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CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 2884

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	

Not To
Be Filled In
Post Office
By Addressee
Only

ICON PETROLEUM INC
1411 W ILLINOIS
MIDLAND, TX 79701

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



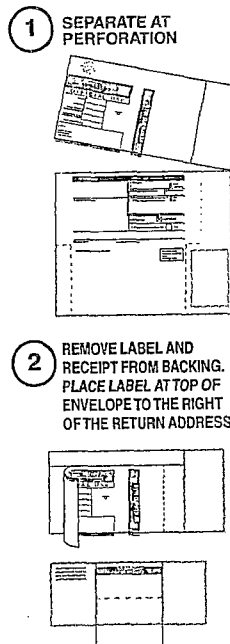
7110 6605 9590 0012 2884

ICON PETROLEUM INC
1411 W ILLINOIS
MIDLAND, TX 79701

Batch #: 2191
Article #: 71106605959000122884
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2884	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ICON PETROLEUM INC 1411 W ILLINOIS MIDLAND, TX 79701	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2884	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ICON PETROLEUM INC 1411 W ILLINOIS MIDLAND, TX 79701	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2191
Article #: 71106605959000122884
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 2891

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

IDA WALL HANCOCK
PO BOX 3272
EAGLE, CO 81631-3272

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2891

IDA WALL HANCOCK
PO BOX 3272
EAGLE, CO 81631-3272

Batch #: 2191
Article #: 71106605959000122891
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 2891

1. Article Addressed to:

IDA WALL HANCOCK
PO BOX 3272
EAGLE, CO 81631-3272

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

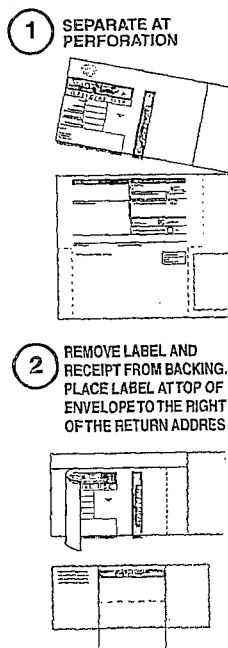
A. Signature ☐ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 2891

1. Article Addressed to:

IDA WALL HANCOCK
PO BOX 3272
EAGLE, CO 81631-3272

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *IDA WALL HANCOCK*

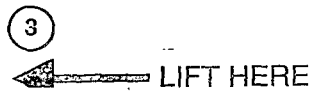
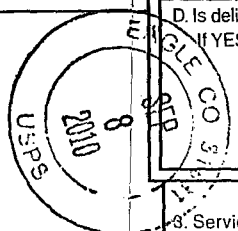
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2191
Article #: 71106605959000122891
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 2907

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

INDIANA UNIVERSITY FOUNDATION
ATTN REAL ESTATE DEPARTMENT
PO BOX 500
BLOOMINGTON, IN 47402-0500

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2907

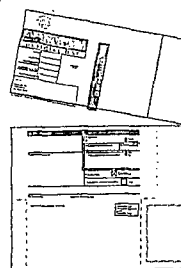
INDIANA UNIVERSITY FOUNDATION
ATTN REAL ESTATE DEPARTMENT
PO BOX 500
BLOOMINGTON, IN 47402-0500

Batch #: 2191
Article #: 71106605959000122907
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

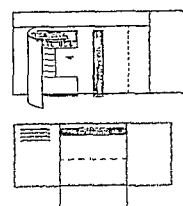
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2907	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
INDIANA UNIVERSITY FOUNDATION ATTN REAL ESTATE DEPARTMENT PO BOX 500 BLOOMINGTON, IN 47402-0500	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 2907	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
INDIANA UNIVERSITY FOUNDATION ATTN REAL ESTATE DEPARTMENT PO BOX 500 BLOOMINGTON, IN 47402-0500	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 #: 2191
Article #: 71106605959000122907
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2914

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
INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



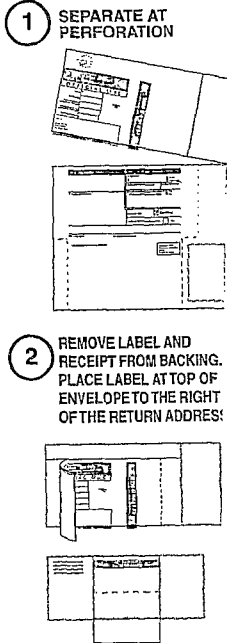
7110 6605 9590 0012 2914

INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

Batch #: 2191
Article #: 71106605959000122914
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2914	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
INEZ TRUBY REVOCABLE TRUST 1575 N KIRBY BLOOMFIELD, NM 87413	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



P:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2914	A. Signature X <i>Inez Truby</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>INEZ TRUBY</i> <i>09/03/10</i>
INEZ TRUBY REVOCABLE TRUST 1575 N KIRBY BLOOMFIELD, NM 87413	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 #: 2191
Article #: 71106605959000122914
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2921

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

IRIS ANN DAHARSH
3620 CR 126
HESPERUS, CO 81326

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2921

IRIS ANN DAHARSH
3620 CR 126
HESPERUS, CO 81326

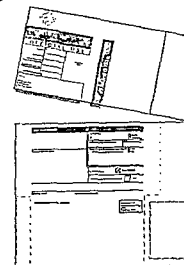
Batch #: 2191
Article #: 71106605959000122921
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

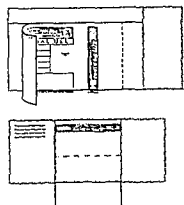
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2921	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
IRIS ANN DAHARSH 3620 CR 126 HESPERUS, CO 81326	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2921	A. Signature X <i>Virginia Schacht</i>	☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Virginia Schacht</i>	C. Date of Delivery <i>7.2.10</i>
IRIS ANN DAHARSH 3620 CR 126 HESPERUS, CO 81326	D. Is 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 #: 2191
Article #: 71106605959000122921
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 2938

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

Postage To: **IRISH FAMILY PROPERTIES LLC**
5040 AIRLINE RD
DALLAS, TX 75205

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

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2938

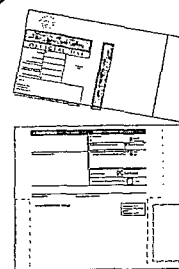
IRISH FAMILY PROPERTIES LLC
5040 AIRLINE RD
DALLAS, TX 75205

Batch #: 2191
Article #: 71106605959000122938
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

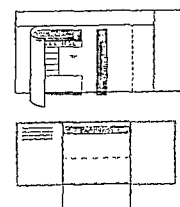
Reorder Form LCC-100 rev. 01/07

2. Article Number 7110 6605 9590 0012 2938	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: IRISH FAMILY PROPERTIES LLC 5040 AIRLINE RD DALLAS, TX 75205	
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 2938	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-3-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: IRISH FAMILY PROPERTIES LLC 5040 AIRLINE RD DALLAS, TX 75205	
Code: Allocation Project - D.Howell	

Batch #: 2191
Article #: 71106605959000122938
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2937

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 **ISABELL GARCIA**
215 QUINCE
FARMINGTON, NM 87401

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

Form 3800, August 2006 See Reverse for Instructions



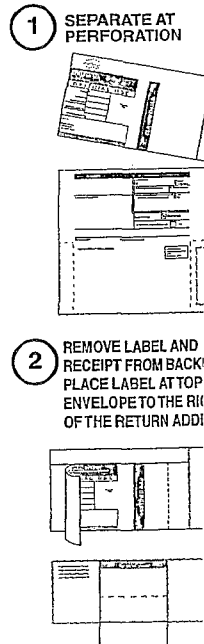
7110 6605 9590 0013 2937

ISABELL GARCIA
215 QUINCE

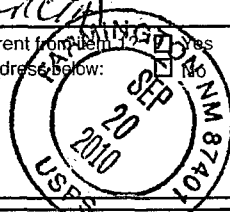
FARMINGTON, NM 87401

Batch #: 2269
Article #: 71106605959000132937
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 2937	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ISABELL GARCIA 215 QUINCE FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2937	A. Signature ☐ Agent <i>Isabella Garcia</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ISABELL GARCIA 215 QUINCE FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2269
Article #: 71106605959000132937
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #: