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

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City, State, Zip+4

ICON PETROLEUM INC
1411 W ILLINOIS
MIDLAND, TX 79701

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

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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-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0012 2884

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:

ICON PETROLEUM INC
1411 W ILLINOIS
MIDLAND, TX 79701

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

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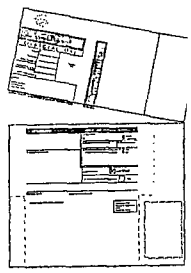

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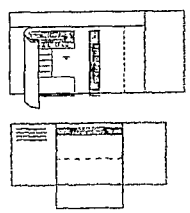

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3 LIFT HERE

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City, 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

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

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

Batch #: 2191
Article #: 71106605959000122891
Date/Time: 8/31/2010 12:09:20 PM
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Internal File #:
Internal Code #:

Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

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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:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2891

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ida H. Hancock ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Ida H. Hancock C. Date of Delivery

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

1. Article Addressed to:

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

EAGLE CO SEP 8 2010 USPS

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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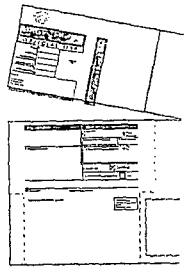
1 SEPARATE AT PERFORATION



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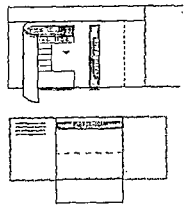

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Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
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City, State, Zip+4

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

Code: Allocation Project - D.Howell

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

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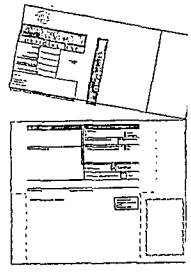
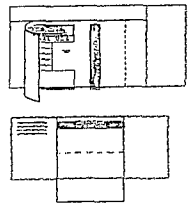
INDIANA UNIVERSITY FOUNDATION
ATTN REAL ESTATE DEPARTMENT
PO BOX 500
BLOOMINGTON, IN 47402-0500

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2907

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:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

2. Article Number

7110 6605 9590 0012 2907

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
ZACHARY T. SMITH 9.7.10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

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INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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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-[illegible] rev. 01/07

2. Article Number
7110 6605 9590 0012 2914

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:

INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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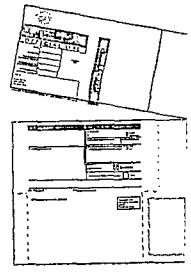

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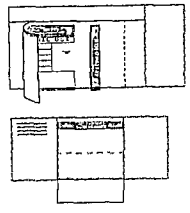

P

2. Article Number
7110 6605 9590 0012 2914

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Inez Truby ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) INEZ TRUBY C. Date of Delivery 09/03/10

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

1. Article Addressed to:

INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

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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

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

7110 6605 9590 0012 2921

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:

IRIS ANN DAHARSH
3620 CR 126
HESPERUS, CO 81326

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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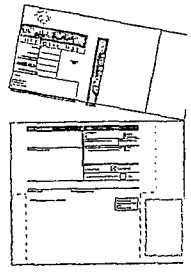
1 SEPARATE AT PERFORATION



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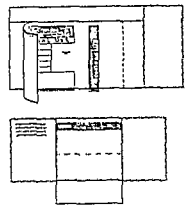

2. Article Number

7110 6605 9590 0012 2921

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Virginia Soliday ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Virginia Soliday C. Date of Delivery 9.2.10

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

1. Article Addressed to:

IRIS ANN DAHARSH
3620 CR 126
HESPERUS, CO 81326

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MIDLAND, TX 79701

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MIDLAND, TX 79701

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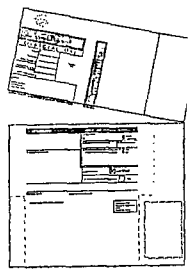

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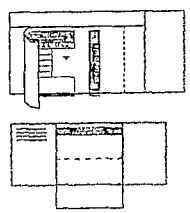

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IDA WALL HANCOCK
PO BOX 3272
EAGLE, CO 81631-3272

Form 3800, August 2006 — See Reverse for Instructions

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PO BOX 3272
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If YES enter delivery address below: ☐ No

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

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4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2891

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ida H. Hancock ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Ida H. Hancock C. Date of Delivery

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

1. Article Addressed to:

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

EAGLE CO SEP 8 2010 USPS

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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Date/Time: 8/31/2010 12:09:20 PM
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Internal File #:
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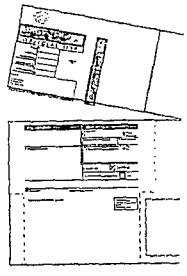
1 SEPARATE AT PERFORATION



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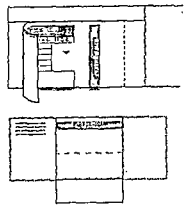

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7110 6605 9590 0012 2907

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

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

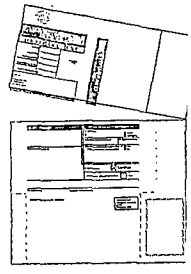
CERTIFIED MAIL™

7110 6605 9590 0012 2907

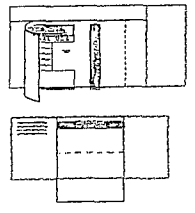
INDIANA UNIVERSITY FOUNDATION
ATTN REAL ESTATE DEPARTMENT
PO BOX 500
BLOOMINGTON, IN 47402-0500

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2907

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:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

2. Article Number

7110 6605 9590 0012 2907

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
ZACHARY T. SMITH 9.7.10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 2914

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

Postmark Here

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

INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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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-[illegible] rev. 01/07

2. Article Number
7110 6605 9590 0012 2914

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:

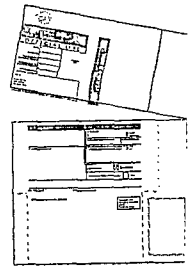
INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

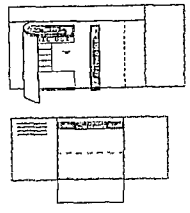
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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



P

2. Article Number
7110 6605 9590 0012 2914

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Inez Truby ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) INEZ TRUBY C. Date of Delivery 09/03/10

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

1. Article Addressed to:

INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™
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7110 6605 9590 0012 2921

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

Postmark Here

Sent To
Street, Apt. No.; or 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

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

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

7110 6605 9590 0012 2921

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:

IRIS ANN DAHARSH
3620 CR 126
HESPERUS, CO 81326

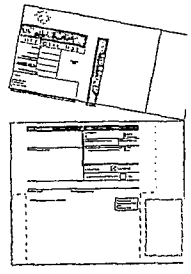
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

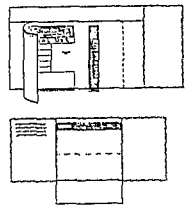
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 2921

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Virginia Soliday ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Virginia Soliday C. Date of Delivery 9.2.10

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

1. Article Addressed to:

IRIS ANN DAHARSH
3620 CR 126
HESPERUS, CO 81326

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 #:

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PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

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7110 6605 9590 0012 2938

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

Postmark Here

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

IRISH FAMILY PROPERTIES LLC
5040 AIRLINE RD
DALLAS, TX 75205

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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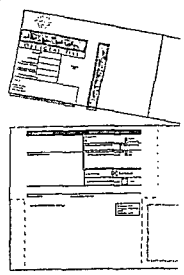
7110 6605 9590 0012 2938

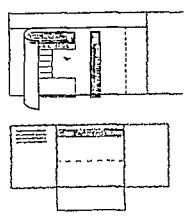
IRISH FAMILY PROPERTIES LLC
5040 AIRLINE RD
DALLAS, TX 75205

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R 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

1. Article Addressed to:

IRISH FAMILY PROPERTIES LLC
5040 AIRLINE RD
DALLAS, TX 75205

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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 9-3-10

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

1. Article Addressed to:

IRISH FAMILY PROPERTIES LLC
5040 AIRLINE RD
DALLAS, TX 75205

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 2937

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

Postmark Here

Sent To: ISABELL GARCIA
Street, Apt. No.; or PO Box No.: 215 QUINCE
City, State, Zip+4: FARMINGTON, NM 87401

PS Form 3800, August 2006 — See Reverse for Instructions

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

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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 #:

Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0013 2937

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:

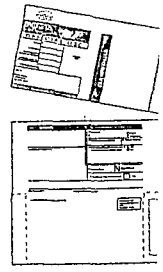
ISABELL GARCIA
215 QUINCE

FARMINGTON, NM 87401

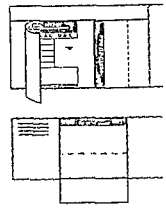
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK[illegible] PLACE LABEL AT TOP ENVELOPE TO THE RI[illegible] OF THE RETURN ADDI[illegible]



2. Article Number

7110 6605 9590 0013 2937

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Kerry Garcia ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Cathy Garcia | C. Date of Delivery

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

1. Article Addressed to:

ISABELL GARCIA
215 QUINCE

FARMINGTON, NM 87401

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

FARMINGTON NM 87401 SEP 20 2010 USPS

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

PS Form 3811 — Domestic Return Receipt

3 LIFT HERE