



U.S. Postal Service
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	

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

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

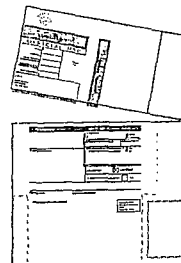
ICON PETROLEUM INC
1411 W ILLINOIS
MIDLAND, TX 79701

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

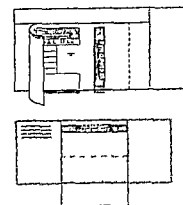
Reorder Form LCD-8 Rev. 01/07

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

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 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 #:



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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	

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



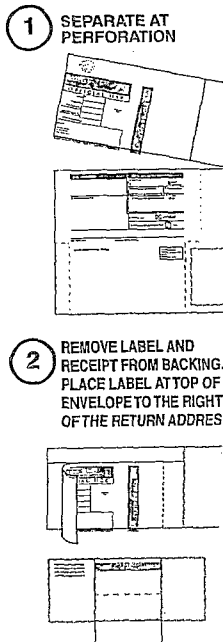
7110 6605 9590 0012 2891

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

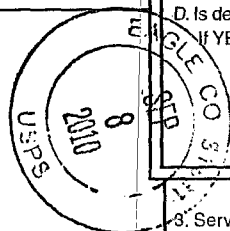
Batch #: 2191
Article #: 71106605959000122891
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0012 2891	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: IDA WALL HANCOCK PO BOX 3272 EAGLE, CO 81631-3272 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2891	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>IDA WALL HANCOCK</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: IDA WALL HANCOCK PO BOX 3272 EAGLE, CO 81631-3272 Code: Allocation Project - D.Howell	



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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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

Post. Apt. No.;
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



7110 6605 9590 0012 2907

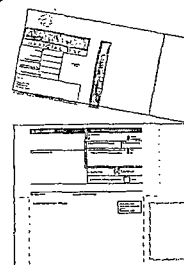
INDIANA UNIVERSITY FOUNDATION
ATTN REAL ESTATE DEPARTMENT
PO BOX 500
BLOOMINGTON, IN 47402-0500

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

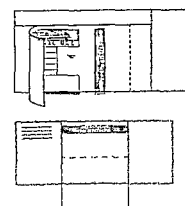
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2907		
1. Article Addressed to:		
INDIANA UNIVERSITY FOUNDATION ATTN REAL ESTATE DEPARTMENT PO BOX 500 BLOOMINGTON, IN 47402-0500		
Code: Allocation Project - D.Howell		
	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 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		
1. Article Addressed to:		
INDIANA UNIVERSITY FOUNDATION ATTN REAL ESTATE DEPARTMENT PO BOX 500 BLOOMINGTON, IN 47402-0500		
Code: Allocation Project - D.Howell		
	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 #: 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	

Postage to: INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2914

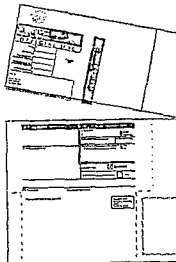
INEZ TRUBY REVOCABLE TRUST
1575 N KIRBY
BLOOMFIELD, NM 87413

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

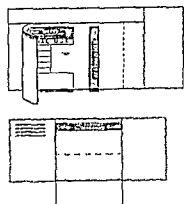
Reorder Form LCD- rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: INEZ TRUBY REVOCABLE TRUST 1575 N KIRBY BLOOMFIELD, NM 87413 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 2914	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Inez Truby</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery INEZ TRUBY 09/03/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: INEZ TRUBY REVOCABLE TRUST 1575 N KIRBY BLOOMFIELD, NM 87413 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 #:



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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	

Send To
IRIS ANN DAHARSH
3620 CR 126
HESPERUS, CO 81326

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



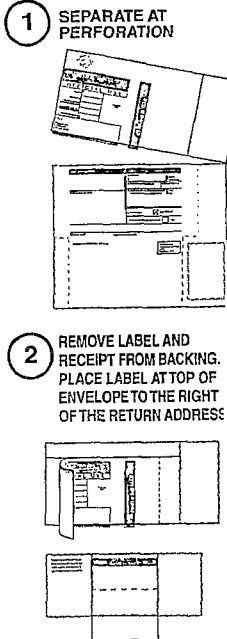
7110 6605 9590 0012 2921

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: IRIS ANN DAHARSH 3620 CR 126 HESPERUS, CO 81326 Code: Allocation Project - D.Howell	



PS Form 3811

2. Article Number 7110 6605 9590 0012 2921	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Virginia Schaub</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Virginia Schaub</i> 7.2.10 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: IRIS ANN DAHARSH 3620 CR 126 HESPERUS, CO 81326 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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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	

nt To
et, Apt. No.,
PO Box No.
y, 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



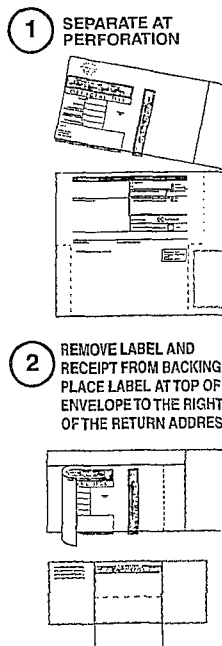
7110 6605 9590 0012 2938

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 LCP 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 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	



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 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
	\$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 **ISABELL GARCIA**
215 QUINCE
reet, Apt. No.;
r PO Box No.
ity, State, Zip+4 **FARMINGTON, NM 87401**

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 2937

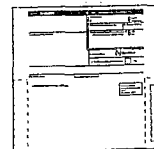
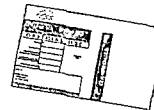
ISABELL GARCIA
215 QUINCE

FARMINGTON, NM 87401

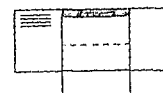
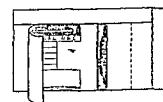
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Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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

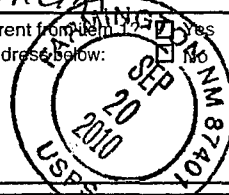
1 SEPARATE AT PERFORATION



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



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 #: