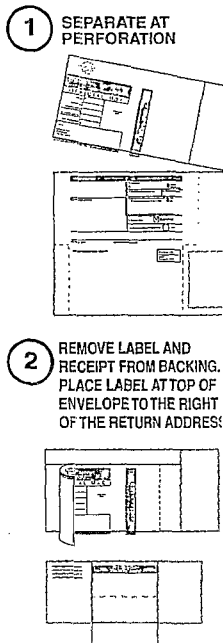
Reorder Form LCD-811B rev. 01/07

2. Article Number 7110 6605 9590 0012 1436	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

ELIZABETH GOODWIN REESE
7800 NAIRN
HOUSTON, TX 77074

Code: Allocation Project - D.Howell



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

1. Article Addressed to:

ELIZABETH GOODWIN REESE
7800 NAIRN
HOUSTON, TX 77074

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 #:



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Information on our website at www.usps.com

7110 6605 9590 0012 1450

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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1450

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

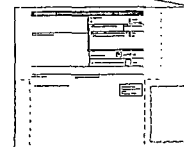
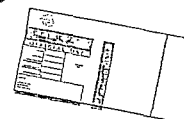
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Article #: 71106605959000121450
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R Rev. 01/07

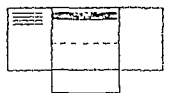
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1450	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH H WHITE FAMILY TRUST P O BOX 780099 DALLAS, TX 75378-0099	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1450	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH H WHITE FAMILY TRUST P O BOX 780099 DALLAS, TX 75378-0099	D. Is 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

3



7110 6605 9590 0012 1467

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

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

ELIZABETH JO KEENOM
16790 HWY 550
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1467

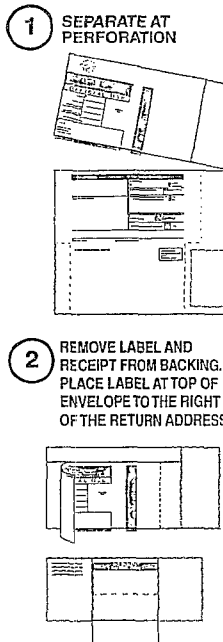
ELIZABETH JO KEENOM
16790 HWY 550
AZTEC, NM 87410

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-811R rev.01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1467	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

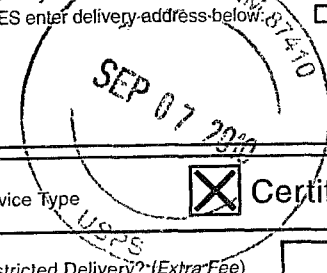
Code: Allocation Project - D.Howell



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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1467	A. Signature X Elizabeth Keenom ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Elizabeth Keenom
ELIZABETH JO KEENOM 16790 HWY 550 AZTEC, NM 87410	D. Is 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





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

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

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™

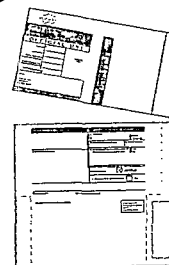
7110 6605 9590 0013 3453

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

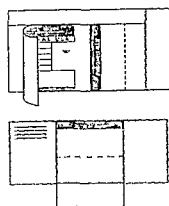
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Article #: 71106605959000133453
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3453	A. Signature X ☐ Agent ☐ 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? ☐ 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 BACKIN PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3453	A. Signature X <i>h. m. m. m. t</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>h. m. m. m. t</i> <i>9-20</i>
ELIZABETH MARIE O'HORNETT GILTHVEDT C/O ROGERS & BELL PO BOX 3209 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



US 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 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	

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



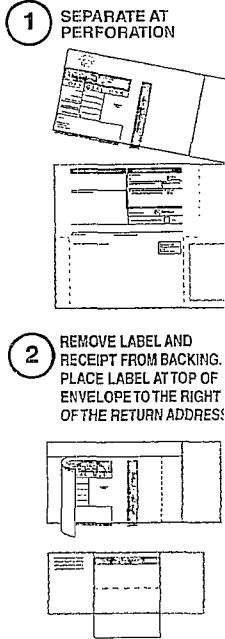
7110 6605 9590 0012 1474

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	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ELIZABETH N MESSECA C/O RBC WEALTH MGMNT 6301 UPTOWN BLVD NE STE 100 ALBUQUERQUE, NM 87110 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1474	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>ED Mess</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>E Messeca</i> C. Date of Delivery <i>9/1/2010</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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	

Batch #: 2189
Article #: 71106605959000121474
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
(Domestic Mail Only; No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
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	

Send To
Elizabeth P Fletcher
C/O Barron Fletcher
300 E. 75TH
NEW YORK, NY 10021-3375

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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

2. Article Number 7110 6605 9590 0012 1481	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:
ELIZABETH P FLETCHER
C/O BARRON FLETCHER
300 E. 75TH
NEW YORK, NY 10021-3375

Code: Allocation Project - D.Howell

PS Form 3811

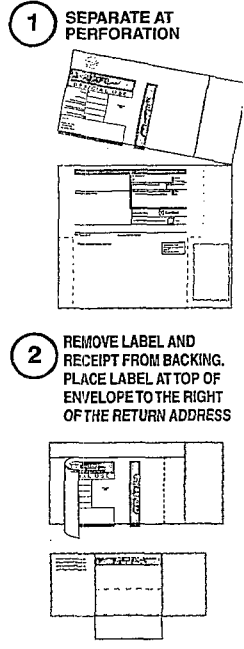
Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

Lisa Hunter, Land Department
SJBUC ConocoPhillips
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 #:



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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	

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



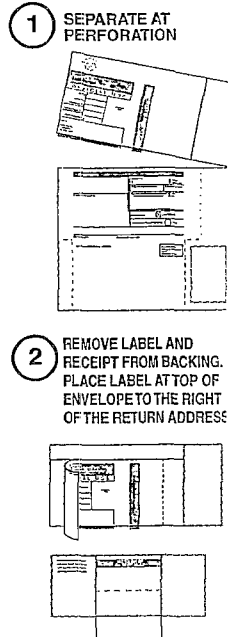
7110 6605 9590 0012 1498

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-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1498	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: ELIZABETH S BAYER 4932 S ELKHART CT AURORA, CO 80015-2218	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1498	COMPLETE THIS SECTION ON DELIVERY A. Signature X Elizabeth Bayer B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: ELIZABETH S BAYER 4932 S ELKHART CT AURORA, CO 80015-2218	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

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	

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

ELIZABETH SIBOLE
710 PIAZZA PLACE
SAN ANTONIO, TX 78253

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3460

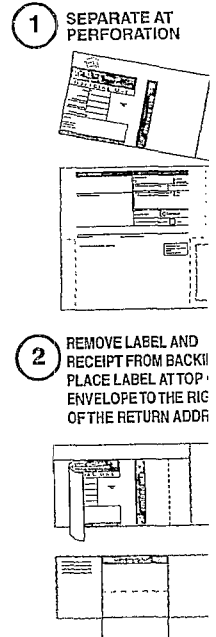
ELIZABETH SIBOLE
710 PIAZZA PLACE

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3460	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3460	A. Signature X <i>Elizabeth Sibole</i> ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ 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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



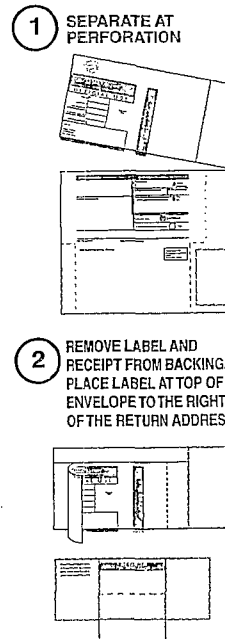
7110 6605 9590 0012 1504

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-811B rev. 01/07

2. Article Number 7110 6605 9590 0012 1504	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ELIZABETH T ISHAM TRUST DRAWER 99084 FORT WORTH, TX 76199-0084 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1504	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ELIZABETH T ISHAM TRUST DRAWER 99084 FORT WORTH, TX 76199-0084 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121504
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 1511

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

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

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

Form 3800, August 2006, 7-11 See Reverse for Instructions

Code: Allocation Project - D.Howell



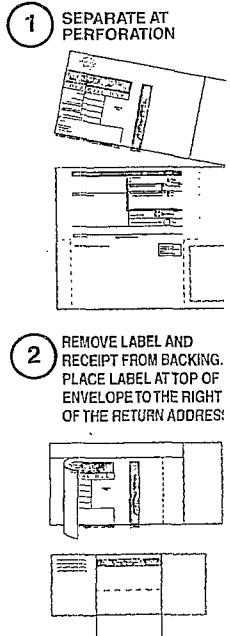
7110 6605 9590 0012 1511

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 #:

Reorder Form LCD-811B Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1511	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH TURNER CALLOWAY PO BOX 191767 DALLAS, TX 75219-8506	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1511	A. Signature X <i>Robert Wilburn</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Robert Wilburn</i> <i>8/31/10</i>
ELIZABETH TURNER CALLOWAY PO BOX 191767 DALLAS, TX 75219-8506	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 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
Certified Fee		\$0.44	
Return Receipt Fee (Endorsement Required)		\$2.80	
Restricted Delivery Fee (Endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$5.54	

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

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

PS Form 3800, August 2006 See Reverse for Instructions



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

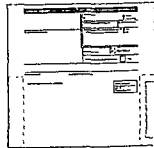
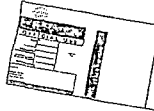
B. Received by (Printed Name) C. Date of Delivery

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

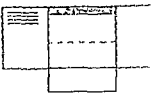
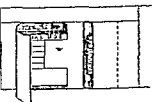
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

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

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



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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	

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

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

Form 3800, August 2006, v. 1. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1528

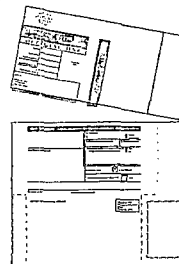
ELLEN NICKSON BROWN TEST TRUST
PO BOX 1587
DENISON, TX 75021

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

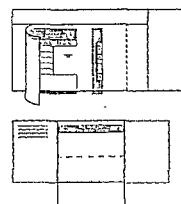
Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1528	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLEN NICKSON BROWN TEST TRUST PO BOX 1587 DENISON, TX 75021	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1528	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
ELLEN NICKSON BROWN TEST TRUST PO BOX 1587 DENISON, TX 75021	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 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	

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

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

Form 3800, August 2006 See Reverse for Instructions



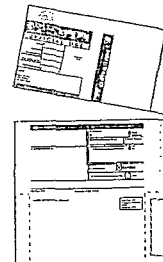
7110 6605 9590 0013 3477

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

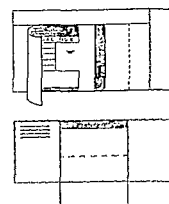
Batch #: 2272
Article #: 71106605959000133477
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3477	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLIOT E & CHARLENE M HATHEWAY REV 1801 W TRENTON ST BROKEN ARROW, OK 74012	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3477	A. Signature X Michele Hatheway ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLIOT E & CHARLENE M HATHEWAY REV 1801 W TRENTON ST BROKEN ARROW, OK 74012	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No SEP 23 2010
	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	

Post 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



7110 6605 9590 0012 1535

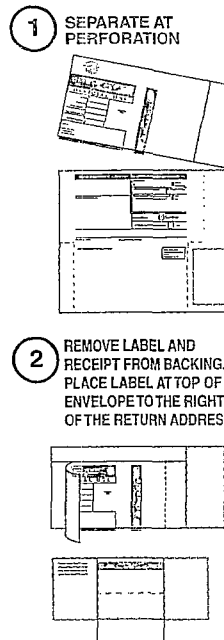
ELLIS RUDY LTD
22499 IMPERIAL VALLEY DRIVE
HOUSTON, TX 77073-1173

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-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1535	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLIS RUDY LTD 22499 IMPERIAL VALLEY DRIVE HOUSTON, TX 77073-1173	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1535	A. Signature X <i>Joe Rudy</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>8/31/10</i>
ELLIS RUDY LTD 22499 IMPERIAL VALLEY DRIVE HOUSTON, TX 77073-1173	D. Is 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 #: 71106605959000121535
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 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	

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



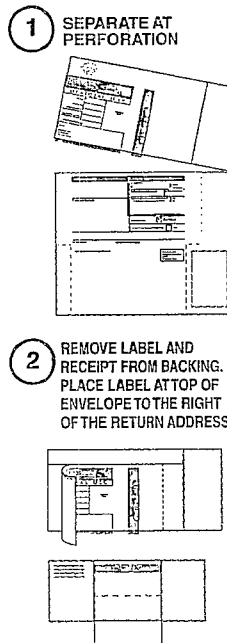
7110 6605 9590 0012 1542

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1542	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELSR LP 8080 N CENTRAL EXPY, STE 1420 DALLAS, TX 75206-1806	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1542	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELSR LP 8080 N CENTRAL EXPY, STE 1420 DALLAS, TX 75206-1806	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 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 (Postage Required)	\$2.30	
Restricted Delivery Fee (Postage Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1559

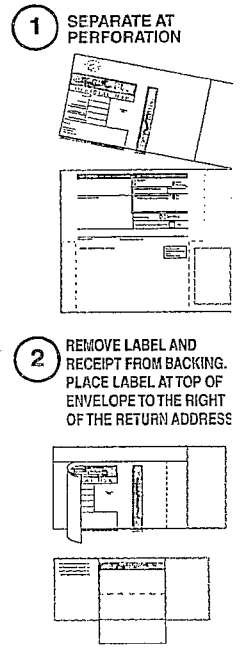
EMANUEL VARICAK
316 S SYCAMORE ST
NORTH PLATTE, NE 69101-7544

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1559	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EMANUEL VARICAK 316 S SYCAMORE ST NORTH PLATTE, NE 69101-7544	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell



Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1559	A. Signature X Emanuel Varicak ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) Emanuel Varicak	C. Date of Delivery 9-4-10
EMANUEL VARICAK 316 S SYCAMORE ST NORTH PLATTE, NE 69101-7544	D. Is 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	

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

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

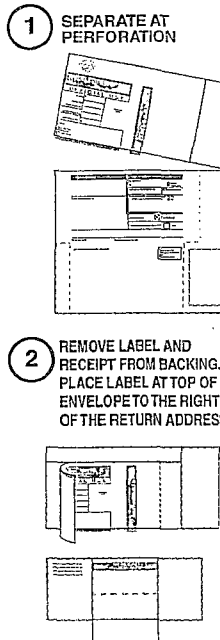
EMILIE M HARDIE
1065 LOS JARDINES
EL PASO, TX 79912-1942

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-811 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1566	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1566	A. Signature X Hardie ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Hardie 9/3
EMILIE M HARDIE 1065 LOS JARDINES EL PASO, TX 79912-1942	D. Is 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 #: 71106605959000121566
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 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	

Deliver 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



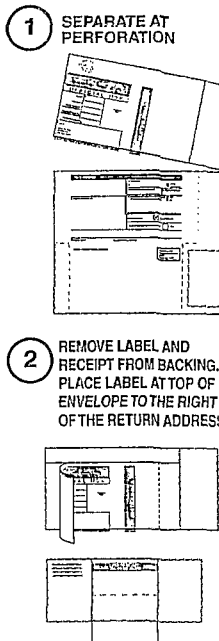
7110 6605 9590 0012 1573

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1573	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMILIE SWINNEY 13 PARK PLACE CT WICHITA FALLS, TX 76302-1964	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1573	A. Signature X <i>Emilie Swinney</i> ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Emilie Swinney</i> <i>9-3-10</i>
EMILIE SWINNEY 13 PARK PLACE CT WICHITA FALLS, TX 76302-1964	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 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	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
Emily Grambling
916 CHERRY HILL LANE
EL PASO, TX 79912

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



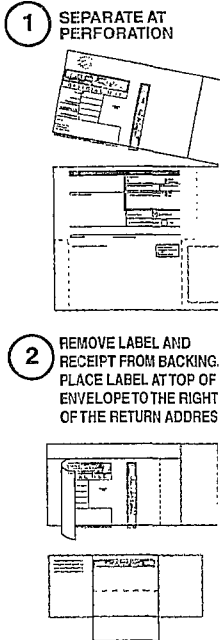
7110 6605 9590 0012 1580

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-814B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1580	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMILY GRAMBLING 916 CHERRY HILL LANE EL PASO, TX 79912	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1580	A. Signature X <i>Emily Grambling</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Emily Grambling</i> <i>9-3-10</i>
EMILY GRAMBLING 916 CHERRY HILL LANE EL PASO, TX 79912	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121580
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 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	

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

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

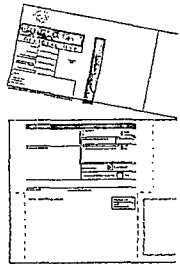
EMILY LOBATO
586 HUNTINGTON DR UNIT J
ARCADIA, CA 91007

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

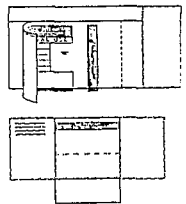
Reorder Form LCD-814D rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1597	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMILY LOBATO 586 HUNTINGTON DR UNIT J ARCADIA, CA 91007	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1597	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMILY LOBATO 586 HUNTINGTON DR UNIT J ARCADIA, CA 91007	Emily Lobato 9-7-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121597
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 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
Set, Apt. No.,
PO Box No.,
City, State, Zip+4

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



7110 6605 9590 0012 1603

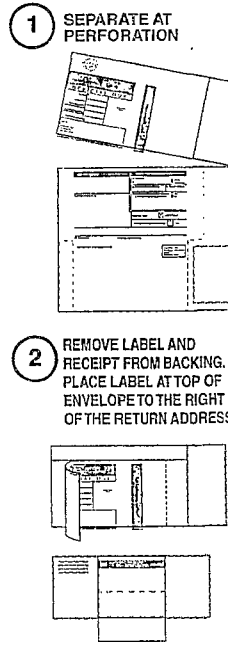
EMOGENE L TREXEL
40 CAMINO ALTO, APT 11104
MILL VALLEY, CA 94941

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1603	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMOGENE L TREXEL 40 CAMINO ALTO, APT 11104 MILL VALLEY, CA 94941	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

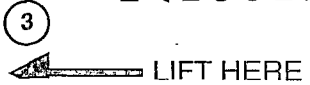
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1603	A. Signature X <i>Pat Reave</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Pat Reave</i> <i>9-4-10</i>
EMOGENE L TREXEL 40 CAMINO ALTO, APT 11104 MILL VALLEY, CA 94941	D. Is 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 #:





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

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

Form 3800, August 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



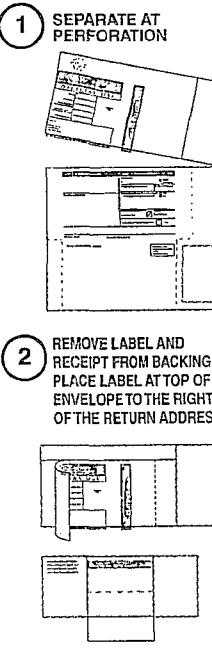
7110 6605 9590 0012 1610

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 #:

Reorder Form LCD-81 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1610	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ENERGEN RESOURCES CORPORATION ATTN: BILLIE E LOPEZ 605 RICHARD ARRINGTON JR BLVD BIRMINGHAM, AL 35203-2707	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1610	A. Signature ☐ Agent <i>[Signature]</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</i> 9-3-10
ENERGEN RESOURCES CORPORATION ATTN: BILLIE E LOPEZ 605 RICHARD ARRINGTON JR BLVD BIRMINGHAM, AL 35203-2707	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 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	

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

Form 3811, August 2006 See Reverse for Instructions

Location Project - D.Howell
Code: Allocation Project - D.Howell



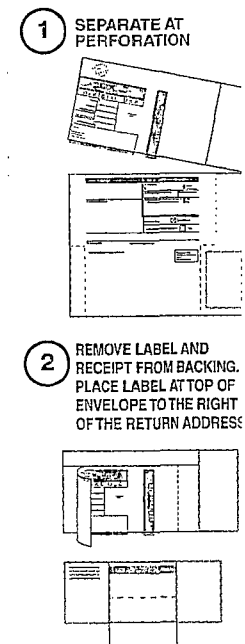
7110 6605 9590 0012 1627

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 #:

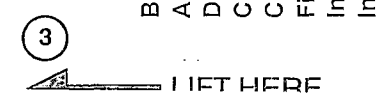
Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1627	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: ERIK WOLF 4110 SE HAWTHORNE BLVD, APT 440 PORTLAND, OR 97214	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1627	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Marie J. Petras</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Marie J. Petras</i> C. Date of Delivery <i>09-03-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: ERIK WOLF 4110 SE HAWTHORNE BLVD, APT 440 PORTLAND, OR 97214	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121627
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 1634

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	

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

ERNEST MARTINEZ
3217 N DUSTIN AVE
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



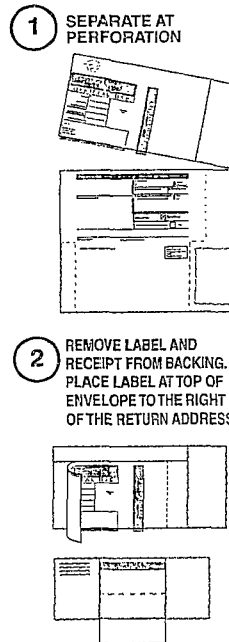
7110 6605 9590 0012 1634

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1634	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ERNEST MARTINEZ 3217 N DUSTIN AVE FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1634	A. Signature X Ernest Martinez ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ERNEST MARTINEZ 3217 N DUSTIN AVE FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121634
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 1641

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



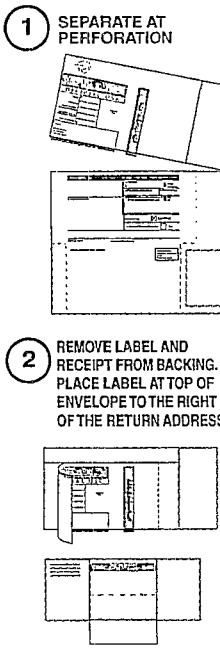
7110 6605 9590 0012 1641

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-811 Rev. 01/07

2. Article Number 7110 6605 9590 0012 1641	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: EST GEORGE ANN BERGH C/O L J BERGH EXEC 3206 AIRPORT RD FAIRBANKS, AK 99709	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1641	COMPLETE THIS SECTION ON DELIVERY A. Signature X Terry L. Haynes ☐ Agent ☐ Addressee B. Received by (Printed Name) TERRY L. HAYNES C. Date of Delivery 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: EST GEORGE ANN BERGH C/O L J BERGH EXEC 3206 AIRPORT RD FAIRBANKS, AK 99709	
Code: Allocation Project - D.Howell	

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

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	

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

Postnet, 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

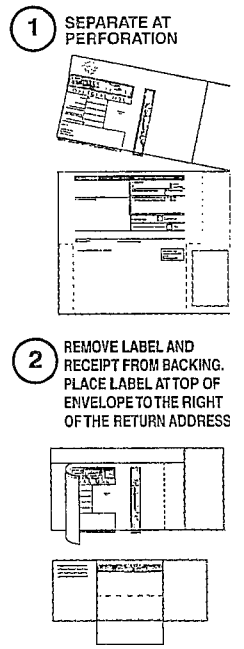
EUGENIA DAVANT WILSON
PO BOX 1160
SULPHUR, LA 70664-1160

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

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

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1658	A. Signature X <i>Eugenia Davant Wilson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Eugenia Davant Wilson</i> C. Date of Delivery <i>SEP 13 2010</i>
EUGENIA DAVANT WILSON PO BOX 1160 SULPHUR, LA 70664-1160	D. Is 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 #: 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
Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4
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



7110 6605 9590 0012 1665

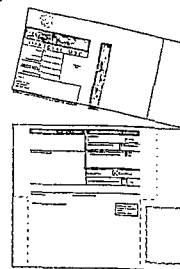
EULA MAY JOHNSTON TRUST 661
PO BOX 2546
DALLAS, TX 76113-2546

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

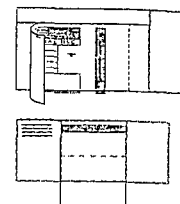
Reorder Form LCD-811R rev.01/07

2. Article Number 7110 6605 9590 0012 1665	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: EULA MAY JOHNSTON TRUST 661 PO BOX 2546 DALLAS, TX 76113-2546 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



PS Form 3811

2. Article Number 7110 6605 9590 0012 1665	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>C. Collins</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>C. Collins</i> C. Date of Delivery 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
1. Article Addressed to: EULA MAY JOHNSTON TRUST 661 PO BOX 2546 DALLAS, TX 76113-2546 Code: Allocation Project - D.Howell	

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

PS Form 3811

Domestic Return Receipt

3

LIFT HERE



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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1672

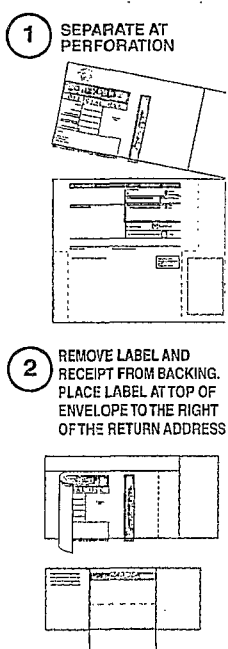
EVELYN BLANCHE SIMMONS TR UTA JUL 2
P O BOX 1819
BETHANY, OK 73008-1819

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

Reorder Form LCD-811R rev. 01/07

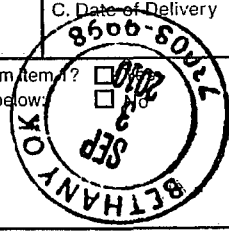
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1672	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EVELYN BLANCHE SIMMONS TR UTA JUL 2 P O BOX 1819 BETHANY, OK 73008-1819	D. Is delivery address different from item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

Code: Allocation Project - D.Howell



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

Code: Allocation Project - D.Howell



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