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7110 6605 9590 0012 5113

| | |
|---|---|
| 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
M ROBERT THOMPSON
Street, Apt. No.; or PO Box No.
15 IVY STREET
City, State, Zip+4
DENVER, CO 80220-5844

PS 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 5113

M ROBERT THOMPSON
15 IVY STREET
DENVER, CO 80220-5844

Batch #: 2193
Article #: 71106605959000125113
Date/Time: 8/31/2010 12:27:43 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 5113

**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:

M ROBERT THOMPSON
15 IVY STREET
DENVER, CO 80220-5844

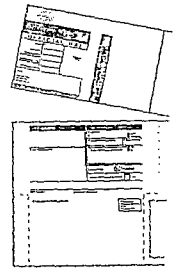
3. Service Type ☒ Certified

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

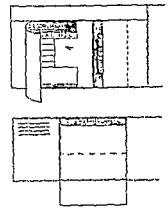
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI PLACE LABEL AT TOP ENVELOPE TO THE RIG OF THE RETURN ADDR




**2. Article Number**

7110 6605 9590 0012 5113

**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:

M ROBERT THOMPSON
15 IVY STREET
DENVER, CO 80220-5844

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt


DENVER CO MAIN STA 80220 USPS


Batch #: 2193
Article #: 71106605959000125113
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:


LIFT HERE

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7110 6605 9590 0012 5120

| | |
|---|---|
| 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
M SEAN SMITH
C/O ENCAP INVESTMENTS LC AGENT
Street, Apt. No.; or PO Box No.
1100 LOUISIANA STE 3150
City, State, Zip+4
HOUSTON, TX 77002

PS 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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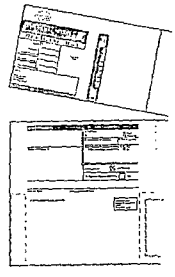
7110 6605 9590 0012 5120

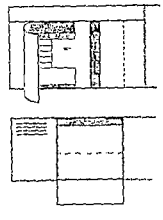
M SEAN SMITH
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Batch #: 2193
Article #: 71106605959000125120
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDF



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

**2. Article Number**

7110 6605 9590 0012 5120

**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:

M SEAN SMITH
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5120

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Stacy Triplett | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

M SEAN SMITH
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


Batch #: 2193
Article #: 71106605959000125120
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 3750

| | |
|---|---|
| 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: M THOMAS LAYLAND
Street, Apt. No.; or PO Box No.: PO BOX 556
City, State, Zip+4: WAVELAND, MS 39576

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0013 3750

M THOMAS LAYLAND
PO BOX 556

WAVELAND, MS 39576

Batch #: 2273
Article #: 71106605959000133750
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3750

**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:

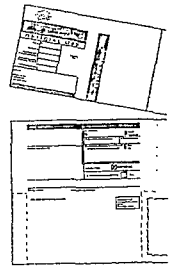
M THOMAS LAYLAND
PO BOX 556

WAVELAND, MS 39576

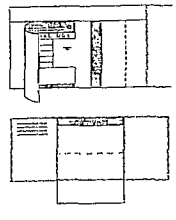
3. Service Type ☒ Certified

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP O ENVELOPE TO THE RIGI OF THE RETURN ADDRE




**2. Article Number**

7110 6605 9590 0013 3750

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. T LAYLAND | C. Date of Delivery 10-4-10

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

1. Article Addressed to:

M THOMAS LAYLAND
PO BOX 556

WAVELAND, MS 39576

3. Service Type ☒ Certified

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



Batch #: 2273
Article #: 71106605959000133750
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 5137

| | |
|---|---|
| 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
MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
Street, Apt. No.; or PO Box No.
PO BOX 15040
City, State, Zip+4
SANTA FE, NM 87506

PS 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 5137

MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
PO BOX 15040
SANTA FE, NM 87506

Batch #: 2193
Article #: 71106605959000125137
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5137

**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:

MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
PO BOX 15040
SANTA FE, NM 87506

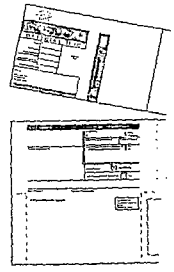
3. Service Type ☒ Certified

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

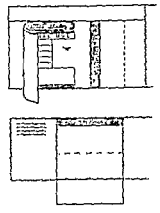
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0012 5137

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Kathy Black ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) KATHY BLACK | C. Date of Delivery

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

1. Article Addressed to:

MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
PO BOX 15040
SANTA FE, NM 87506

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

LA LINDA MAIL SEP 14 2010 USPS

PS Form 3811 **Domestic Return Receipt**

Batch #: 2193
Article #: 71106605959000125137
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:

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7110 6605 9590 0012 5144

| | |
|---|---|
| Postage | $1.05 |
| Certified Fee | $2.80 |
| Return Receipt Fee ndorsement Required) | $2.30 |
| lestricted Delivery Fee ndorsement Required) | $0.00 |
| Total Postage & Fees | $6.15 |

Postmark Here

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

MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

S 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

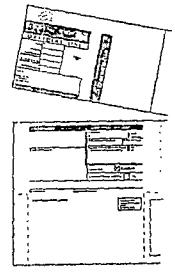
CERTIFIED MAIL™

7110 6605 9590 0012 5144

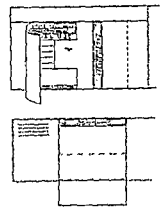
MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

Batch #: 2193
Article #: 71106605959000125144
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



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

**2. Article Number**

7110 6605 9590 0012 5144

1. Article Addressed to:

MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt


**2. Article Number**

7110 6605 9590 0012 5144

1. Article Addressed to:

MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

**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

SEP - 8 2010


3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt



Batch #: 2193
Article #: 71106605959000125144
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:


3 LIFT HERE

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7110 6605 9590 0012 5151

| | |
|---|---|
| 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

MABELLE H SOWERS
5026 AUGUSTA CIR
COLLEGE STATION, TX 77845-8983

PS 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 5151

MABELLE H SOWERS
5026 AUGUSTA CIR
COLLEGE STATION, TX 77845-8983

Batch #: 2193
Article #: 71106605959000125151
Date/Time: 8/31/2010 12:27:43 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 5151

1. Article Addressed to:

MABELLE H SOWERS
5026 AUGUSTA CIR
COLLEGE STATION, TX 77845-8983

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

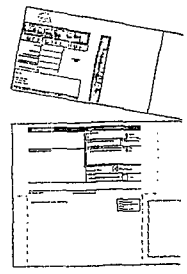
3. Service Type ☒ Certified

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

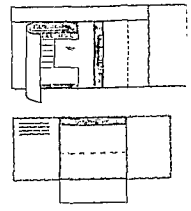
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0012 5151

1. Article Addressed to:

MABELLE H SOWERS
5026 AUGUSTA CIR
COLLEGE STATION, TX 77845-8983

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Belle Brownhall ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Belle Brownhall C. Date of Delivery 9/4/10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2193
Article #: 71106605959000125151
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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**S Postal Service™**
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7110 6605 9590 0012 5168

| | |
|---|---|
| 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

MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

PS 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

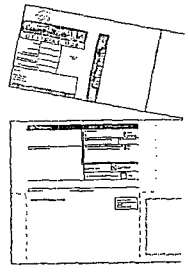
CERTIFIED MAIL™

7110 6605 9590 0012 5168

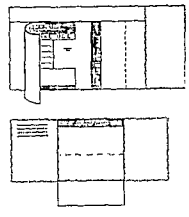
MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

Batch #: 2193
Article #: 71106605959000125168
Date/Time: 8/31/2010 12:27:43 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 R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5168

**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:

MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

**2. Article Number**

7110 6605 9590 0012 5168

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Ken Lawrence ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) KEN LAWRENCE | C. Date of Delivery 9-4-10

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

1. Article Addressed to:

MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2193
Article #: 71106605959000125168
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 5175

| | |
|---|---|
| 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

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

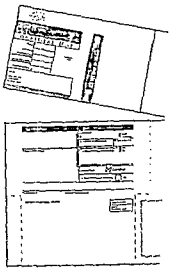
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5175

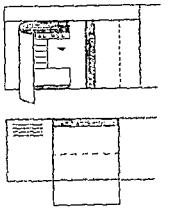
MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

Batch #: 2193
Article #: 71106605959000125175
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP C
ENVELOPE TO THE RIGI
OF THE RETURN ADDR



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

**2. Article Number**

7110 6605 9590 0012 5175

1. Article Addressed to:

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt


**2. Article Number**

7110 6605 9590 0012 5175

1. Article Addressed to:

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Erika Rodriguez | C. Date of Delivery

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


ODESSA TX 9768 SEP 10 2010 USPS


Batch #: 2193
Article #: 71106605959000125175
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:


3 LIFT HERE

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**U.S. Postal Service™**
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For delivery information visit our website at www.usps.com®

7110 6605 9590 0013 3040

| | |
|---|---|
| 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: MADALYN JOY JOHNSON
Street, Apt. No.; or PO Box No.: PO BOX 7371
City, State, Zip+4: TAHOE CITY, CA 96145

PS Form 3800, August 2006 — See Reverse for Instructions

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

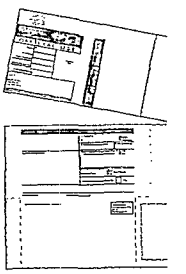
CERTIFIED MAIL™

7110 6605 9590 0013 3040

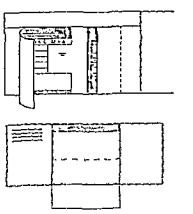
MADALYN JOY JOHNSON
PO BOX 7371
TAHOE CITY, CA 96145

Batch #: 2269
Article #: 71106605959000133040
Date/Time: 9/14/2010 2:59:27 PM
Code:
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-[illegible] Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3040

**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:

MADALYN JOY JOHNSON
PO BOX 7371

TAHOE CITY, CA 96145

3. Service Type ☒ Certified

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


**2. Article Number**

7110 6605 9590 0013 3040

**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:

MADALYN JOY JOHNSON
PO BOX 7371

TAHOE CITY, CA 96145

3. Service Type ☒ Certified

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


PS Form 3811 — Domestic Return Receipt


Batch #: 2269
Article #: 71106605959000133040
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:


(3) LIFT HERE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0013 3057

| | |
|---|---|
| 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: MAE GERSBACH
Street, Apt. No.; or PO Box No.: 52 RD 6050
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

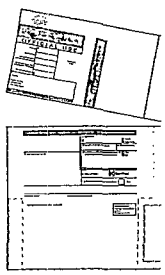
CERTIFIED MAIL™

7110 6605 9590 0013 3057

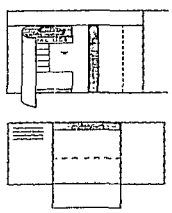
MAE GERSBACH
52 RD 6050
FARMINGTON, NM 87401

Batch #: 2269
Article #: 71106605959000133057
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP C
ENVELOPE TO THE RIGI
OF THE RETURN ADDRE



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

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAE GERSBACH
52 RD 6050

FARMINGTON, NM 87401

2. Article Number: 7110 6605 9590 0013 3057

**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

PS Form 3811 **Domestic Return Receipt**

**UNITED STATES POSTAL SERVICE**

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

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

Batch #: 2269
Article #: 71106605959000133057
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 3064

| | |
|---|---|
| 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
Street, Apt. No.; or PO Box No.
City, State, Zip+4

MAHONEY HOLDINGS LLC
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

PS Form 3800, August 2006 — See Reverse for Instructions

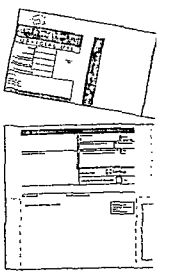
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3064

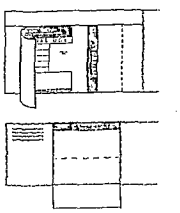
MAHONEY HOLDINGS LLC
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

Batch #: 2269
Article #: 71106605959000133064
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK! PLACE LABEL AT TOP ENVELOPE TO THE RIG OF THE RETURN ADDF



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3064

**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:

MAHONEY HOLDINGS LLC
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3064

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X T. J. INFANTINO ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) T. J. INFANTINO | C. Date of Delivery 09/17/2010

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

1. Article Addressed to:

MAHONEY HOLDINGS LLC
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

3. Service Type ☒ Certified

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

Batch #: 2269
Article #: 71106605959000133064
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE APPROVED

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

7110 6605 9590 0013 3767

| | |
|---|---|
| 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: MALCOLM EDWARD SMITH JR
Street, Apt. No.; or PO Box No.: 6720 SUMMER MEADOW LN
City, State, Zip+4: DALLAS, TX 75252

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

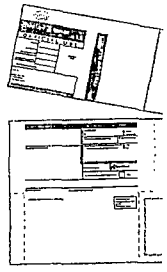
7110 6605 9590 0013 3767

MALCOLM EDWARD SMITH JR
6720 SUMMER MEADOW LN

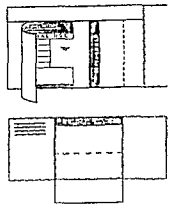
DALLAS, TX 75252

Batch #: 2273
Article #: 71106605959000133767
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP C
ENVELOPE TO THE RIGI
OF THE RETURN ADDRI



Reorder Form LCD- Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3767

1. Article Addressed to:

MALCOLM EDWARD SMITH JR
6720 SUMMER MEADOW LN

DALLAS, TX 75252

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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


**2. Article Number**

7110 6605 9590 0013 3767

1. Article Addressed to:

MALCOLM EDWARD SMITH JR
6720 SUMMER MEADOW LN

DALLAS, TX 75252

**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


PRESIDENTIAL STATION SEP 2010 DALLAS TX 752


Batch #: 2273
Article #: 71106605959000133767
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:


PS Form 3811 — Domestic Return Receipt

3 LIFT HERE

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

7110 6605 9590 0012 5182

| | |
|---|---|
| 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

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

PS 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

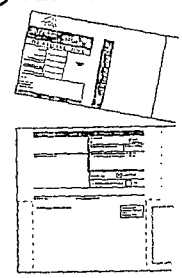
CERTIFIED MAIL™

7110 6605 9590 0012 5182

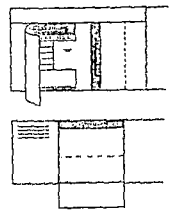
MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

Batch #: 2193
Article #: 71106605959000125182
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP C
ENVELOPE TO THE RIGI
OF THE RETURN ADDRI



Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5182

**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:

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

**2. Article Number**

7110 6605 9590 0012 5182

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
9/7/10

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

1. Article Addressed to:

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125182
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

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

7110 6605 9590 0012 5199

| | |
|---|---|
| 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
MANSFIELD FAMILY 2001 REV TR
Street, Apt. No.; or PO Box No.
2615 EVERETT DR
City, State, Zip+4
RENO, NV 89503

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

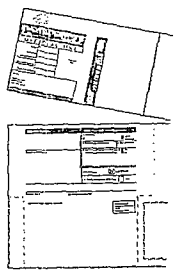
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5199

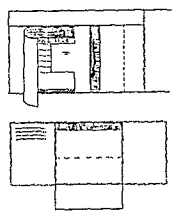
MANSFIELD FAMILY 2001 REV TR
2615 EVERETT DR
RENO, NV 89503

Batch #: 2193
Article #: 71106605959000125199
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5199

**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:

MANSFIELD FAMILY 2001 REV TR
2615 EVERETT DR
RENO, NV 89503

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt


**2. Article Number**

7110 6605 9590 0012 5199

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Ben Mansfield ☐ Agent ☐ Addressee

B. Received by (*Printed Name*)
BEN MANSFIELD

C. Date of Delivery
SEP 4 2010


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

1. Article Addressed to:

MANSFIELD FAMILY 2001 REV TR
2615 EVERETT DR
RENO, NV 89503

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt



Batch #: 2193
Article #: 71106605959000125199
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #: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7110 6605 9590 0012 5205

| | |
|---|---|
| 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

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

PS 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

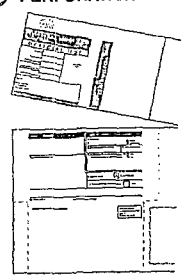
CERTIFIED MAIL™

7110 6605 9590 0012 5205

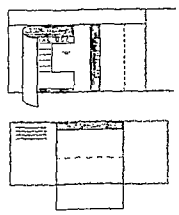
MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

Batch #: 2193
Article #: 71106605959000125205
Date/Time: 8/31/2010 12:27:43 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 RIGH OF THE RETURN ADDRE



Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5205

1. Article Addressed to:

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt


**2. Article Number**

7110 6605 9590 0012 5205

1. Article Addressed to:

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Manuel Ferran ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt



Batch #: 2193
Article #: 71106605959000125205
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0013 3774

| | |
|---|---|
| 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: MANUEL F MARTINEZ JR
Street, Apt. No.; or PO Box No.: 992 S BROADWAY
City, State, Zip+4: TRUTH OR CONSEQUENCE, NM 87901

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0013 3774

MANUEL F MARTINEZ JR
992 S BROADWAY
TRUTH OR CONSEQUENCE, NM 87901

Batch #: 2273
Article #: 71106605959000133774
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

**2. Article Number**

7110 6605 9590 0013 3774

**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:

MANUEL F MARTINEZ JR
992 S BROADWAY

TRUTH OR CONSEQUENCE, NM 87901

3. Service Type ☒ Certified

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

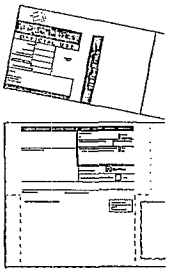
PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD rev. 01/07

**UNITED STATES POSTAL SERVICE**

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

1 SEPARATE AT PERFORATION



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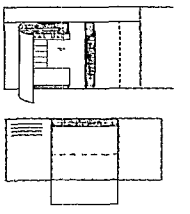

**Lisa Hunter, Land Department**
**SJBU ConocoPhillips**
**P.O. Box 4289**
**Farmington, NM 87499**

Batch #: 2273
Article #: 71106605959000133774
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0012 5212

| | |
|---|---|
| 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

MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

PS 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 5212

MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

Batch #: 2193
Article #: 71106605959000125212
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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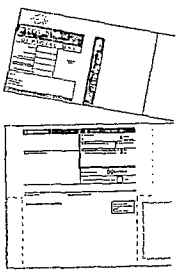
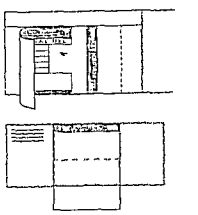


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-3811, rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5212

**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:

MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

**2. Article Number**

7110 6605 9590 0012 5212

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Estella ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | 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:

MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125212
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5236

| | |
|---|---|
| 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
MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

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

PS 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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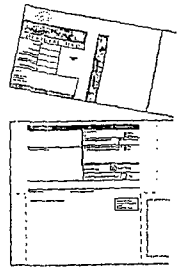
7110 6605 9590 0012 5236

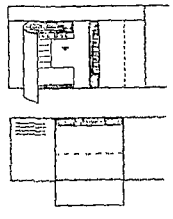
MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

Batch #: 2193
Article #: 71106605959000125236
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGI
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5236

1. Article Addressed to:

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**


**2. Article Number**

7110 6605 9590 0012 5236

1. Article Addressed to:

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947


OKLAHOMA CITY OK 7 SEP 4 2010 USPS


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**



Batch #: 2193
Article #: 71106605959000125236
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #: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7110 6605 9590 0012 5229

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

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

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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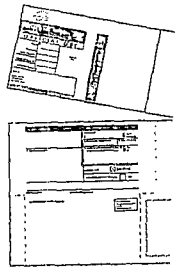
7110 6605 9590 0012 5229

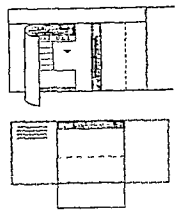
MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

Batch #: 2193
Article #: 71106605959000125229
Date/Time: 8/31/2010 12:27:43 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 5229

**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:

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

**2. Article Number**

7110 6605 9590 0012 5229

**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:

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

OKLAHOMA CITY OK 731 SEP 14 2010 USPS

Batch #: 2193
Article #: 71106605959000125229
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5243

| | |
|---|---|
| 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: MAP K&W OK
C/O MINERAL ACQUISITION PRTNRS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

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

PS 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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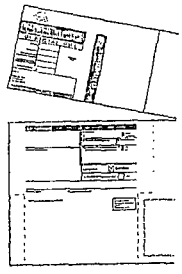
7110 6605 9590 0012 5243

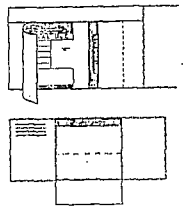
MAP K&W OK
C/O MINERAL ACQUISITION PRTNRS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

Batch #: 2193
Article #: 71106605959000125243
Date/Time: 8/31/2010 12:27:43 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 5243

**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:

MAP K&W OK
C/O MINERAL ACQUISITION PRTNRS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5243

**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:

MAP K&W OK
C/O MINERAL ACQUISITION PRTNRS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


OKLAHOMA CITY OK SEP 4 2010 USPS 73125-9997


Batch #: 2193
Article #: 71106605959000125243
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 5250

| | |
|---|---|
| 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
MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

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

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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7110 6605 9590 0012 5250

MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

Batch #: 2193
Article #: 71106605959000125250
Date/Time: 8/31/2010 12:27:44 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 5250

**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:

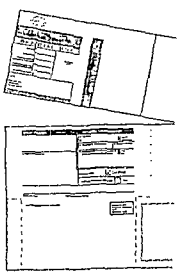
MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

3. Service Type ☒ Certified

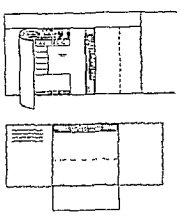
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES




**2. Article Number**
7110 6605 9590 0012 5250

**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:

MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


OKLAHOMA CITY OK 7 SEP 14 2010 USPS


Batch #: 2193
Article #: 71106605959000125250
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 5267

| | |
|---|---|
| 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

MAP99A-NET
PO BOX 268947
OKLAHOMA CITY, OK 73126

PS 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

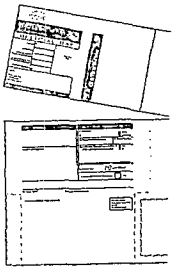
CERTIFIED MAIL™

7110 6605 9590 0012 5267

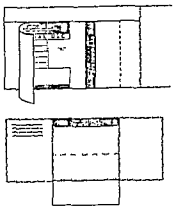
MAP99A-NET
PO BOX 268947
OKLAHOMA CITY, OK 73126

Batch #: 2193
Article #: 71106605959000125267
Date/Time: 8/31/2010 12:27:44 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 5267

**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:

MAP99A-NET
PO BOX 268947
OKLAHOMA CITY, OK 73126

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5267

**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:

MAP99A-NET
PO BOX 268947
OKLAHOMA CITY, OK 73126

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

OKLAHOMA CITY OK 731 25-9997 SEP 41 2010 USPS

Batch #: 2193
Article #: 71106605959000125267
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 5274

| | |
|---|---|
| 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: MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

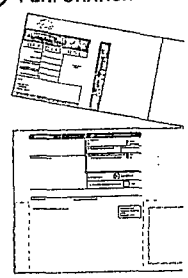
CERTIFIED MAIL™

7110 6605 9590 0012 5274

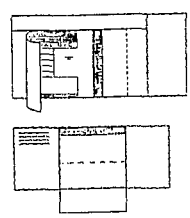
MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502

Batch #: 2193
Article #: 71106605959000125274
Date/Time: 8/31/2010 12:27:44 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 3811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5274

**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:

MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5274

**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:

MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502


SEP 3 2010

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


Batch #: 2193
Article #: 71106605959000125274
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


PS Form 3811 **Domestic Return Receipt**

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**U.S. Postal Service™**
**CERTIFIED MAIL™ RECEIPT**
*(Domestic Mail Only; No Insurance Coverage Provided)*
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 5281

| | |
|---|---|
| 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

MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

PS 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 5281

MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

Batch #: 2193
Article #: 71106605959000125281
Date/Time: 8/31/2010 12:27:44 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 5281

**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:

MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

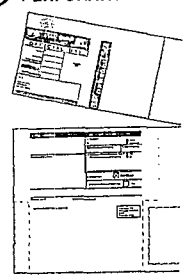
3. Service Type ☒ Certified

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

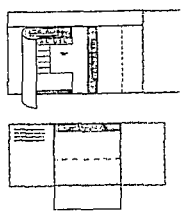
Code: Allocation Project - D.Howell

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 ADDRES




**2. Article Number**
7110 6605 9590 0012 5281

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Sue C. Herrera ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) SUE C. HERRERA | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125281
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


PS Form 3811 **Domestic Return Receipt**

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**CERTIFIED MAIL™ RECEIPT**
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For delivery information visit our website at www.usps.com

7110 6605 9590 0013 3071

| | |
|---|---|
| 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: MARCIA L BERGER EDUCATIONAL FOUND
Street, Apt. No.; or PO Box No.: PO BOX 745
City, State, Zip+4: HOBBS, NM 88241

PS Form 3800, August 2006 — See Reverse for Instructions

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

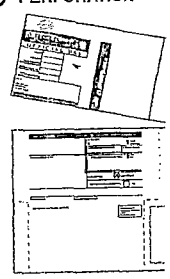
CERTIFIED MAIL™

7110 6605 9590 0013 3071

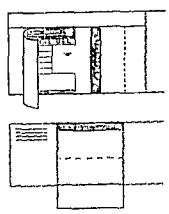
MARCIA L BERGER EDUCATIONAL FOUNDAT
PO BOX 745
HOBBS, NM 88241

Batch #: 2269
Article #: 71106605959000133071
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3071

**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:

MARCIA L BERGER EDUCATIONAL FOUNDAT
PO BOX 745

HOBBS, NM 88241

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3071

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Larry Scott ☐ Agent ☐ Addressee

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

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

HOBBS NM 88240 SEP 15 2010 USPS

1. Article Addressed to:

MARCIA L. BERGER EDUCATIONAL FOUNDAT
PO BOX 745

HOBBS, NM 88241

3. Service Type ☒ Certified

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

Batch #: 2269
Article #: 71106605959000133071
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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**U.S. Postal Service™**
**CERTIFIED MAIL™ RECEIPT**
*Domestic Mail Only; No Insurance Coverage Provided*

7110 6605 9590 0012 5298

| | |
|---|---|
| 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
MARCIA BERGER ESTATE
C/O PETRO ASSET MANAGENT LLC
PO BOX 745
HOBBS, NM 88241

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

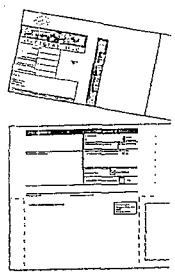
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5298

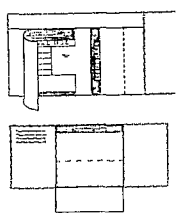
MARCIA BERGER ESTATE
C/O PETRO ASSET MANAGENT LLC
PO BOX 745
HOBBS, NM 88241

Batch #: 2193
Article #: 71106605959000125298
Date/Time: 8/31/2010 12:27:44 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 LCR rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5298

**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:

MARCIA BERGER ESTATE
C/O PETRO ASSET MANAGENT LLC
PO BOX 745
HOBBS, NM 88241

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5298

**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:

MARCIA BERGER ESTATE
C/O PETRO ASSET MANAGENT LLC
PO BOX 745
HOBBS, NM 88241

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


L. Scott

HOBBS NM 882

Batch #: 2193
Article #: 71106605959000125298
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

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

7110 6605 9590 0012 5304

| | |
|---|---|
| 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

MARGARET A KEARNS TRUST
1440 OSPREY AVE
NAPLES, FL 34102-3464

PS 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

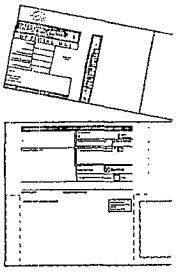
CERTIFIED MAIL™

7110 6605 9590 0012 5304

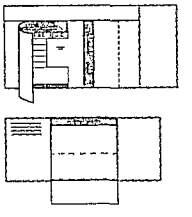
MARGARET A KEARNS TRUST
1440 OSPREY AVE
NAPLES, FL 34102-3464

Batch #: 2193
Article #: 71106605959000125304
Date/Time: 8/31/2010 12:27:44 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 LCR rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5304

**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:

MARGARET A KEARNS TRUST
1440 OSPREY AVE
NAPLES, FL 34102-3464

Code: Allocation Project - D.Howell

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**
**SJBU ConocoPhillips**
**P.O. Box 4289**
**Farmington, NM 87499**

Batch #: 2193
Article #: 71106605959000125304
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

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

7110 6605 9590 0012 5328

| | |
|---|---|
| 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

MARGARET ALLINSON LAYCOCK
2003 LOST CREEK BLVD
AUSTIN, TX 78746

PS 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

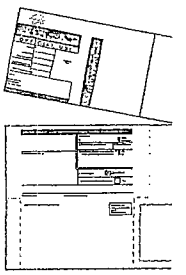
CERTIFIED MAIL™

7110 6605 9590 0012 5328

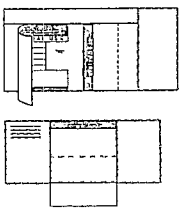
MARGARET ALLINSON LAYCOCK
2003 LOST CREEK BLVD
AUSTIN, TX 78746

Batch #: 2193
Article #: 71106605959000125328
Date/Time: 8/31/2010 12:27:44 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



**2 Article Number**

7110 6605 9590 0012 5328

**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:

MARGARET ALLINSON LAYCOCK
2003 LOST CREEK BLVD
AUSTIN, TX 78746

Code: Allocation Project - D.Howell

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

Reorder Form LOR rev. 01/07

**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 #: 2193
Article #: 71106605959000125328
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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**U.S. Postal Service™**
**CERTIFIED MAIL™ RECEIPT**
*(Domestic Mail Only; No Insurance Coverage Provided)*
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 5311

| | |
|---|---|
| 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
MARGARET A MOMSEN
Street, Apt. No.; or PO Box No.
3135 47TH ST
City, State, Zip+4
PHOENIX, AZ 85018

PS 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 5311

MARGARET A MOMSEN
3135 47TH ST
PHOENIX, AZ 85018

Batch #: 2193
Article #: 71106605959000125311
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

**2. Article Number**
7110 6605 9590 0012 5311

**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:

MARGARET A MOMSEN
3135 47TH ST
PHOENIX, AZ 85018

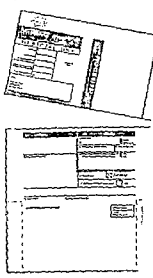
3. Service Type ☒ Certified

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

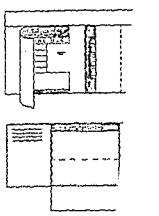
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AN RECEIPT FROM BA PLACE LABEL AT T ENVELOPE TO THE OF THE RETURN A



UN

**2. Article Number**
7110 6605 9590 0012 5311

**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:

MARGARET A MOMSEN
3135 47TH ST
PHOENIX, AZ 8501[illegible]

UNCLAIMED

3. Service Type ☒ Certified

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

Batch #: 2193
Article #: 71106605959000125311
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:

Domestic Return Receipt

LIFT HI

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S Postal Service™
IFIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
Delivery Information visit our website at www.usps.com®
7110 6605 9590 0012 5335

| | |
|---|---|
| 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

MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

S 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

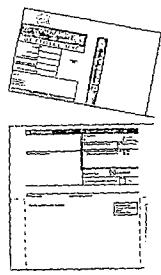
CERTIFIED MAIL™

7110 6605 9590 0012 5335

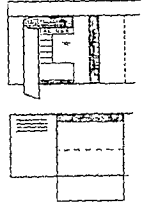
MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

Batch #: 2193
Article #: 71106605959000125335
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL ANI RECEIPT FROM BAC PLACE LABEL AT TC ENVELOPE TO THE I OF THE RETURN AI



Reorder Form LCD-8111 01/07

**2. Article Number**

7110 6605 9590 0012 5335

**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:

MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5335

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125335
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HE

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**S. Postal Service™**
**CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 5342

| | |
|---|---|
| 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

MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

PS 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

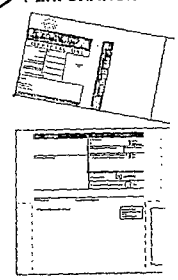
CERTIFIED MAIL™

7110 6605 9590 0012 5342

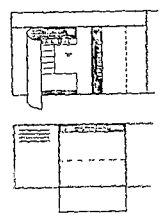
MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

Batch #: 2193
Article #: 71106605959000125342
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5342

1. Article Addressed to:

MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes


**2. Article Number**

7110 6605 9590 0012 5342

1. Article Addressed to:

MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

Code: Allocation Project - D.Howell


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Margaret C Pargin ☐ Agent ☐ Addressee

B. Received by (Printed Name) Margaret C. Pargin 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


Batch #: 2193
Article #: 71106605959000125342
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #: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7110 6605 9590 0012 5359

| | |
|---|---|
| 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

MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

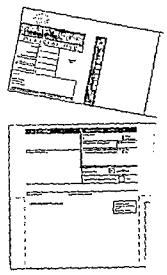
FLAG SLIP HERE
CERTIFIED MAIL™
FOLD AT DOTTED LINE

7110 6605 9590 0012 5359

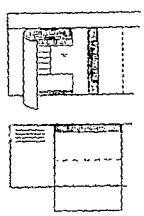
MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

Batch #: 2193
Article #: 71106605959000125359
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BAC PLACE LABEL AT TC ENVELOPE TO THE I OF THE RETURN AD



Reorder Form LCD-811 01/07

**2. Article Number**

7110 6605 9590 0012 5359

**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:

MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

3. Service Type ☒ Certified

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

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

**2. Article Number**

7110 6605 9590 0012 5359

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X M Houser-Silva ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) M Houser-Silva | C. Date of Delivery 9/4/10

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

1. Article Addressed to:

MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

3. Service Type ☒ Certified

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

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

Batch #: 2193
Article #: 71106605959000125359
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:

3 LIFT HE

PS Form 3811 **Domestic Return Receipt**

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**S Postal Service**
**IFIED MAIL™ RECEIPT**
*Mail Only; No Insurance Coverage Provided*
Delivery Information visit our website at www.usps.com

7110 6605 9590 0012 5366

| | |
|---|---|
| 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

MARGARET FREDERKING IRREV FAMILY
PO BOX 99084
FORT WORTH, TX 76199-0084

PS 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 5366

MARGARET FREDERKING IRREV FAMILY TR
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2193
Article #: 71106605959000125366
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0012 5366

**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:

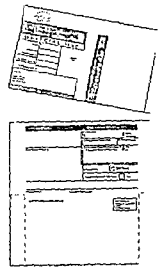
MARGARET FREDERKING IRREV FAMILY TR
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

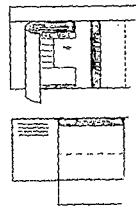
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AN RECEIPT FROM BA PLACE LABEL AT T ENVELOPE TO THE OF THE RETURN A




**2. Article Number**

7110 6605 9590 0012 5366

**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:

MARGARET FREDERKING IRREV FAMILY TR
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

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

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


SEP 30 2010


Batch #: 2193
Article #: 71106605959000125366
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2: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(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 5373

| | |
|---|---|
| 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
MARGARET H. WYGOCKI
Street, Apt. No.; or PO Box No.
721 ROBINS ROAD
City, State, Zip+4
LANSING, MI 48917

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

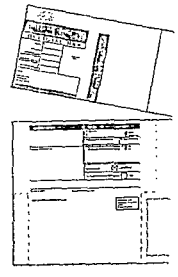
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5373

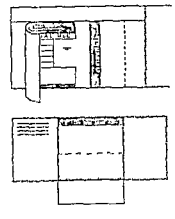
MARGARET H. WYGOCKI
721 ROBINS ROAD
LANSING, MI 48917

Batch #: 2193
Article #: 71106605959000125373
Date/Time: 8/31/2010 12:27:44 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 O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



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

**2. Article Number**

7110 6605 9590 0012 5373

1. Article Addressed to:

MARGARET H. WYGOCKI
721 ROBINS ROAD
LANSING, MI 48917

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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


**2. Article Number**

7110 6605 9590 0012 5373

1. Article Addressed to:

MARGARET H. WYGOCKI
721 ROBINS ROAD
LANSING, MI 48917

Code: Allocation Project - D.Howell


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Bill Wygocki ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Bill Wygocki | C. Date of Delivery 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


Batch #: 2193
Article #: 71106605959000125373
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

S Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0012 5380

| | |
|---|---|
| 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

MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

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

PS 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 5380

MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125380
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 ... 01/07

**2. Article Number**

7110 6605 9590 0012 5380

**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:

MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5380

**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:

MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

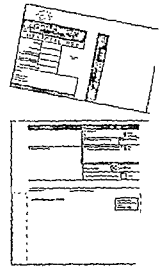
3. Service Type ☒ Certified

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

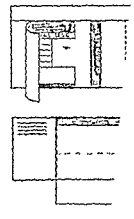
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AI RECEIPT FROM BA PLACE LABEL AT ENVELOPE TO THI OF THE RETURN /



Batch #: 2193
Article #: 71106605959000125380
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell

3 LIFT H

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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 5397

| | |
|---|---|
| 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
MARGARET HUNT HILL CODY WIKERT TRUS
Street, Apt. No.; or PO Box No.
2101 CEDAR SPRINGS RD, STE 1800
City, State, ZIP+4
DALLAS, TX 75201

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

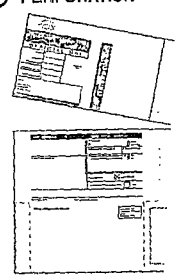
PUSH FIRMLY AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5397

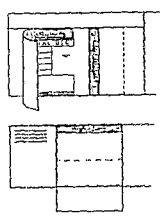
MARGARET HUNT HILL CODY WIKERT TRUS
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125397
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDF



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5397

**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:

MARGARET HUNT HILL CODY WIKERT TRUS
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5397

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Patty Satarino ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

MARGARET HUNT HILL CODY WIKERT TRUS
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125397
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 5441

| | |
|---|---|
| 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: MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
Street, Apt. No.; or PO Box No.: 3811 TURTLE CREEK, SUITE 1600
City, State, Zip+4: DALLAS, TX 75219

PS 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

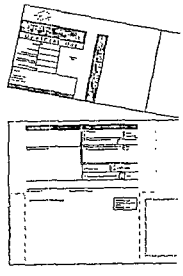
CERTIFIED MAIL™

7110 6605 9590 0012 5441

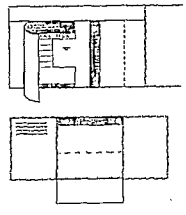
MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
3811 TURTLE CREEK, SUITE 1600
DALLAS, TX 75219

Batch #: 2193
Article #: 71106605959000125441
Date/Time: 8/31/2010 12:27:44 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5441

**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:

MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
3811 TURTLE CREEK, SUITE 1600
DALLAS, TX 75219

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5441

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Colleen Gilbert ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Colleen Gilbert | C. Date of Delivery 9·8·10

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

1. Article Addressed to:

MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
3811 TURTLE CREEK, SUITE 1600
DALLAS, TX 75219

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125441
Date/Time: 8/31/2010 12:27:44 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 5403

| | |
|---|---|
| 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

MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

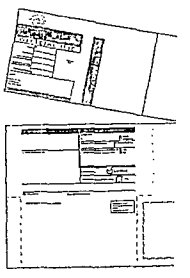
CERTIFIED MAIL™

7110 6605 9590 0012 5403

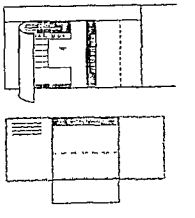
MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125403
Date/Time: 8/31/2010 12:27:44 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 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5403

**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:

MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5403

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 8-31-10

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

1. Article Addressed to:

MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125403
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5410

| | |
|---|---|
| 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

MARGARET HUNT HILL HEATHER HILL TRU
1601 ELM, STE 5000
DALLAS, TX 75201

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

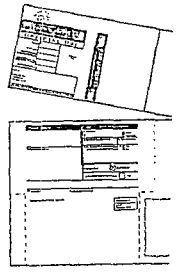
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5410

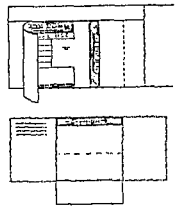
MARGARET HUNT HILL HEATHER HILL TRU
1601 ELM, STE 5000
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125410
Date/Time: 8/31/2010 12:27:44 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-[illegible] Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5410

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

MARGARET HUNT HILL HEATHER HILL TRU
1601 ELM, STE 5000
DALLAS, TX 75201

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5410

1. Article Addressed to:

MARGARET HUNT HILL HEATHER HILL TRU
1601 ELM, STE 5000
DALLAS, TX 75201

**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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125410
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 5427

| | |
|---|---|
| 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

MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

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

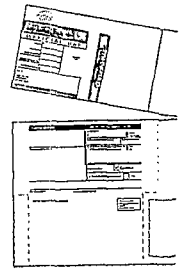
CERTIFIED MAIL™

7110 6605 9590 0012 5427

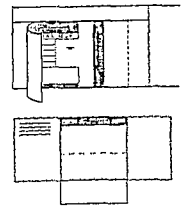
MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125427
Date/Time: 8/31/2010 12:27:44 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5427

**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:

MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5427

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Patty Satarino ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) PATTY Satarino | C. Date of Delivery


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

1. Article Addressed to:

MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125427
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 5434

| | |
|---|---|
| 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

MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PEEL OFF TICKET AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

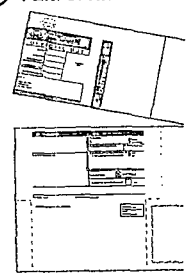
CERTIFIED MAIL™

7110 6605 9590 0012 5434

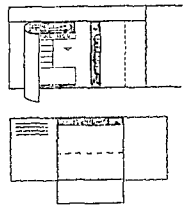
MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125434
Date/Time: 8/31/2010 12:27:44 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5434

**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:

MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5434

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Patty Satarino ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125434
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 5458

| | |
|---|---|
| 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
MARGARITA L ARCHULETA
Street, Apt. No.; or PO Box No.
PO BOX 355
City, State, Zip+4
BLANCO, NM 87412

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

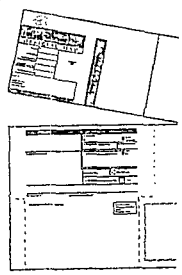
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5458

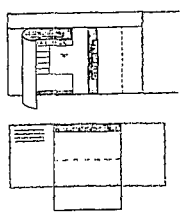
MARGARITA L ARCHULETA
PO BOX 355
BLANCO, NM 87412

Batch #: 2193
Article #: 71106605959000125458
Date/Time: 8/31/2010 12:27:44 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-a Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5458

**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:

MARGARITA L ARCHULETA
PO BOX 355
BLANCO, NM 87412

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5458

**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

BLANCO NM 87412
SEP - 3 2010
USPS

1. Article Addressed to:

MARGARITA L ARCHULETA
PO BOX 355
BLANCO, NM 87412

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125458
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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 5465

| | |
|---|---|
| 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

MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

PS 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

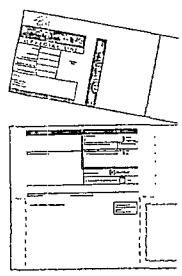
CERTIFIED MAIL™

7110 6605 9590 0012 5465

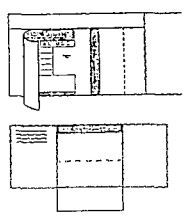
MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

Batch #: 2193
Article #: 71106605959000125465
Date/Time: 8/31/2010 12:27:44 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



**2. Article Number**

7110 6605 9590 0012 5465

1. Article Addressed to:

MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5465

1. Article Addressed to:

MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

**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

AZTEC NM 87410

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125465
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 3781

| | |
|---|---|
| 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: MARGUERITE M PLEMONS
Street, Apt. No.; or PO Box No.: 4957 KATHY DR
City, State, Zip+4: CORPUS CHRISTI, TX 78411

PS Form 3800, August 2006 — See Reverse for Instructions

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

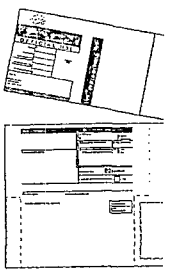
CERTIFIED MAIL™

7110 6605 9590 0013 3781

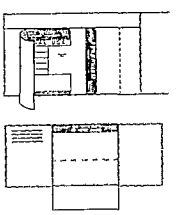
MARGUERITE M PLEMONS
4957 KATHY DR
CORPUS CHRISTI, TX 78411

Batch #: 2273
Article #: 71106605959000133781
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN( PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3781

**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:

MARGUERITE M PLEMONS
4957 KATHY DR

CORPUS CHRISTI, TX 78411

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3781

**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:

MARGUERITE M PLEMONS
4957 KATHY DR

CORPUS CHRISTI, TX 78411

3. Service Type ☒ Certified

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

Jim PLEMONS | 9-21-10

Batch #: 2273
Article #: 71106605959000133781
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 — Domestic Return Receipt

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7110 6605 9590 0012 5472

| | |
|---|---|
| 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

MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

PS 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 5472

MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Batch #: 2193
Article #: 71106605959000125472
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5472

**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:

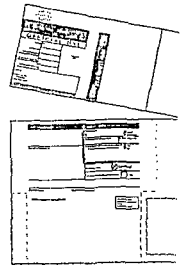
MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

3. Service Type ☒ Certified

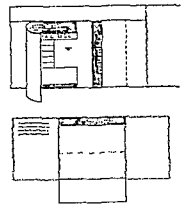
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES



**2. Article Number**

7110 6605 9590 0012 5472

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-2-2010

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

1. Article Addressed to:

MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125472
Date/Time: 8/31/2010 12:27:44 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 3088

| | |
|---|---|
| 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: MARIAN F EARP
C/O FRANCIS LEE MEYER
Street, Apt. No.; or PO Box No.: PO BOX 241
City, State, Zip+4: MORRISONVILLE, IL 62546

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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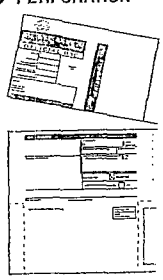
7110 6605 9590 0013 3088

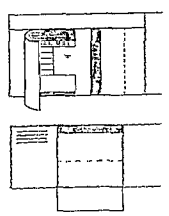
MARIAN F EARP
C/O FRANCIS LEE MEYER
PO BOX 241
MORRISONVILLE, IL 62546

Batch #: 2269
Article #: 71106605959000133088
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK!! PLACE LABEL AT TOP ( ENVELOPE TO THE RIG OF THE RETURN ADDR



Reorder Form LCD-8 ... v. 01/07

**2. Article Number**
7110 6605 9590 0013 3088

**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:

MARIAN F EARP
C/O FRANCIS LEE MEYER
PO BOX 241
MORRISONVILLE, IL 62546

3. Service Type ☒ Certified

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

P

**2. Article Number**
7110 6605 9590 0013 3088

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Frances Meyer ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) FRANCES MEYER | C. Date of Delivery 9/15/10

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

1. Article Addressed to:

MARIAN F EARP
C/O FRANCIS LEE MEYER
PO BOX 241
MORRISONVILLE, IL 62546

3. Service Type ☒ Certified

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

Batch #: 2269
Article #: 71106605959000133088
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0013 3798

| | |
|---|---|
| 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
MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

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

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0013 3798

MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2273
Article #: 71106605959000133798
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

**2. Article Number**

7110 6605 9590 0013 3798

**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:

MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

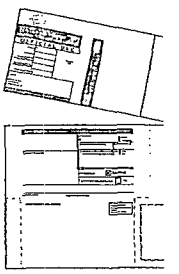
3. Service Type ☒ Certified

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

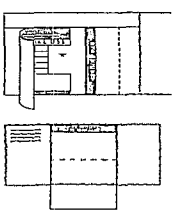
PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-rev. 01/07

1 SEPARATE AT PERFORATION



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



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 #: 2273
Article #: 71106605959000133798
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

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

7110 6605 9590 0012 5489

| | |
|---|---|
| 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
MARIAN F EARP 1990 IRREVOCABLE TRUS
Street, Apt. No.; or PO Box No.
BOX 241
City, State, Zip+4
MORRISONVILLE, IL 62546

PS 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

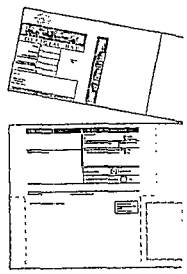
CERTIFIED MAIL™

7110 6605 9590 0012 5489

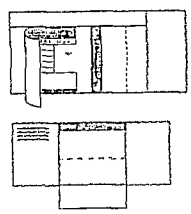
MARIAN F EARP 1990 IRREVOCABLE TRUS
BOX 241
MORRISONVILLE, IL 62546

Batch #: 2193
Article #: 71106605959000125489
Date/Time: 8/31/2010 12:27:44 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 241R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5489

**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:

MARIAN F EARP 1990 IRREVOCABLE TRUS
BOX 241
MORRISONVILLE, IL 62546

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5489

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X George E Mayer ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
George E Mayer 9-10-10

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

C

1. Article Addressed to:

MARIAN F EARP 1990 IRREVOCABLE TRUS
BOX 241
MORRISONVILLE, IL 62546

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125489
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 5496

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

Postmark Here

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

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

PS 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

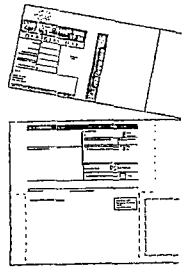
CERTIFIED MAIL™

7110 6605 9590 0012 5496

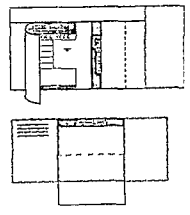
MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2193
Article #: 71106605959000125496
Date/Time: 8/31/2010 12:27:44 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-8, Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5496

1. Article Addressed to:

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5496

1. Article Addressed to:

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Mason Brewer | C. Date of Delivery

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


SEP - 2 2010
USPS
OMAHA


Batch #: 2193
Article #: 71106605959000125496
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 5502

| | |
|---|---|
| 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
MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

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

PS 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 5502

MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2193
Article #: 71106605959000125502
Date/Time: 8/31/2010 12:27:44 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 5502

**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:

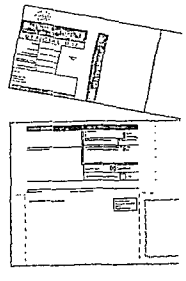
MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

3. Service Type ☒ Certified

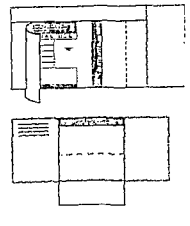
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES




**2. Article Number**

7110 6605 9590 0012 5502

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Mason Blanke | C. Date of Delivery

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

1. Article Addressed to:

MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


SEP - 2010


Batch #: 2193
Article #: 71106605959000125502
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 5519

| | |
|---|---|
| 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

MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

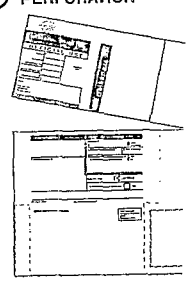
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5519

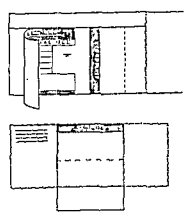
MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

Batch #: 2193
Article #: 71106605959000125519
Date/Time: 8/31/2010 12:27:44 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5519

1. Article Addressed to:

MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5519

1. Article Addressed to:

MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X B Scheel ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) B Scheel | 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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125519
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 5526

| | |
|---|---|
| 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
MARIE A SCHAEFER
Street, Apt. No.; or PO Box No.
3223 FERNWOOD CT
City, State, Zip+4
DAVENPORT, IA 52807-2558

PS 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 5526

MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

Batch #: 2193
Article #: 71106605959000125526
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-9 Rev. 01/07

**2. Article Number**
7110 6605 9590 0012 5526

**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:

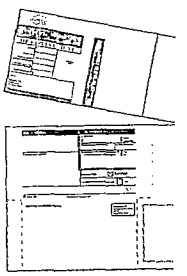
MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

3. Service Type ☒ Certified

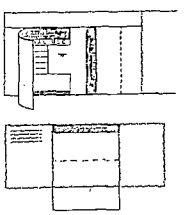
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES



**2. Article Number**
7110 6605 9590 0012 5526

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X M. Schaefer ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) M Schaefer | C. Date of Delivery 9-4-10

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

1. Article Addressed to:

MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125526
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5533

| | |
|---|---|
| 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

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

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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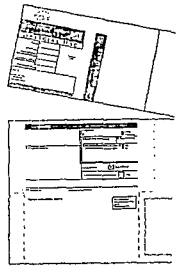
7110 6605 9590 0012 5533

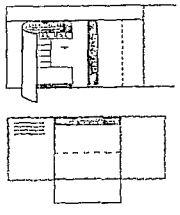
MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

Batch #: 2193
Article #: 71106605959000125533
Date/Time: 8/31/2010 12:27:44 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-1 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5533

**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:

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5533

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Marie L. Arnold ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) Marie L Arnold C. Date of Delivery 9-11-10


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

1. Article Addressed to:

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125533
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 5540

| | |
|---|---|
| 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

MARIE C MORGAN
16037 LEDGE ROCK DRIVE
PARKER, CO 80134

PS 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

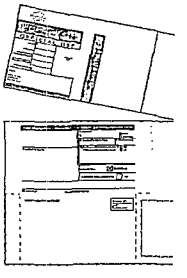
CERTIFIED MAIL™

7110 6605 9590 0012 5540

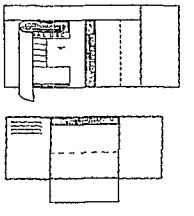
MARIE C MORGAN
16037 LEDGE ROCK DRIVE
PARKER, CO 80134

Batch #: 2193
Article #: 71106605959000125540
Date/Time: 8/31/2010 12:27:45 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 LCM-R rev. 01/07

| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 7110 6605 9590 0012 5540 | A. Signature X ☐ Agent ☐ Addressee |
| 1. Article Addressed to: MARIE C MORGAN 16037 LEDGE ROCK DRIVE PARKER, CO 80134 | B. Received by (*Printed Name*) / C. Date of Delivery<br>D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No<br>3. Service Type ☒ Certified<br>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 #: 2193
Article #: 71106605959000125540
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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**U.S. Postal Service™**
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7110 6605 9590 0012 5557

| | |
|---|---|
| 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

MARIE R RABB TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

PS 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

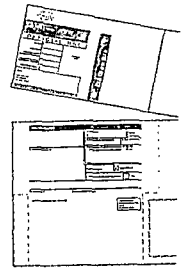
CERTIFIED MAIL™

7110 6605 9590 0012 5557

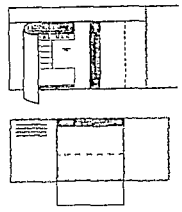
MARIE R RABB TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2193
Article #: 71106605959000125557
Date/Time: 8/31/2010 12:27:45 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-[illegible] rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5557

**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:

MARIE R RABB TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5557

**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:

MARIE R RABB TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


FORT WORTH TX SEP 3 2010


Batch #: 2193
Article #: 71106605959000125557
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


PS Form 3811 **Domestic Return Receipt**

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**S Postal Service**
**FIED MAIL RECEIPT**
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7110 6605 9590 0012 5564

| | |
|---|---|
| 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

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

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

S 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

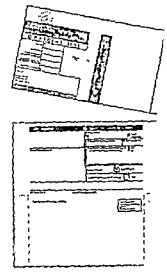
CERTIFIED MAIL

7110 6605 9590 0012 5564

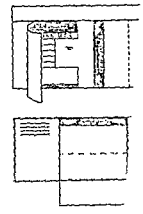
MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

Batch #: 2193
Article #: 71106605959000125564
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AN RECEIPT FROM BA PLACE LABEL AT T ENVELOPE TO THE OF THE RETURN A



Reorder Form LCD-811 01/07

**2. Article Number**

7110 6605 9590 0012 5564

1. Article Addressed to:

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5564

1. Article Addressed to:

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X *[signature]* ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) BILL HILL | C. Date of Delivery 9/10/10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


Batch #: 2193
Article #: 71106605959000125564
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2: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7110 6605 9590 0012 5571

| | |
|---|---|
| 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
MARILYN BERG
Street, Apt. No.; or PO Box No. 7947 LAKE CAYUGA DR
City, State, Zip+4 SAN DIEGO, CA 92119

PS 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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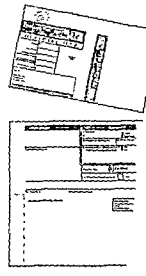
7110 6605 9590 0012 5571

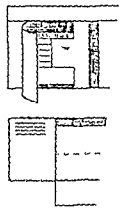
MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

Batch #: 2193
Article #: 71106605959000125571
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL / RECEIPT FROM B PLACE LABEL AT ENVELOPE TO TI OF THE RETURN



Reorder Form LCD-811R 01/07

**2. Article Number**

7110 6605 9590 0012 5571

**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:

MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5571

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Robert Berg ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) ROBERT BERG C. Date of Delivery 9-4-2010

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

1. Article Addressed to:

MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125571
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell

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7110 6605 9590 0012 5588

| | |
|---|---|
| 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
MARILYN DAVENPORT
Street, Apt. No.; or PO Box No. 1438 SUE BARNETT DR
City, State, Zip+4 HOUSTON, TX 77018

PS 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 5588

MARILYN DAVENPORT
1438 SUE BARNETT DR
HOUSTON, TX 77018

Batch #: 2193
Article #: 71106605959000125588
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

**2. Article Number**

7110 6605 9590 0012 5588

**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:

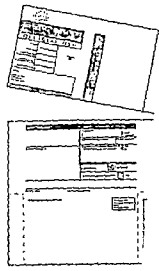
MARILYN DAVENPORT
1438 SUE BARNETT DR
HOUSTON, TX 77018

3. Service Type ☒ Certified

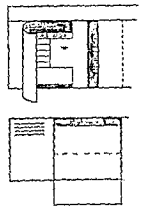
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL ANI RECEIPT FROM BAC PLACE LABEL AT TC ENVELOPE TO THE OF THE RETURN AT




**2. Article Number**

7110 6605 9590 0012 5588

**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:

MARILYN DAVENPORT
1438 SUE BARNETT DR
HOUSTON, TX 77018

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125588
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:


3

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7110 6605 9590 0012 5595

| | |
|---|---|
| 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
MARILYN F MENASCO REV TR DTD 10 25
Street, Apt. No.; or PO Box No. 7714 STUEBEN WAY
City, State, Zip+4 STOCKTON, CA 95207

PS 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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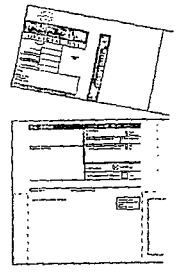
7110 6605 9590 0012 5595

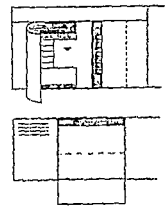
MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

Batch #: 2193
Article #: 71106605959000125595
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5595

**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:

MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5595

**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:

MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


Batch #: 2193
Article #: 71106605959000125595
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #: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7110 6605 9590 0012 5601

| | |
|---|---|
| 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

MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

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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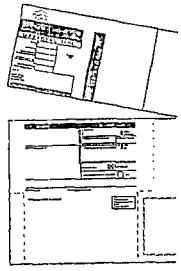
7110 6605 9590 0012 5601

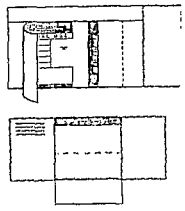
MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

Batch #: 2193
Article #: 71106605959000125601
Date/Time: 8/31/2010 12:27:45 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-[illegible] rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5601

**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:

MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5601

**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:

MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125601
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0013 3811

| | |
|---|---|
| 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: MARK A SCHAUER
PO BOX 620126
Street, Apt. No.; or PO Box No.
City, State, Zip+4: LITTLETON, CO 80162

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 3811

MARK A SCHAUER
PO BOX 620126
LITTLETON, CO 80162

Batch #: 2273
Article #: 71106605959000133811
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3811

**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:

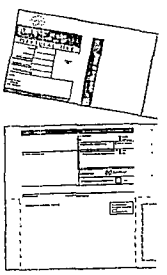
MARK A SCHAUER
PO BOX 620126

LITTLETON, CO 80162

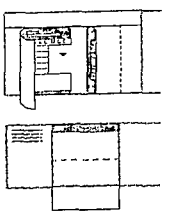
3. Service Type ☒ Certified

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKII
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR




**2. Article Number**

7110 6605 9590 0013 3811

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) MARK A SCHAUER | C. Date of Delivery 9-17-10

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

1. Article Addressed to:

MARK A SCHAUER
PO BOX 620126

LITTLETON, CO 80162

3. Service Type ☒ Certified

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



Batch #: 2273
Article #: 71106605959000133811
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:


PS Form 3811 — Domestic Return Receipt

3 LIFT HERE

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**U.S. Postal Service™**
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7110 6605 9590 0013 3095

| | |
|---|---|
| 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: MARK HAYDEN MEADE
Street, Apt. No.; or PO Box No.: 4140 CONGRESS
City, State, Zip+4: BEAUMONT, TX 77705

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

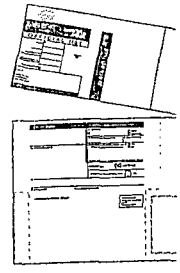
CERTIFIED MAIL™

7110 6605 9590 0013 3095

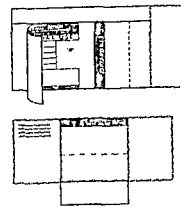
MARK HAYDEN MEADE
4140 CONGRESS
BEAUMONT, TX 77705

Batch #: 2269
Article #: 71106605959000133095
Date/Time: 9/14/2010 2:59:27 PM
Code:
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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3095

1. Article Addressed to:

MARK HAYDEN MEADE
4140 CONGRESS

BEAUMONT, TX 77705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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


**2. Article Number**

7110 6605 9590 0013 3095

1. Article Addressed to:

MARK HAYDEN MEADE
4140 CONGRESS

BEAUMONT, TX 77705

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X MARK MEADE ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) MARK MEADE | C. Date of Delivery 9.30.10

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


3. Service Type ☒ Certified

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



Batch #: 2269
Article #: 71106605959000133095
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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7110 6605 9590 0012 5618

| | |
|---|---|
| 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

MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

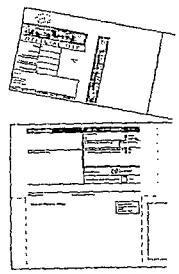
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5618

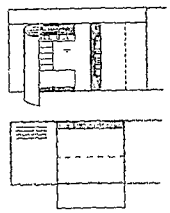
MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2193
Article #: 71106605959000125618
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP C
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-81[illegible] 01/07

**2. Article Number**

7110 6605 9590 0012 5618

1. Article Addressed to:

MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5618

1. Article Addressed to:

MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Mason Brandt | C. Date of Delivery

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

SEP - 2 2010

3. Service Type ☒ Certified

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


Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125618
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

*(Domestic Mail Only; No Insurance Coverage Provided)*

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

7110 6605 9590 0012 5625

| | |
|---|---|
| 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
MARK W ANDERSON
Street, Apt. No.; or PO Box No. 1501 CHIPPIWA LN, APT 316
City, State, Zip+4 COUNCIL BLUFFS, IA 51501-8066

PS 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

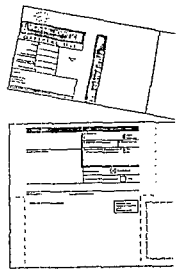
CERTIFIED MAIL™

7110 6605 9590 0012 5625

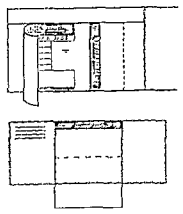
MARK W ANDERSON
1501 CHIPPIWA LN, APT 316
COUNCIL BLUFFS, IA 51501-8066

Batch #: 2193
Article #: 71106605959000125625
Date/Time: 8/31/2010 12:27:45 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5625

1. Article Addressed to:

MARK W ANDERSON
1501 CHIPPIWA LN, APT 316
COUNCIL BLUFFS, IA 51501-8066

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5625

1. Article Addressed to:

MARK W ANDERSON
1501 CHIPPIWA LN, APT 316
COUNCIL BLUFFS, IA 51501-8066

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125625
Date/Time: 8/31/2010 12:27:45 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 5632

| | |
|---|---|
| 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
MARK W BRENNAND
Street, Apt. No.; or PO Box No.
8037 E DEL RUBI DR
City, State, Zip+4
SCOTTSDALE, AZ 85258

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

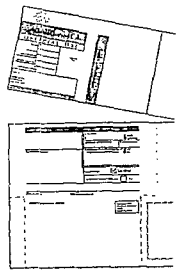
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5632

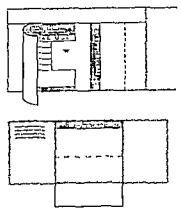
MARK W BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

Batch #: 2193
Article #: 71106605959000125632
Date/Time: 8/31/2010 12:27:45 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-6, Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5632

**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:

MARK W BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5632

**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:

MARK W BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125632
Date/Time: 8/31/2010 12:27:45 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 3828

| | |
|---|---|
| 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: MARK WOOD BRENNAND
Street, Apt. No.; or PO Box No.: 8037 E DEL RUBI DR
City, State, Zip+4: SCOTTSDALE, AZ 85258

PS Form 3800, August 2006 — See Reverse for Instructions

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

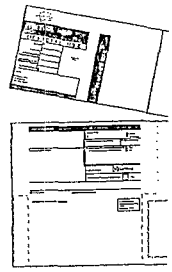
7110 6605 9590 0013 3828

MARK WOOD BRENNAND
8037 E DEL RUBI DR

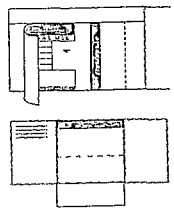
SCOTTSDALE, AZ 85258

Batch #: 2273
Article #: 71106605959000133828
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGI
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3828

**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:

MARK WOOD BRENNAND
8037 E DEL RUBI DR

SCOTTSDALE, AZ 85258

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3828

**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:

MARK WOOD BRENNAND
8037 E DEL RUBI DR

SCOTTSDALE, AZ 85258

3. Service Type ☒ Certified

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

PS Form 3811 — Domestic Return Receipt

Batch #: 2273
Article #: 71106605959000133828
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0012 5649

| | |
|---|---|
| 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

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

MARQUITA VAZQUEZ
2015 JOY LYNN
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

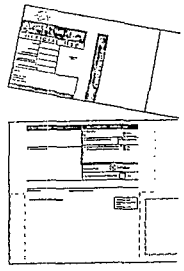
CERTIFIED MAIL™

7110 6605 9590 0012 5649

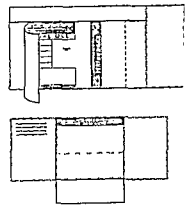
MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

Batch #: 2193
Article #: 71106605959000125649
Date/Time: 8/31/2010 12:27:45 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-8, Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5649

1. Article Addressed to:

MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5649

1. Article Addressed to:

MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Marquita Vazquez ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Marquita Vazquez | 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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125649
Date/Time: 8/31/2010 12:27:45 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 3835

| | |
|---|---|
| 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: MARTHA DELL FREDERICK 2001 TR
Street, Apt. No.; or PO Box No.: 1203 CRESTVIEW DR
City, State, Zip+4: CLEBURNE, TX 76031-6016

Form 3800, August 2006 — See Reverse for Instructions

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

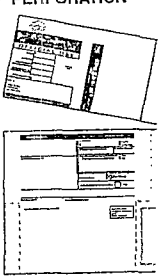
7110 6605 9590 0013 3835

MARTHA DELL FREDERICK 2001 TR
1203 CRESTVIEW DR

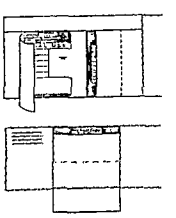
CLEBURNE, TX 76031-6016

Batch #: 2273
Article #: 71106605959000133835
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



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

**2. Article Number**

7110 6605 9590 0013 3835

**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:

MARTHA DELL FREDERICK 2001 TR
1203 CRESTVIEW DR

CLEBURNE, TX 76031-6016

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3835

**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:

MARTHA DELL FREDERICK 2001 TR
1203 CRESTVIEW DR

CLEBURNE, TX 76031-6016

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000133835
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

*Domestic Mail Only; No Insurance Coverage Provided*

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

7110 6605 9590 0012 5663

| | |
|---|---|
| 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

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

PS 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

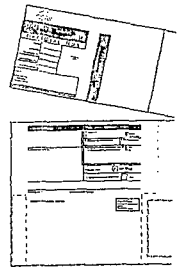
CERTIFIED MAIL™

7110 6605 9590 0012 5663

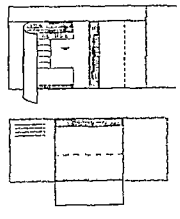
MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

Batch #: 2193
Article #: 71106605959000125663
Date/Time: 8/31/2010 12:27:45 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 5663

**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:

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5663

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mary D Payne ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) MARY D PAYNE | C. Date of Delivery 9-9-10

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

1. Article Addressed to:

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125663
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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

7110 6605 9590 0012 5656

| | |
|---|---|
| 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

MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

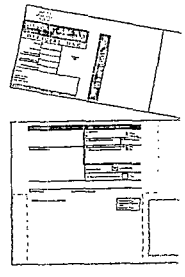
CERTIFIED MAIL™

7110 6605 9590 0012 5656

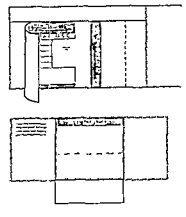
MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

Batch #: 2193
Article #: 71106605959000125656
Date/Time: 8/31/2010 12:27:45 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-[illegible] rev. 01/07

**2 Article Number**

7110 6605 9590 0012 5656

**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:

MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2 Article Number**

7110 6605 9590 0012 5656

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X M Siau ☐ 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:

MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


SEP 2 2010 USPS


Batch #: 2193
Article #: 71106605959000125656
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

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

7110 6605 9590 0012 5670

| | |
|---|---|
| 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

MARTHA ELIZABETH DUGAN
PO BOX 1453
GRANBURY, TX 76048-8453

PS 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

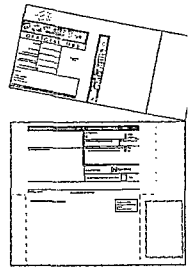
CERTIFIED MAIL™

7110 6605 9590 0012 5670

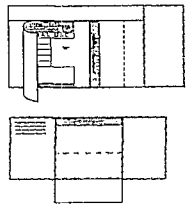
MARTHA ELIZABETH DUGAN
PO BOX 1453
GRANBURY, TX 76048-8453

Batch #: 2193
Article #: 71106605959000125670
Date/Time: 8/31/2010 12:27:45 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 LCP[illegible]R rev. 01/07

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

**2. Article Number**

7110 6605 9590 0012 5670

**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:

MARTHA ELIZABETH DUGAN
PO BOX 1453
GRANBURY, TX 76048-8453

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 #: 2193
Article #: 71106605959000125670
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

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

7110 6605 9590 0012 5687

| | |
|---|---|
| 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
MARTHA J ATKINS
Street, Apt. No.; or PO Box No.
2209 N PARKWOOD ST
City, State, Zip+4
HARLINGEN, TX 78550-8024

PS 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

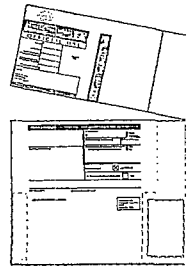
CERTIFIED MAIL™

7110 6605 9590 0012 5687

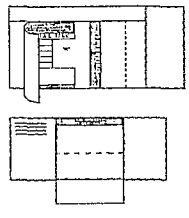
MARTHA J ATKINS
2209 N PARKWOOD ST
HARLINGEN, TX 78550-8024

Batch #: 2193
Article #: 71106605959000125687
Date/Time: 8/31/2010 12:27:45 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



| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 7110 6605 9590 0012 5687 | A. Signature X ☐ Agent ☐ Addressee |
| 1. Article Addressed to: MARTHA J ATKINS 2209 N PARKWOOD ST HARLINGEN, TX 78550-8024 | B. Received by (Printed Name) / C. Date of Delivery<br>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**

Reorder Form LCD-CR rev. 01/07

**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 #: 2193
Article #: 71106605959000125687
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 5694

| | |
|---|---|
| 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

MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

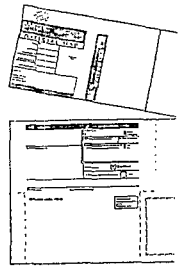
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5694

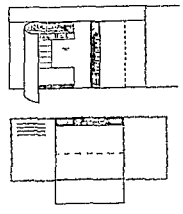
MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

Batch #: 2193
Article #: 71106605959000125694
Date/Time: 8/31/2010 12:27:45 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-5 Rev. 01/07

**2 Article Number**

7110 6605 9590 0012 5694

1. Article Addressed to:

MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2 Article Number**

7110 6605 9590 0012 5694

1. Article Addressed to:

MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Agent ☒ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


Batch #: 2193
Article #: 71106605959000125694
Date/Time: 8/31/2010 12:27:45 PM
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 5700

| | |
|---|---|
| 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

MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

PS 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

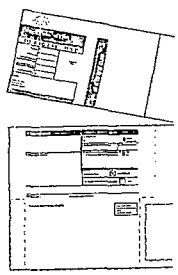
CERTIFIED MAIL™

7110 6605 9590 0012 5700

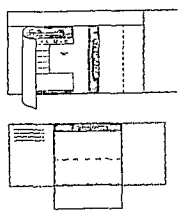
MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

Batch #: 2193
Article #: 71106605959000125700
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMATION



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



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

**2. Article Number**

7110 6605 9590 0012 5700

1. Article Addressed to:

MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5700

1. Article Addressed to:

MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X J. Felder ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
SEP 07 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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125700
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0013 3842

| | |
|---|---|
| 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: MARVIN LAYLAND
Street, Apt. No.; or PO Box No.: 1336 E FARM RD 4
City, State, Zip+4: CLEBURNE, TX 76031

PS Form 3800, August 2006 — See Reverse for Instructions

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

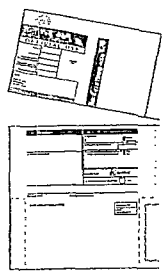
CERTIFIED MAIL™

7110 6605 9590 0013 3842

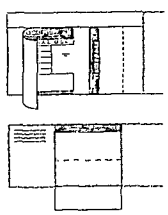
MARVIN LAYLAND
1336 E FARM RD 4
CLEBURNE, TX 76031

Batch #: 2273
Article #: 71106605959000133842
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD- ev. 01/07

**2. Article Number**

7110 6605 9590 0013 3842

**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:

MARVIN LAYLAND
1336 E FARM RD 4

CLEBURNE, TX 76031

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3842

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) [illegible] | C. Date of Delivery 9-20-10

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

1. Article Addressed to:

MARVIN LAYLAND
1336 E FARM RD 4

CLEBURNE, TX 76031

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000133842
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 5717

| | |
|---|---|
| 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: MARY ANN ISERN DEEN
Street, Apt. No.; or PO Box No.: C/O JANET CRANE CPA 4615 CAMELOT
City, State, Zip+4: GREAT BEND, KS 67530

PS 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

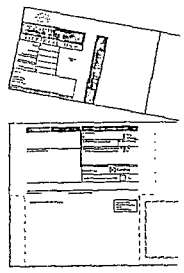
CERTIFIED MAIL™

7110 6605 9590 0012 5717

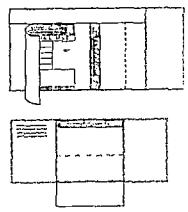
MARY ANN ISERN DEEN
C/O JANET CRANE CPA
4615 CAMELOT
GREAT BEND, KS 67530

Batch #: 2193
Article #: 71106605959000125717
Date/Time: 8/31/2010 12:27:45 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 5717

1. Article Addressed to:

MARY ANN ISERN DEEN
C/O JANET CRANE CPA
4615 CAMELOT
GREAT BEND, KS 67530

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5717

1. Article Addressed to:

MARY ANN ISERN DEEN
C/O JANET CRANE CPA
4615 CAMELOT
GREAT BEND, KS 67530

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Janet Crane ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) JANET CRANE | C. Date of Delivery 9-11-10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125717
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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*(Domestic Mail Only; No Insurance Coverage Provided)*
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 5724

| | |
|---|---|
| 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

MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

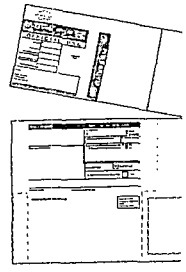
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5724

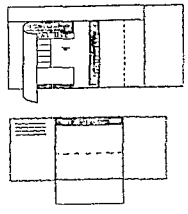
MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

Batch #: 2193
Article #: 71106605959000125724
Date/Time: 8/31/2010 12:27:45 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5724

1. Article Addressed to:

MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5724

1. Article Addressed to:

MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Mary Howard ☐ Agent ☐ Addressee

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


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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125724
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

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

7110 6605 9590 0012 5731

| | |
|---|---|
| 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

MARY CAROLYN CUTLER CLIFFORD
1115 THISTLEMEADE DR
HOUSTON, TX 77094

PS 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 5731

MARY CAROLYN CUTLER CLIFFORD
1115 THISTLEMEADE DR
HOUSTON, TX 77094

Batch #: 2193
Article #: 71106605959000125731
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

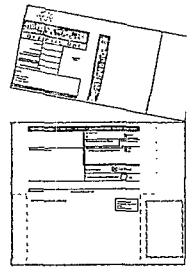
Reorder Form LCD R rev. 01/07

| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 7110 6605 9590 0012 5731 | A. Signature X ☐ Agent ☐ Addressee |
| 1. Article Addressed to: MARY CAROLYN CUTLER CLIFFORD 1115 THISTLEMEADE DR HOUSTON, TX 77094 | B. Received by (*Printed Name*) / C. Date of Delivery<br>D. Is delivery address different from item 1? ☐ Yes<br>If YES enter delivery address below: ☐ No<br>3. Service Type ☒ Certified<br>4. Restricted Delivery? (*Extra Fee*) ☐ Yes |

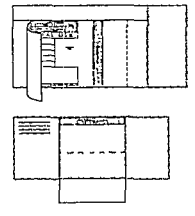
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

1 SEPARATE AT PERFORATION



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



**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 #: 2193
Article #: 71106605959000125731
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 5748

| | |
|---|---|
| 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: MARY DOLL INGRAM MANAGEMENT TRUST
Street, Apt. No.; or PO Box No.: C/O MEREDITH I GARTNER TRTEE
City, State, Zip+4: 483 NORTH POST OAK LANE
HOUSTON, TX 77024

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

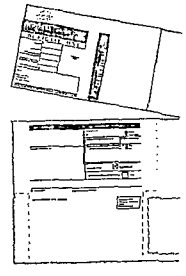
PLACE CERTIFIED MAIL™ LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 5748

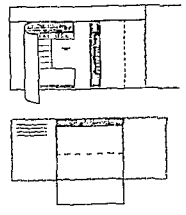
MARY DOLL INGRAM MANAGEMENT TRUST
C/O MEREDITH I GARTNER TRTEE
483 NORTH POST OAK LANE
HOUSTON, TX 77024

Batch #: 2193
Article #: 71106605959000125748
Date/Time: 8/31/2010 12:27:45 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5748

**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:

MARY DOLL INGRAM MANAGEMENT TRUST
C/O MEREDITH I GARTNER TRTEE
483 NORTH POST OAK LANE
HOUSTON, TX 77024

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5748

**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:

MARY DOLL INGRAM MANAGEMENT TRUST
C/O MEREDITH I GARTNER TRTEE
483 NORTH POST OAK LANE
HOUSTON, TX 77024

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


Batch #: 2193
Article #: 71106605959000125748
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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**U.S. Postal Service™**
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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 5755

| | |
|---|---|
| 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

MARY E CAUBLE WALKER
214 BAYVIEW
CITY BY THE SEA, TX 78336-6701

PS 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

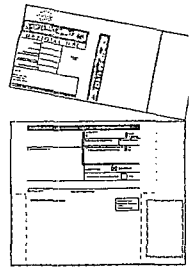
CERTIFIED MAIL™

7110 6605 9590 0012 5755

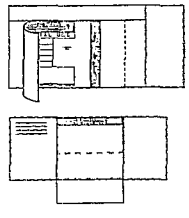
MARY E CAUBLE WALKER
214 BAYVIEW
CITY BY THE SEA, TX 78336-6701

Batch #: 2193
Article #: 71106605959000125755
Date/Time: 8/31/2010 12:27:45 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 811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5755

**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:

MARY E CAUBLE WALKER
214 BAYVIEW
CITY BY THE SEA, TX 78336-6701

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 #: 2193
Article #: 71106605959000125755
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0012 5762

| | |
|---|---|
| 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

MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

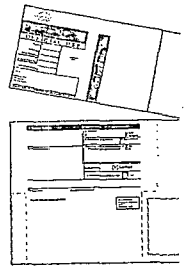
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5762

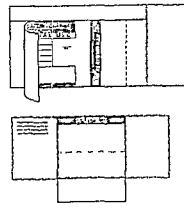
MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337

Batch #: 2193
Article #: 71106605959000125762
Date/Time: 8/31/2010 12:27:45 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-[illegible] rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5762

**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:

MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5762

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mary E Nevitt ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) MARY E NEVITT C. Date of Delivery 9-7-10

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

1. Article Addressed to:

MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125762
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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)*
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 5779

| | |
|---|---|
| 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: MARY ELIZABETH HARDIE ROYALTY TRUST
THORNTON HARDIE III TRUSTEE
Street, Apt. No.; or PO Box No.: 3904 MARQUETTE ST
City, State, Zip+4: DALLAS, TX 75225

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

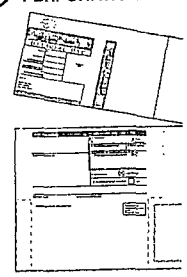
PLACE CERTIFIED MAIL™ LABEL ON FRONT OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 5779

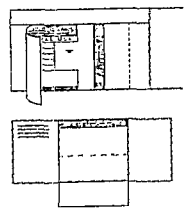
MARY ELIZABETH HARDIE ROYALTY TRUST
THORNTON HARDIE III TRUSTEE
3904 MARQUETTE ST
DALLAS, TX 75225

Batch #: 2193
Article #: 71106605959000125779
Date/Time: 8/31/2010 12:27:45 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5779

**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:

MARY ELIZABETH HARDIE ROYALTY TRUST
THORNTON HARDIE III TRUSTEE
3904 MARQUETTE ST
DALLAS, TX 75225

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5779

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (Printed Name) Thornton Hardie | 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:

MARY ELIZABETH HARDIE ROYALTY TRUST
THORNTON HARDIE III TRUSTEE
3904 MARQUETTE ST
DALLAS, TX 75225

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell


Domestic Return Receipt


Batch #: 2193
Article #: 71106605959000125779
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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S. Postal Service™
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Delivery Information Visit our website at www.usps.com

7110 6605 9590 0012 5786

| | |
|---|---|
| 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

ent To
treet, Apt. No.;
r PO Box No.
City, State, Zip+4

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

S Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

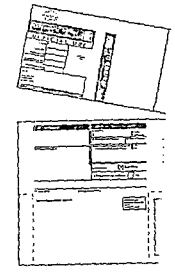
PUT STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5786

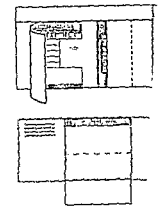
MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

Batch #: 2193
Article #: 71106605959000125786
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811 01/07

**2. Article Number**

7110 6605 9590 0012 5786

1. Article Addressed to:

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5786

1. Article Addressed to:

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mary Love ☐ Agent ☐ Addressee

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


PS

3

LIFT HER


Batch #: 2193
Article #: 71106605959000125786
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:

APPROVED

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

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

7110 6605 9590 0012 5793

| | |
|---|---|
| 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
MARY FRANCES TURNER JR TR 6743
Street, Apt. No.; or PO Box No.
PO BOX 99084
City, State, Zip+4
FORT WORTH, TX 76199-0084

PS 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

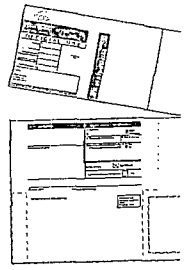
CERTIFIED MAIL™

7110 6605 9590 0012 5793

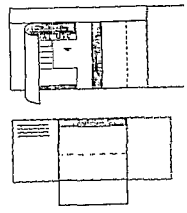
MARY FRANCES TURNER JR TR 6743
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2193
Article #: 71106605959000125793
Date/Time: 8/31/2010 12:27:45 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 LC[illegible] rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5793

**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:

MARY FRANCES TURNER JR TR 6743
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5793

**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:

MARY FRANCES TURNER JR TR 6743
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


SEP 30 2010 USPS FORT WORTH TEXAS

PS Form 3811 **Domestic Return Receipt**


Batch #: 2193
Article #: 71106605959000125793
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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7110 6605 9590 0012 5809

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

MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

PS 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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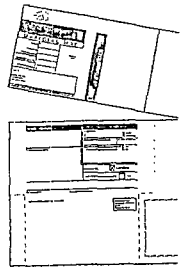
7110 6605 9590 0012 5809

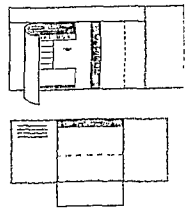
MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

Batch #: 2193
Article #: 71106605959000125809
Date/Time: 8/31/2010 12:27:45 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5809

**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:

MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5809

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Denise Mahle ☐ 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:

MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125809
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5816

| | |
|---|---|
| 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

MARY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

PS 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 5816

MARY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

Batch #: 2193
Article #: 71106605959000125816
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5816

**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:

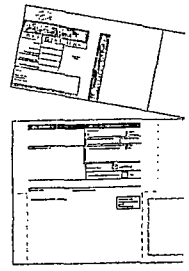
MARY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

3. Service Type ☒ Certified

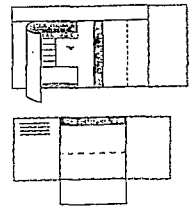
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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



**2. Article Number**

7110 6605 9590 0012 5816

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X M B Bloomquist ~~☐ Agent~~ ☒ Addressee

B. Received by (*Printed Name*) M Bloomquist | 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:

MARY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125816
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0012 5823

| | |
|---|---|
| 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: MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
Street, Apt. No.; or PO Box No.: PO BOX 1588
City, State, Zip+4: TULSA, OK 74101

PS 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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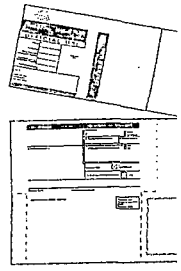
7110 6605 9590 0012 5823

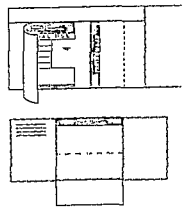
MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2193
Article #: 71106605959000125823
Date/Time: 8/31/2010 12:27:45 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 LCR rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5823

**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:

MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5823

**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:

MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125823
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 5830

| | |
|---|---|
| Postage | $ $1.05 |
| Certified Fee | $2.80 |
| Return Receipt Fee (dorsement Required) | $2.30 |
| estricted Delivery Fee (dorsement Required) | $0.00 |
| Total Postage & Fees | $ $6.15 |

Postmark Here

nt To
reet, Apt. No.; PO Box No.
ty, State, Zip+4

MARY J BANKS
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

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 5830

MARY J BANKS
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

Batch #: 2194
Article #: 71106605959000125830
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5830

**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:

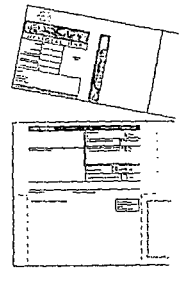
MARY J BANKS
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

3. Service Type ☒ Certified

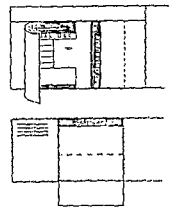
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP O ENVELOPE TO THE RIGI OF THE RETURN ADDRE




**2. Article Number**

7110 6605 9590 0012 5830

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Hart Hol | 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:

MARY J BANKS
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000125830
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #: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7110 6605 9590 0012 5847

| | |
|---|---|
| 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

MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

PS 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 5847

MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

Batch #: 2194
Article #: 71106605959000125847
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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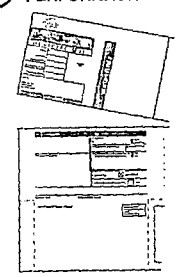
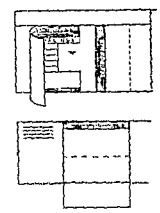


2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE RI OF THE RETURN ADD



Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0012 5847

**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:

MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5847

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) M E Chappell C. Date of Delivery

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

1. Article Addressed to:

MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

SUN LAKES STATION PHOENIX AZ 85020 SEP 10 2010

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000125847
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:

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7110 6605 9590 0012 5854

| | |
|---|---|
| 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
MARY J MILLER
Street, Apt. No.; or PO Box No.
23680 W 289TH TER
City, State, Zip+4
PAOLA, KS 66071

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

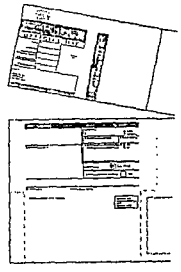
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5854

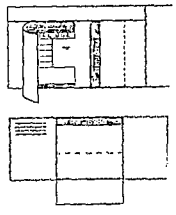
MARY J MILLER
23680 W 289TH TER
PAOLA, KS 66071

Batch #: 2194
Article #: 71106605959000125854
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN( PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5854

**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:

MARY J MILLER
23680 W 289TH TER
PAOLA, KS 66071

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5854

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Mary J. Miller ☐ Agent ☒ Addressee

B. Received by (Printed Name) Mary J Miller | C. Date of Delivery 9/9/10

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


1. Article Addressed to:

MARY J MILLER
23680 W 289TH TER
PAOLA, KS 66071

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000125854
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #: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7110 6605 9590 0012 5861

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

MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

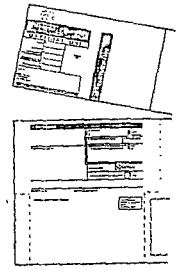
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5861

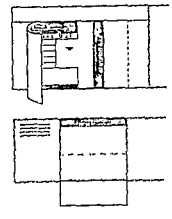
MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

Batch #: 2194
Article #: 71106605959000125861
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP (
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 ... v. 01/07

**2. Article Number**

7110 6605 9590 0012 5861

**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:

MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5861

**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:

MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000125861
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #: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7110 6605 9590 0012 5878

| | |
|---|---|
| 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
MARY K CLEMENTS
Street, Apt. No.; or PO Box No.
31407 HIGHWAY 136
City, State, ZIP+4
MARYVILLE, MO 64468

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

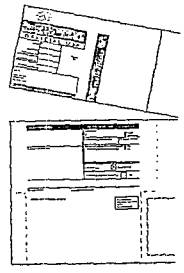
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5878

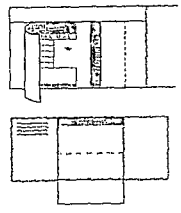
MARY K CLEMENTS
31407 HIGHWAY 136
MARYVILLE, MO 64468

Batch #: 2194
Article #: 71106605959000125878
Date/Time: 8/31/2010 12:34:11 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



**2. Article Number**

7110 6605 9590 0012 5878

**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:

MARY K CLEMENTS
31407 HIGHWAY 136
MARYVILLE, MO 64468

3. Service Type ☒ Certified

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

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

Reorder Form LCD-81 Rev. 01/07


**2. Article Number**

7110 6605 9590 0012 5878

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Russell A. Clements ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Russell A. Clements | C. Date of Delivery 9-7-10


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

1. Article Addressed to:

MARY K CLEMENTS
31407 HIGHWAY 136
MARYVILLE, MO 64468

3. Service Type ☒ Certified

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

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



Batch #: 2194
Article #: 71106605959000125878
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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7110 6605 9590 0012 5885

| | |
|---|---|
| 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
MARY KATHRYN DUNNAM LADEWIG
Street, Apt. No.; or PO Box No.
1373 WOODBROOK LANE
City, State, Zip+4
SOUTHLAKE, TX 76092

PS 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 5885

MARY KATHRYN DUNNAM LADEWIG
1373 WOODBROOK LANE
SOUTHLAKE, TX 76092

Batch #: 2194
Article #: 71106605959000125885
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81[illegible] 01/07

**2. Article Number**

7110 6605 9590 0012 5885

1. Article Addressed to:

MARY KATHRYN DUNNAM LADEWIG
1373 WOODBROOK LANE
SOUTHLAKE, TX 76092

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

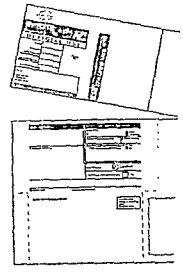
B. Received by (*Printed Name*) | C. Date of Delivery

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

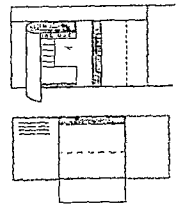
3. Service Type ☒ Certified

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

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 5885

1. Article Addressed to:

MARY KATHRYN DUNNAM LADEWIG
1373 WOODBROOK LANE
SOUTHLAKE, TX 76092

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X K. Ladewig ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) K. LADEWIG | 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

Batch #: 2194
Article #: 71106605959000125885
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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delivery information visit our website at www.usps.com

7110 6605 9590 0012 5892

| | |
|---|---|
| Postage | $ $1.05 |
| Certified Fee | $2.80 |
| Return Receipt Fee ndorsement Required) | $2.30 |
| lestricted Delivery Fee ndorsement Required) | $0.00 |
| Total Postage & Fees | $ $6.15 |

Postmark Here

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

MARY L ADKISSON
104 E DOUGLAS ST
ONEILL, NE 68763

S 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

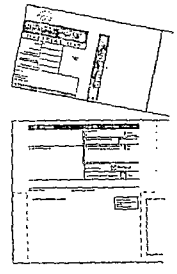
CERTIFIED MAIL

7110 6605 9590 0012 5892

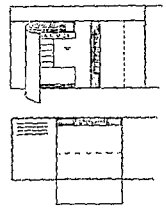
MARY L ADKISSON
104 E DOUGLAS ST
ONEILL, NE 68763

Batch #: 2194
Article #: 71106605959000125892
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI PLACE LABEL AT TOP ENVELOPE TO THE RIG OF THE RETURN ADDR



Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0012 5892

1. Article Addressed to:

MARY L ADKISSON
104 E DOUGLAS ST
ONEILL, NE 68763

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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


**2. Article Number**

7110 6605 9590 0012 5892

1. Article Addressed to:

MARY L ADKISSON
104 E DOUGLAS ST
ONEILL, NE 68763

Code: Allocation Project - D.Howell


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mary L. Adkisson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Mary L. Adkisson | C. Date of Delivery 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


Batch #: 2194
Article #: 71106605959000125892
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #: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7110 6605 9590 0012 5908

| | |
|---|---|
| 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
MARY L HERROLD REVOC TR
Street, Apt. No.; or PO Box No.
8677 E 104TH PL S
City, State, Zip+4
TULSA, OK 74133

PS 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 5908

MARY L HERROLD REVOC TR
8677 E 104TH PL S
TULSA, OK 74133

Batch #: 2194
Article #: 71106605959000125908
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

**2. Article Number**

7110 6605 9590 0012 5908

1. Article Addressed to:

MARY L HERROLD REVOC TR
8677 E 104TH PL S
TULSA, OK 74133

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

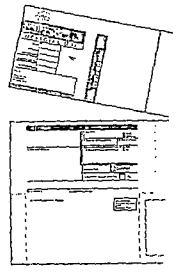
B. Received by (*Printed Name*) C. Date of Delivery

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

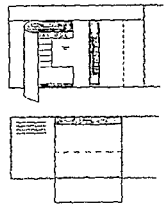
3. Service Type ☒ Certified

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP ( ENVELOPE TO THE RIG OF THE RETURN ADDR



**2. Article Number**

7110 6605 9590 0012 5908

1. Article Addressed to:

MARY L HERROLD REVOC TR
8677 E 104TH PL S
TULSA, OK 74133

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

SEP 0 : 2010

3. Service Type ☒ Certified

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

Batch #: 2194
Article #: 71106605959000125908
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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7110 6605 9590 0012 5915

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

MARY LINDA LEY AMENT
1310 CARAVELLE CT
KATY, TX 77494-1820

PS 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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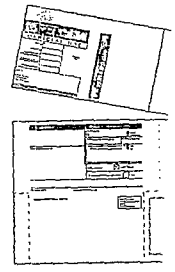
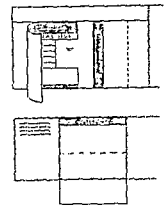
MARY LINDA LEY AMENT
1310 CARAVELLE CT
KATY, TX 77494-1820

Batch #: 2194
Article #: 71106605959000125915
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE RIG OF THE RETURN ADDR



Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0012 5915

1. Article Addressed to:

MARY LINDA LEY AMENT
1310 CARAVELLE CT
KATY, TX 77494-1820

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5915

1. Article Addressed to:

MARY LINDA LEY AMENT
1310 CARAVELLE CT
KATY, TX 77494-1820

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Linda Ament ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000125915
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #: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7110 6605 9590 0012 5922

| | |
|---|---|
| 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
MARY LINDA LEY CUTLER CHILDRES TRST
Street, Apt. No.; or PO Box No.
1310 CARAVELLE CT
City, State, Zip+4
KATY, TX 77494

PS 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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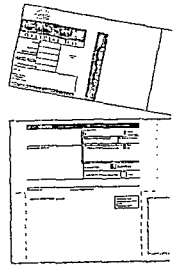
7110 6605 9590 0012 5922

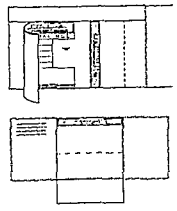
MARY LINDA LEY CUTLER CHILDRES TRST
1310 CARAVELLE CT
KATY, TX 77494

Batch #: 2194
Article #: 71106605959000125922
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



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

**2. Article Number**
7110 6605 9590 0012 5922

**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:
MARY LINDA LEY CUTLER CHILDRES TRST
1310 CARAVELLE CT
KATY, TX 77494

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**
7110 6605 9590 0012 5922

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Ronda Arment ☐ 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:
MARY LINDA LEY CUTLER CHILDRES TRST
1310 CARAVELLE CT
KATY, TX 77494

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000125922
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 5939

| | |
|---|---|
| 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

MARY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

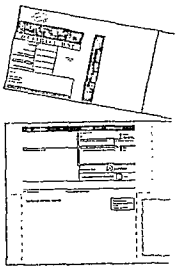
CERTIFIED MAIL™

7110 6605 9590 0012 5939

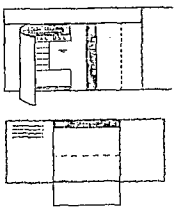
MARY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

Batch #: 2194
Article #: 71106605959000125939
Date/Time: 8/31/2010 12:34:12 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



**2. Article Number**

7110 6605 9590 0012 5939

**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:

MARY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5939

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mel Brunner ☐ 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:

MARY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000125939
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5946

| | |
|---|---|
| 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

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

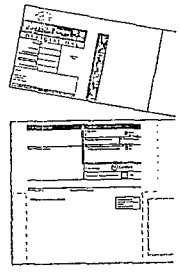
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 5946

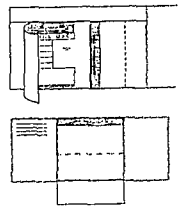
MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2194
Article #: 71106605959000125946
Date/Time: 8/31/2010 12:34:12 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-[illegible] Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5946

**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:

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5946

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[illegible] SEP 05 2010

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

1. Article Addressed to:

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000125946
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5953

| | |
|---|---|
| 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

MARY MENGEL TALSMA
420 BARCUS RD
RUIDOSO, NM 88345

PS 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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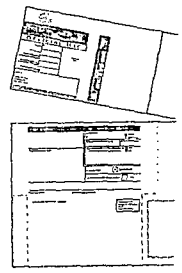
7110 6605 9590 0012 5953

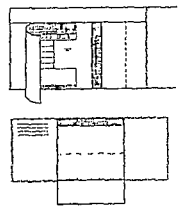
MARY MENGEL TALSMA
420 BARCUS RD
RUIDOSO, NM 88345

Batch #: 2194
Article #: 71106605959000125953
Date/Time: 8/31/2010 12:34:12 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5953

**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:

MARY MENGEL TALSMA
420 BARCUS RD
RUIDOSO, NM 88345

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5953

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mary Talsma ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Mary Talsma C. Date of Delivery 9/4/10

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

SEP 4 2010 88345 USPS

1. Article Addressed to:

MARY MENGEL TALSMA
420 BARCUS RD
RUIDOSO, NM 88345

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000125953
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 3859

| | |
|---|---|
| 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: MARY PATRICIA O'HORNETT PETERSDORF
Street, Apt. No.; or PO Box No.: 5148 W AQUAMARINE ST
City, State, Zip+4: TUCSON, AZ 85741

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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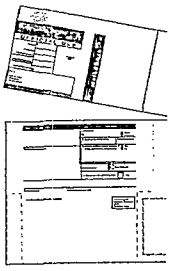
7110 6605 9590 0013 3859

MARY PATRICIA O'HORNETT PETERSDORF
5148 W AQUAMARINE ST

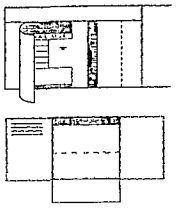
TUCSON, AZ 85741

Batch #: 2273
Article #: 71106605959000133859
Date/Time: 9/14/2010 3:35:38 PM
Code:
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-3811, rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3859

**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:

MARY PATRICIA O'HORNETT PETERSDORF
5148 W AQUAMARINE ST

TUCSON, AZ 85741

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3859

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) MARY PETERSDORF | C. Date of Delivery

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

1. Article Addressed to:

MARY PATRICIA O'HORNETT PETERSDORF
5148 W AQUAMARINE ST

TUCSON, AZ 85741

3. Service Type ☒ Certified

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

TUCSON AZ SEP 2010 85741-9998

Batch #: 2273
Article #: 71106605959000133859
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5960

| | |
|---|---|
| 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

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City, State, Zip+4

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

PS 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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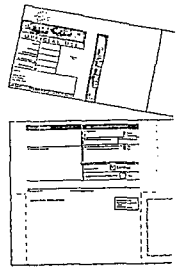
7110 6605 9590 0012 5960

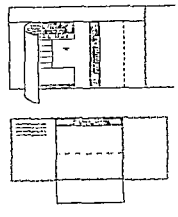
MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

Batch #: 2194
Article #: 71106605959000125960
Date/Time: 8/31/2010 12:34:12 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5960

1. Article Addressed to:

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 5960

1. Article Addressed to:

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000125960
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 5977

| | |
|---|---|
| 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

MARY VIRGINIA THOMPSON
P O BOX 8224
SANTA FE, NM 87504-8224

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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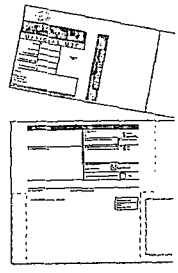
7110 6605 9590 0012 5977

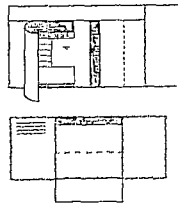
MARY VIRGINIA THOMPSON
P O BOX 8224
SANTA FE, NM 87504-8224

Batch #: 2194
Article #: 71106605959000125977
Date/Time: 8/31/2010 12:34:12 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5977

**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:

MARY VIRGINIA THOMPSON
P O BOX 8224
SANTA FE, NM 87504-8224

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5977

**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:

MARY VIRGINIA THOMPSON
P O BOX 8224
SANTA FE, NM 87504-8224

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000125977
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5984

| | |
|---|---|
| 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

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

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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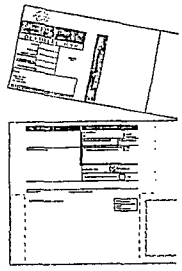
7110 6605 9590 0012 5984

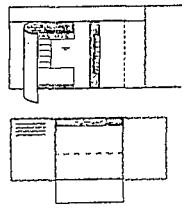
MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

Batch #: 2194
Article #: 71106605959000125984
Date/Time: 8/31/2010 12:34:12 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5984

**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:

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 5984

**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:

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SANTA FE, NM 87501
SEP 1
USPS

Batch #: 2194
Article #: 71106605959000125984
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5991

| | |
|---|---|
| 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

MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

PS 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 5991

MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

Batch #: 2194
Article #: 71106605959000125991
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5991

**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:

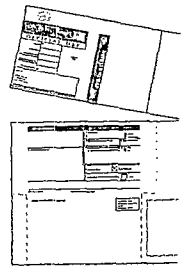
MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

3. Service Type ☒ Certified

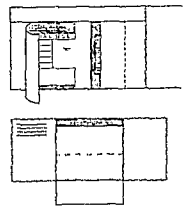
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES




**2. Article Number**

7110 6605 9590 0012 5991

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mauricio Gomez ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) M Gomez | 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:

MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000125991
Date/Time: 8/31/2010 12:34:12 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 0013 3866

| | |
|---|---|
| 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
MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335
Street, Apt. No.; or PO Box No.
WICHITA, KS 67220-3954
City, State, Zip+4

PS Form 3800, August 2006 — See Reverse for Instructions

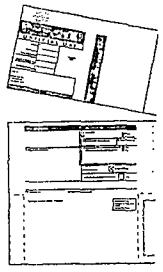
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINES
CERTIFIED MAIL™

7110 6605 9590 0013 3866

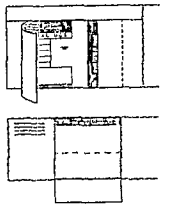
MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335
WICHITA, KS 67220-3954

Batch #: 2273
Article #: 71106605959000133866
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDF



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3866

**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:

MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335

WICHITA, KS 67220-3954

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3866

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335

WICHITA, KS 67220-3954

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000133866
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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**U.S. Postal Service™**
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7110 6605 9590 0012 6004

| | |
|---|---|
| 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
MCALLEN NATIONAL BANK, INDP EXC O/E
JEWEL M. LANIER
P. O. BOX 5555
MCALLEN, TX 78502-5555

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

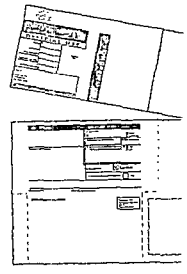
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6004

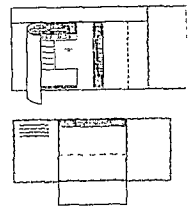
MCALLEN NATIONAL BANK, INDP EXC O/E
JEWEL M. LANIER
P. O. BOX 5555
MCALLEN, TX 78502-5555

Batch #: 2194
Article #: 71106605959000126004
Date/Time: 8/31/2010 12:34:12 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6004

**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:

MCALLEN NATIONAL BANK, INDP EXC O/E
JEWEL M. LANIER
P. O. BOX 5555
MCALLEN, TX 78502-5555

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
SEP 7 2010

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

1. Article Addressed to:

MCALLEN NATIONAL BANK, INDP EXC O/E
JEWEL M. LANIER
P. O. BOX 5555
MCALLEN, TX 78502-5555

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126004
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6011

| | |
|---|---|
| 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
MCELVAIN OIL COMPANY
C/O DAVID P MCELVAIN
PO BOX 801888
DALLAS, TX 75380-1888

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

PS 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

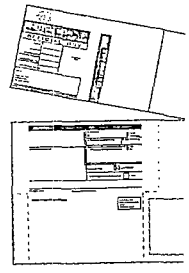
CERTIFIED MAIL™

7110 6605 9590 0012 6011

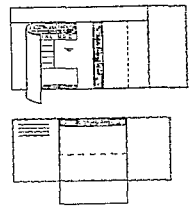
MCELVAIN OIL COMPANY
C/O DAVID P MCELVAIN
PO BOX 801888
DALLAS, TX 75380-1888

Batch #: 2194
Article #: 71106605959000126011
Date/Time: 8/31/2010 12:34:12 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6011

**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:

MCELVAIN OIL COMPANY
C/O DAVID P MCELVAIN
PO BOX 801888
DALLAS, TX 75380-1888

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6011

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Jana M Wood ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

MCELVAIN OIL COMPANY
C/O DAVID P MCELVAIN
PO BOX 801888
DALLAS, TX 75380-1888

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126011
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 Domestic Return Receipt

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7110 6605 9590 0012 6028

| | |
|---|---|
| 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

MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

PS 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

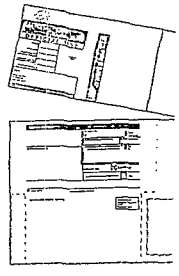
CERTIFIED MAIL™

7110 6605 9590 0012 6028

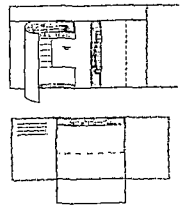
MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

Batch #: 2194
Article #: 71106605959000126028
Date/Time: 8/31/2010 12:34:12 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 6028

**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:

MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6028

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X *W J McAtee* ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) *W J McAtee* | 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:

MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126028
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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**CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0013 3873

| | |
|---|---|
| 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: MCLISH RESOURCES LLP
Street, Apt. No.; or PO Box No.: 633 17TH ST #1650
City, State, Zip+4: DENVER, CO 80202

PS Form 3800, August 2006 — See Reverse for Instructions

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

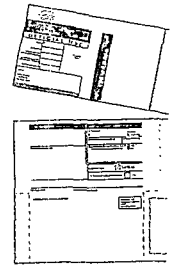
CERTIFIED MAIL™

7110 6605 9590 0013 3873

MCLISH RESOURCES LLP
633 17TH ST #1650
DENVER, CO 80202

Batch #: 2273
Article #: 71106605959000133873
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
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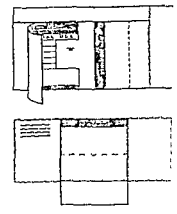
OF THE RETURN ADDRI



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3873

**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:

MCLISH RESOURCES LLP
633 17TH ST #1650

DENVER, CO 80202

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

**2. Article Number**

7110 6605 9590 0013 3873

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X C J Watson ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

MCLISH RESOURCES LLP
633 17TH ST #1650

DENVER, CO 80202

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133873
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

7110 6605 9590 0012 6035

| | |
|---|---|
| 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

MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

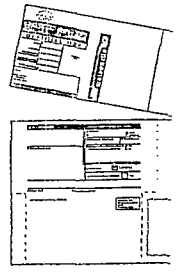
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6035

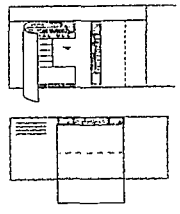
MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Batch #: 2194
Article #: 71106605959000126035
Date/Time: 8/31/2010 12:34:12 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 6035

**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:

MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X John M McCee ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) John M McCee | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126035
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

# Property Information Form

☑ Initiate
☐ Modify
☐ Inactivate

ConocoPhillips

PIF Comments / Instructions (Not Entered in System)
This PIF serves to create a new property code for the Dakota completion of the Atlantic B Com 9B.

**Date:** 09/24/2010 **Requestor:** Thompson, Vanessa M AFE#: WAN.CDR.9314

Yes, assign new property code ----------> Property Code: Production A716025 | Exploration

Property Name: ATLANTIC B COM Well Id: 9B Property Type: COP - Company C Carried Interest: No

County / Parish: SAN JUAN State: NM

## TOBIN PROPERTY

COP Operated?: Yes COP Oper. Code: 0216600001 BR

**Outside Operator Code:**

Operator Name: BURLINGTON RESOURCES OIL & GAS COMPANY LP

Operator Address:

DOE Field Code: F042233
DOE Field Name: BASIN

DSM Completion Id: 1090130367
**DSM Field:** SAN JUAN
**Affiliate Name:** ConocoPhillips

Unit: Yes Effective Date for Property Set-Up: 9/1/2010
DOI by Tract: Yes Organization: AA54637
Maintain Unit/Property Volume: Division Order Region: San Juan / Rockies / Alaska
Onshore / Offshore: Onshore Acres: 1

Tobin Property Remarks
S/2 Sec. 34, T31N R10W - Dakota Formation

## NOVISTAR WELL INFORMATION

Well Name: ATLANTIC B COM Well Type: Gas
Well Class: Development (2B) API#: 3004535158
Interest Type: WI - Working Well #: 9B

## DRILLING INFORMATION

Hole Direction: Horizontal Projected Total Depth: 7551
Reservoir Code & Name: FRR BASIN DAKOTA (PRORATED GAS) Measured Depth:
Projected Formation: FRR True Vertical Depth:
Surface Location: Sec 34, T031N, R010W, Unit Ltr:P
Include Line Measurement, Section, Township, Range

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7110 6605 9590 0012 6042

| | |
|---|---|
| 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

MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

PS 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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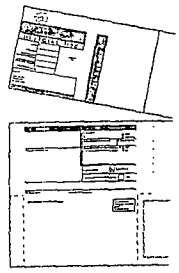
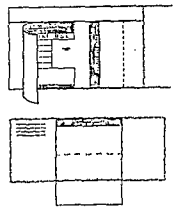
MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

Batch #: 2194
Article #: 71106605959000126042
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMANCE



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



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6042

**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:

MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6042

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

LITTLETON CO MAIN OFFICE STA
SEP 7 2010
USPS

Batch #: 2194
Article #: 71106605959000126042
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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7110 6605 9590 0012 6059

| | |
|---|---|
| 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

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

PS 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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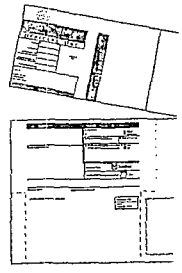
7110 6605 9590 0012 6059

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

Batch #: 2194
Article #: 71106605959000126059
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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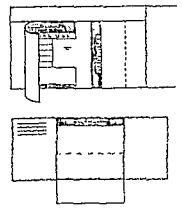

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6059

**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:

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6059

**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:

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 16 2010

Batch #: 2194
Article #: 71106605959000126059
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0012 6066

| | |
|---|---|
| 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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MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

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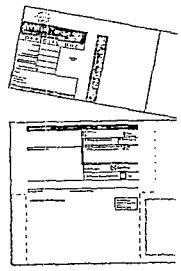
7110 6605 9590 0012 6066

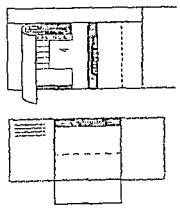
MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

Batch #: 2194
Article #: 71106605959000126066
Date/Time: 8/31/2010 12:34:12 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6066

1. Article Addressed to:

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6066

1. Article Addressed to:

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Melinda Montoya ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Melinda Montoya C. Date of Delivery 9/13/10

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

3. Service Type ☒ Certified

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


Code: Allocation Project - D.Howell


7110 6605 9590 0012 6066

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Article #: 71106605959000126066
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Code2:
File #:
Internal File #:
Internal Code #:


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7110 6605 9590 0012 6073

| | |
|---|---|
| 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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MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

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

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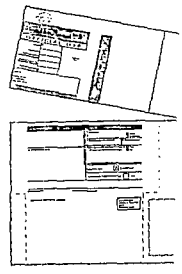
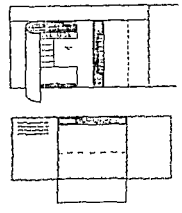
MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

Batch #: 2194
Article #: 71106605959000126073
Date/Time: 8/31/2010 12:34:12 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



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**2. Article Number**

7110 6605 9590 0012 6073

**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:

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6073

**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:

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


RECEIVED AUG 31 2010 LOUIS MO 63110 USPS


Batch #: 2194
Article #: 71106605959000126073
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
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File #:
Internal File #:
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7110 6605 9590 0012 6080

| | |
|---|---|
| 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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MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

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Code: Allocation Project - D.Howell

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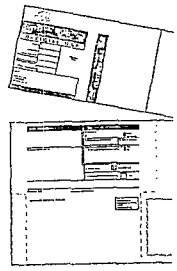
MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

Batch #: 2194
Article #: 71106605959000126080
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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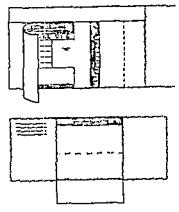

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6080

1. Article Addressed to:

MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6080

1. Article Addressed to:

MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X M. Skidmore ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | 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


Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126080
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


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7110 6605 9590 0012 6097

| | |
|---|---|
| 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

MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

PS 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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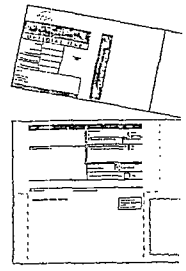
7110 6605 9590 0012 6097

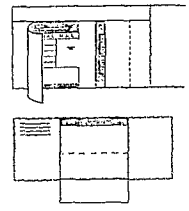
MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

Batch #: 2194
Article #: 71106605959000126097
Date/Time: 8/31/2010 12:34:12 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-[illegible] Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6097

**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:

MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6097

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Marlene Buttolph ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) DARLENE BUTTOLPH | 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:

MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126097
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6103

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

MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

PS 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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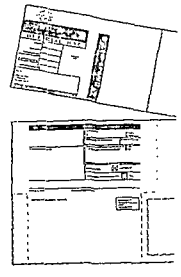
7110 6605 9590 0012 6103

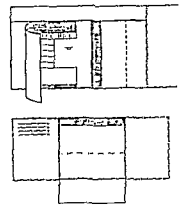
MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

Batch #: 2194
Article #: 71106605959000126103
Date/Time: 8/31/2010 12:34:12 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-6 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6103

**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:

MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6103

**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:

MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


Batch #: 2194
Article #: 71106605959000126103
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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7110 6605 9590 0012 6110

| | |
|---|---|
| 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

MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906

PS 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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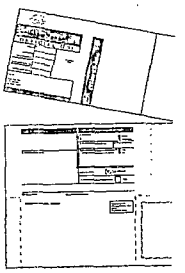
7110 6605 9590 0012 6110

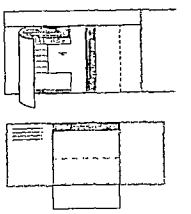
MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906

Batch #: 2194
Article #: 71106605959000126110
Date/Time: 8/31/2010 12:34:12 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-5 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6110

**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:

MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6110

**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:

MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


Batch #: 2194
Article #: 71106605959000126110
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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7110 6605 9590 0012 6127

| | |
|---|---|
| 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: MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

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

PS 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

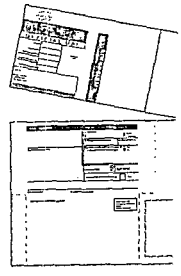
CERTIFIED MAIL™

7110 6605 9590 0012 6127

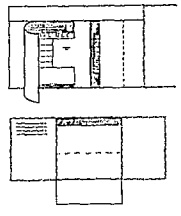
MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

Batch #: 2194
Article #: 71106605959000126127
Date/Time: 8/31/2010 12:34:12 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-3 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6127

**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:

MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6127

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X P. Garcia ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) P Garcia C. Date of Delivery 9/2

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

1. Article Addressed to:

MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126127
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 6134

| | |
|---|---|
| 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

MERRION TRUST PARTNERS LP
PO BOX 7871
SHAWNEE MISSION, KS 66207

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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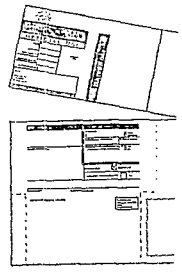
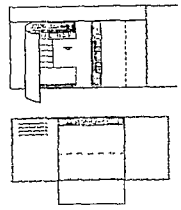
MERRION TRUST PARTNERS LP
PO BOX 7871
SHAWNEE MISSION, KS 66207

Batch #: 2194
Article #: 71106605959000126134
Date/Time: 8/31/2010 12:34:12 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-[illegible] rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6134

**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:

MERRION TRUST PARTNERS LP
PO BOX 7871
SHAWNEE MISSION, KS 66207

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6134

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Diana Merrion ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) DIANA MERRION | C. Date of Delivery 9-10-10

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

1. Article Addressed to:

MERRION TRUST PARTNERS LP
PO BOX 7871
SHAWNEE MISSION, KS 66207

INDIAN CREEK STATION SM KS
SEP 10 2010
USPS 0620

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126134
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6141

| | |
|---|---|
| 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

MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

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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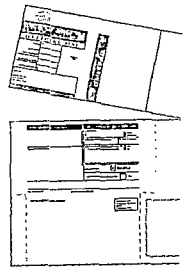
7110 6605 9590 0012 6141

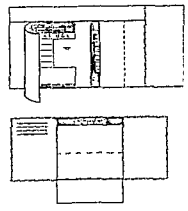
MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Batch #: 2194
Article #: 71106605959000126141
Date/Time: 8/31/2010 12:34:12 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-3 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6141

**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:

MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6141

**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:

MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 03 2010
USPS
Mail Services
Bartlesville, OK

Batch #: 2194
Article #: 71106605959000126141
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6158

| | |
|---|---|
| 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

MHT PROPERTIES LTD
3840 WINDSOR LN
DALLAS, TX 75205

PS 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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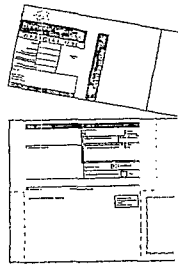
7110 6605 9590 0012 6158

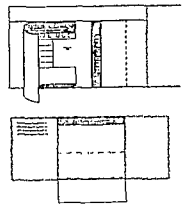
MHT PROPERTIES LTD
3840 WINDSOR LN
DALLAS, TX 75205

Batch #: 2194
Article #: 71106605959000126158
Date/Time: 8/31/2010 12:34:12 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-6 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6158

**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:

MHT PROPERTIES LTD
3840 WINDSOR LN
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 6158

**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:

MHT PROPERTIES LTD
3840 WINDSOR LN
DALLAS, TX 75205

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126158
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 6165

| | |
|---|---|
| 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

MICHAEL A & GLORIA WILLIAMS LIV TR
114 NORTH 7TH STREET
BLOOMFIELD, NM 87413

PS 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

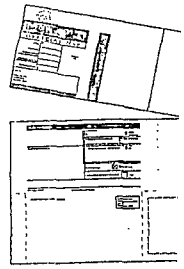
CERTIFIED MAIL™

7110 6605 9590 0012 6165

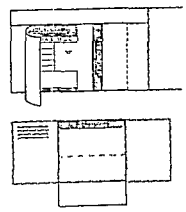
MICHAEL A & GLORIA WILLIAMS LIV TR
114 NORTH 7TH STREET
BLOOMFIELD, NM 87413

Batch #: 2194
Article #: 71106605959000126165
Date/Time: 8/31/2010 12:34:12 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6165

1. Article Addressed to:

MICHAEL A & GLORIA WILLIAMS LIV TR
114 NORTH 7TH STREET
BLOOMFIELD, NM 87413

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6165

1. Article Addressed to:

MICHAEL A & GLORIA WILLIAMS LIV TR
114 NORTH 7TH STREET
BLOOMFIELD, NM 87413

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Michael A. Williams ☐ Agent ☑ Addressee

B. Received by (*Printed Name*) Michael A. Williams 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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2194
Article #: 71106605959000126165
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6172

| | |
|---|---|
| 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

MICHAEL ALLEN SMITH
19240 CROSS RIDGE DR
GERMANTOWN, MD 20874

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

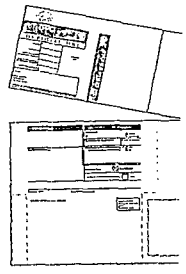
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6172

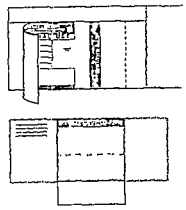
MICHAEL ALLEN SMITH
19240 CROSS RIDGE DR
GERMANTOWN, MD 20874

Batch #: 2194
Article #: 71106605959000126172
Date/Time: 8/31/2010 12:34:12 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-5 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6172

**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:

MICHAEL ALLEN SMITH
19240 CROSS RIDGE DR
GERMANTOWN, MD 20874

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6172

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 7/3/10

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

1. Article Addressed to:

MICHAEL ALLEN SMITH
19240 CROSS RIDGE DR
GERMANTOWN, MD 20874

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126172
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0012 6189

| | |
|---|---|
| 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

MICHAEL CHARLES MORGAN
1111 LAUREL GREEN
MISSOURI CITY, TX 77459

PS 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

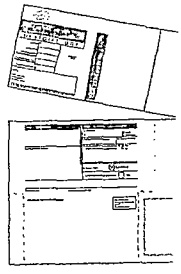
CERTIFIED MAIL™

7110 6605 9590 0012 6189

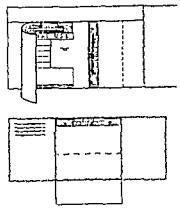
MICHAEL CHARLES MORGAN
1111 LAUREL GREEN
MISSOURI CITY, TX 77459

Batch #: 2194
Article #: 71106605959000126189
Date/Time: 8/31/2010 12:34:12 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 6189

1. Article Addressed to:

MICHAEL CHARLES MORGAN
1111 LAUREL GREEN
MISSOURI CITY, TX 77459

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6189

1. Article Addressed to:

MICHAEL CHARLES MORGAN
1111 LAUREL GREEN
MISSOURI CITY, TX 77459


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Melanie Morgan ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


Batch #: 2194
Article #: 71106605959000126189
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 6196

| | |
|---|---|
| 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

MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

PS 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 6196

MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

Batch #: 2194
Article #: 71106605959000126196
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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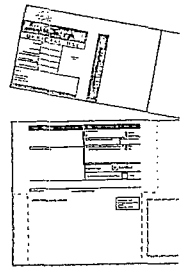
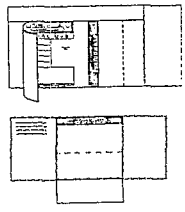


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6196

**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:

MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6196

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Michael D Brown | C. Date of Delivery 9/8/10

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

1. Article Addressed to:

MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126196
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6202

| | |
|---|---|
| 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

MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

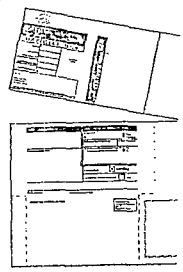
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6202

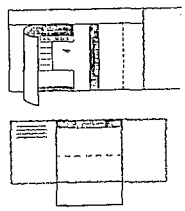
MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702

Batch #: 2194
Article #: 71106605959000126202
Date/Time: 8/31/2010 12:34:13 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6202

**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:

MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Alice C. Le ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Alice C Williams C. Date of Delivery SEP 8 2010

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

1. Article Addressed to:

MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

MIDLAND, TX POST OFFICE SEP 8 2010 PM

Batch #: 2194
Article #: 71106605959000126202
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6219

| | |
|---|---|
| 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
MICHAEL J FINNEY
Street, Apt. No.; or PO Box No.
PO BOX 2471
City, State, Zip+4
DURANGO, CO 81302

PS 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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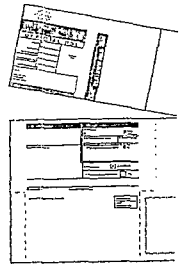
7110 6605 9590 0012 6219

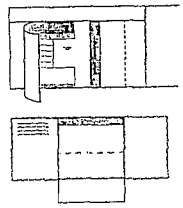
MICHAEL J FINNEY
PO BOX 2471
DURANGO, CO 81302

Batch #: 2194
Article #: 71106605959000126219
Date/Time: 8/31/2010 12:34:13 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6219

1. Article Addressed to:

MICHAEL J FINNEY
PO BOX 2471
DURANGO, CO 81302

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6219

1. Article Addressed to:

MICHAEL J FINNEY
PO BOX 2471
DURANGO, CO 81302

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Anne Finney ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Anne Finney | 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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126219
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0012 6226

| | |
|---|---|
| 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
MICHAEL O VANDEWART
Street, Apt. No.; or PO Box No.
20255 WILLOW GLADE CIR
City, State, Zip+4
PILOT POINT, TX 76258

PS 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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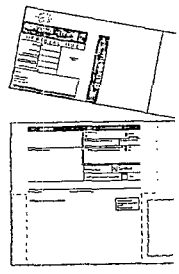
7110 6605 9590 0012 6226

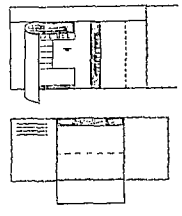
MICHAEL O VANDEWART
20255 WILLOW GLADE CIR
PILOT POINT, TX 76258

Batch #: 2194
Article #: 71106605959000126226
Date/Time: 8/31/2010 12:34:13 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6226

**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:

MICHAEL O VANDEWART
20255 WILLOW GLADE CIR
PILOT POINT, TX 76258

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6226

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mike Vandewart ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Mike Vandewart | C. Date of Delivery 9/9/10

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

1. Article Addressed to:

MICHAEL O VANDEWART
20255 WILLOW GLADE CIR
PILOT POINT, TX 76258

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126226
Date/Time: 8/31/2010 12:34:13 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 3101

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

Postmark Here

Sent To: MICHAEL ROBERT AHO
Street, Apt. No.; or PO Box No.: 653 EDENTREE PL
City, State, Zip+4: CHARLESTON, SC 29412-2756

$5.54

PS Form 3800, August 2006 — See Reverse for Instructions

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

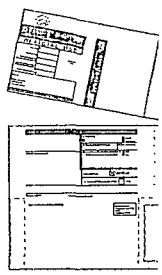
CERTIFIED MAIL™

7110 6605 9590 0013 3101

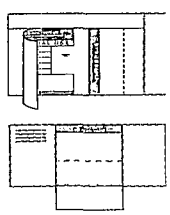
MICHAEL ROBERT AHO
653 EDENTREE PL
CHARLESTON, SC 29412-2756

Batch #: 2269
Article #: 71106605959000133101
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP (
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-6 Rev. 01/07

**2. Article Number**
7110 6605 9590 0013 3101

**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:

MICHAEL ROBERT AHO
653 EDENTREE PL

CHARLESTON, SC 29412-2756

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**
**SJBU ConocoPhillips**
**P.O. Box 4289**
**Farmington, NM 87499**

Batch #: 2269
Article #: 71106605959000133101
Date/Time: 9/14/2010 2:59:27 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)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 6233

| | |
|---|---|
| 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

MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

PS 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

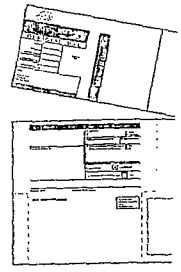
CERTIFIED MAIL™

7110 6605 9590 0012 6233

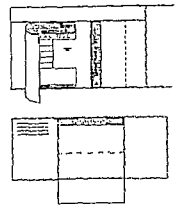
MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

Batch #: 2194
Article #: 71106605959000126233
Date/Time: 8/31/2010 12:34:13 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6233

1. Article Addressed to:

MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6233

1. Article Addressed to:

MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Robert Wilbur ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Robert Wilburn C. Date of Delivery 9/10/10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126233
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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*(Domestic Mail Only; No Insurance Coverage Provided)*
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7110 6605 9590 0012 6240

| | |
|---|---|
| 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

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

PS 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 6240

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2194
Article #: 71106605959000126240
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

**2. Article Number**

7110 6605 9590 0012 6240

**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:

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

3. Service Type ☒ Certified

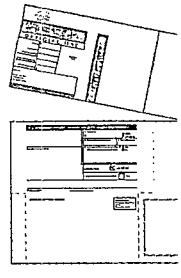
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

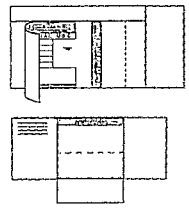
PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD rev. 01/07

1 SEPARATE AT PERFORATION



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



**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 #: 2194
Article #: 71106605959000126240
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0012 6257

| | |
|---|---|
| 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

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

PS 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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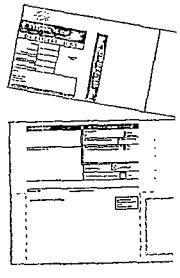
7110 6605 9590 0012 6257

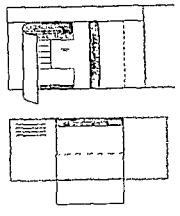
MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

Batch #: 2194
Article #: 71106605959000126257
Date/Time: 8/31/2010 12:34:13 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-6 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6257

**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:

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6257

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Michael Perryman ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126257
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6264

| | |
|---|---|
| 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
MICHAEL W HOUSTON
Street, Apt. No.; or PO Box No.
PO BOX 980
City, State, Zip+4
BUFFALO, MO 65622

PS 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

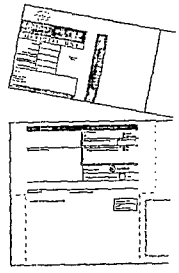
CERTIFIED MAIL™

7110 6605 9590 0012 6264

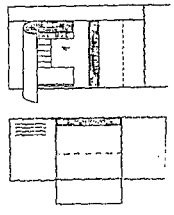
MICHAEL W HOUSTON
PO BOX 980
BUFFALO, MO 65622

Batch #: 2194
Article #: 71106605959000126264
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN( PLACE LABEL AT TOP O ENVELOPE TO THE RIGI OF THE RETURN ADDRE



Reorder Form LCD-8 ... 01/07

**2. Article Number**

7110 6605 9590 0012 6264

**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:

MICHAEL W HOUSTON
PO BOX 980
BUFFALO, MO 65622

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6264

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Michael Houston ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) M Houston 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:

MICHAEL W HOUSTON
PO BOX 980
BUFFALO, MO 65622

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**

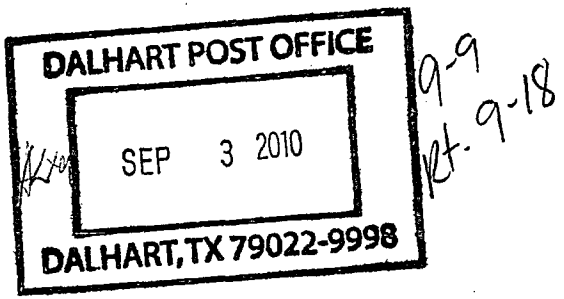

Batch #: 2194
Article #: 71106605959000126264
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:


3 LIFT HERE

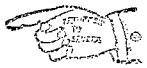
San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

7110 6605 9590 0012 6271

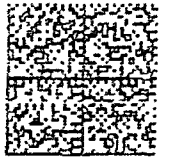



9-9
Rt. 9-18



☐ Not Deliverable As Addressed
Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☒ Unclaimed ☐ Refused
☐ Attempted-Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receptacle
☐ Box Closed-No Order
☐ Returned For Better Address
☐ Postage Due

MICHELLE D ALEXANDER
714 E 16TH ST
DALHART, TX 79022



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7110 6605 9590 0012 6288

| | |
|---|---|
| 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

MILDRED I BERTSCH
260 CARISSA DR
SATELLITE BEACH, FL 32937

PS 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

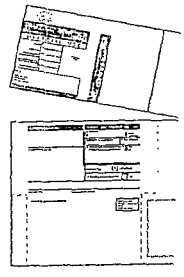
CERTIFIED MAIL™

7110 6605 9590 0012 6288

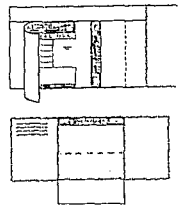
MILDRED I BERTSCH
260 CARISSA DR
SATELLITE BEACH, FL 32937

Batch #: 2194
Article #: 71106605959000126288
Date/Time: 8/31/2010 12:34:13 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-8, Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6288

**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:

MILDRED I BERTSCH
260 CARISSA DR
SATELLITE BEACH, FL 32937

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6288

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mildred Bertsch ☐ 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

1. Article Addressed to:

MILDRED I BERTSCH
260 CARISSA DR
SATELLITE BEACH, FL 32937

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126288
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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7110 6605 9590 0013 3880

| | |
|---|---|
| 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: MILLER EARLE HILL
Street, Apt. No.; or PO Box No.: PO BOX 6725
City, State, Zip+4: KINGMAN, AZ 86402

PS Form 3800, August 2006 — See Reverse for Instructions

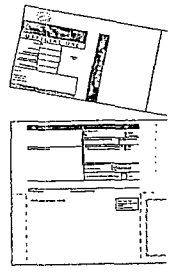
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3880

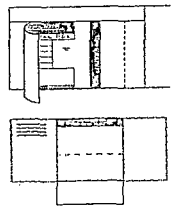
MILLER EARLE HILL
PO BOX 6725
KINGMAN, AZ 86402

Batch #: 2273
Article #: 71106605959000133880
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3880

1. Article Addressed to:

MILLER EARLE HILL
PO BOX 6725

KINGMAN, AZ 86402

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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


**2. Article Number**

7110 6605 9590 0013 3880

1. Article Addressed to:

MILLER EARLE HILL
PO BOX 6725

KINGMAN, AZ 86402

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Miller Earle Hill ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) MILLER E. HILL | C. Date of Delivery 9-20-10


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

3. Service Type ☒ Certified

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



Batch #: 2273
Article #: 71106605959000133880
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:


PS Form 3811 — Domestic Return Receipt

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7110 6605 9590 0012 6295

| | |
|---|---|
| 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
MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
Street, Apt. No.; or PO Box No.
4348 PLUMWOOD DRIVE
City, State, Zip+4
WEST DES MOINES, IA 50265

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

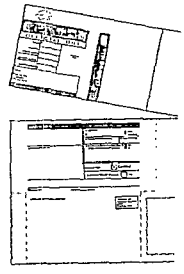
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6295

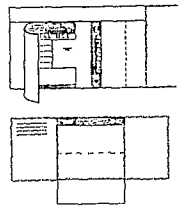
MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
4348 PLUMWOOD DRIVE
WEST DES MOINES, IA 50265

Batch #: 2194
Article #: 71106605959000126295
Date/Time: 8/31/2010 12:34:13 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-3 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6295

**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:

MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
4348 PLUMWOOD DRIVE
WEST DES MOINES, IA 50265

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6295

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Anna K Miller ☐ 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:

MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
4348 PLUMWOOD DRIVE
WEST DES MOINES, IA 50265

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126295
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 6301

| | |
|---|---|
| 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
MILO D SMITH
Street, Apt. No.; or PO Box No.
1536 W GARFIELD
City, State, Zip+4
DAVENPORT, IA 52804-1750

PS 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

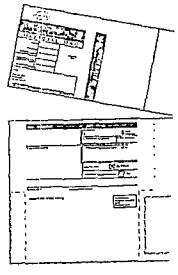
CERTIFIED MAIL™

7110 6605 9590 0012 6301

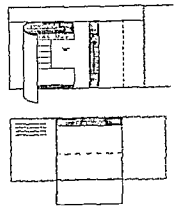
MILO D SMITH
1536 W GARFIELD
DAVENPORT, IA 52804-1750

Batch #: 2194
Article #: 71106605959000126301
Date/Time: 8/31/2010 12:34:13 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6301

**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:

MILO D SMITH
1536 W GARFIELD
DAVENPORT, IA 52804-1750

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Milo D Smith ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Milo D SMITH | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

MILO D SMITH
1536 W GARFIELD
DAVENPORT, IA 52804-1750

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126301
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

PS Form 3811 Domestic Return Receipt

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**U.S. Postal Service™**
**CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 6318

| | |
|---|---|
| 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

MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

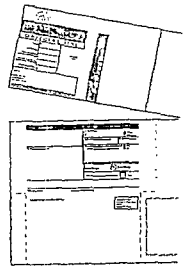
PEEL OFF AT DOTTED LINE
CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 6318

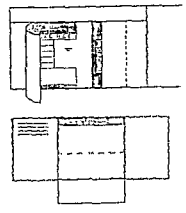
MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

Batch #: 2194
Article #: 71106605959000126318
Date/Time: 8/31/2010 12:34:13 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6318

**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:

MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6318

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mimi Quinn ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Mimi Quinn | C. Date of Delivery 9.9.10

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

1. Article Addressed to:

MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2194
Article #: 71106605959000126318
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0012 6325

| | |
|---|---|
| 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

MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

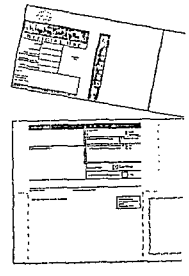
PEEL STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6325

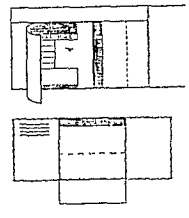
MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Batch #: 2194
Article #: 71106605959000126325
Date/Time: 8/31/2010 12:34:13 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6325

**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:

MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6325

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mina Ruth Fitting ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mina Ruth Fitting | C. Date of Delivery 9-9-10

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

1. Article Addressed to:

MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2194
Article #: 71106605959000126325
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0012 6349

| | |
|---|---|
| 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
MIRIAM M CARROLL TRUST
Street, Apt. No.; or PO Box No.
3536 BRYN MAWR
City, State, Zip+4
DALLAS, TX 75225

PS 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 6349

MIRIAM M CARROLL TRUST
3536 BRYN MAWR
DALLAS, TX 75225

Batch #: 2194
Article #: 71106605959000126349
Date/Time: 8/31/2010 12:34:13 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 6349

**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:

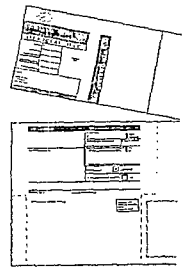
MIRIAM M CARROLL TRUST
3536 BRYN MAWR
DALLAS, TX 75225

3. Service Type ☒ Certified

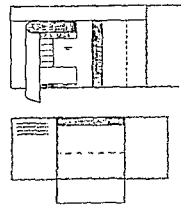
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES




**2. Article Number**

7110 6605 9590 0012 6349

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X L Carroll Eastman ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) L. CARROLL EASTMAN | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

MIRIAM M CARROLL TRUST
3536 BRYN MAWR
DALLAS, TX 75225

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126349
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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

7110 6605 9590 0012 6356

| | |
|---|---|
| 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

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

PS 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

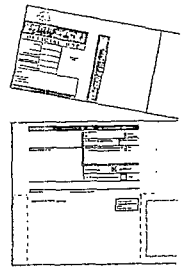
CERTIFIED MAIL™

7110 6605 9590 0012 6356

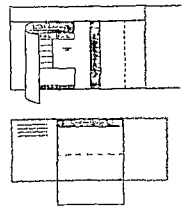
MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

Batch #: 2194
Article #: 71106605959000126356
Date/Time: 8/31/2010 12:34:13 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6356

1. Article Addressed to:

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6356

1. Article Addressed to:

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Matthew Wadeale ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Matthew Wadeale | 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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126356
Date/Time: 8/31/2010 12:34:13 PM
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 0013 3897

| | |
|---|---|
| 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
MISTY E COLES
Street, Apt. No.; or PO Box No.
597 PINE LN
City, State, Zip+4
KING WILLIAM, VA 23086

PS Form 3800, August 2006 See Reverse for Instructions

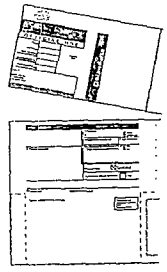
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3897

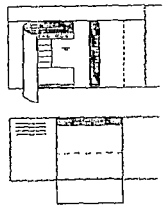
MISTY E COLES
597 PINE LN
KING WILLIAM, VA 23086

Batch #: 2273
Article #: 71106605959000133897
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**
7110 6605 9590 0013 3897

**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:

MISTY E COLES
597 PINE LN

KING WILLIAM, VA 23086

3. Service Type ☒ Certified

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

**2. Article Number**
7110 6605 9590 0013 3897

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X C. Armstrong ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

MISTY E COLES
597 PINE LN

KING WILLIAM, VA 23086

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000133897
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 6363

| | |
|---|---|
| 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

MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

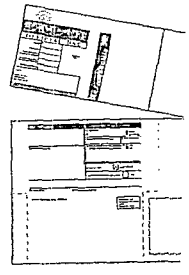
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6363

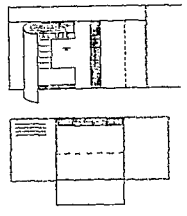
MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

Batch #: 2194
Article #: 71106605959000126363
Date/Time: 8/31/2010 12:34:13 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-[illegible] Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6363

**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:

MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6363

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Chris Easley C. Date of Delivery 9-7-10

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

1. Article Addressed to:

MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126363
Date/Time: 8/31/2010 12:34:13 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
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 6370

| | |
|---|---|
| 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: MOLLY A JACQUES FAMILY LLC
Street, Apt. No.; or PO Box No.: C/O REDW STANEY FIN ADV LLC
City, State, Zip+4: 6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

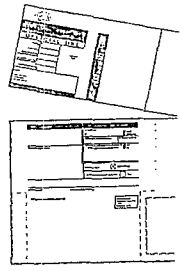
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6370

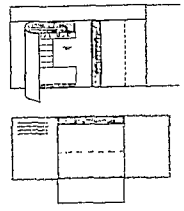
MOLLY A JACQUES FAMILY LLC
C/O REDW STANEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

Batch #: 2194
Article #: 71106605959000126370
Date/Time: 8/31/2010 12:34:13 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6370

**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:

MOLLY A JACQUES FAMILY LLC
C/O REDW STANEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6370

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Celina DeAguero ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Celina DeAguero | 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:

MOLLY A JACQUES FAMILY LLC
C/O REDW STANEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126370
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 6387

| | |
|---|---|
| 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

MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

PS 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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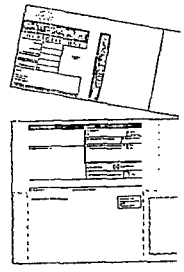
7110 6605 9590 0012 6387

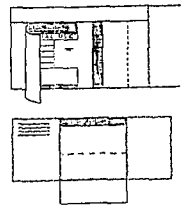
MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

Batch #: 2194
Article #: 71106605959000126387
Date/Time: 8/31/2010 12:34:13 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-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6387

**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:

MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6387

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

PETER MOMSEN 9/3/10


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

1. Article Addressed to:

MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126387
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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

7110 6605 9590 0012 6394

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

Postmark Here

Sent To: MONICA SENA
C/O BANK OF OKLAHOMA NA AGENT
Street, Apt. No.; or PO Box No.: PO BOX 1588
City, State, Zip+4: TULSA, OK 74101

PS 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 6394

MONICA SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2194
Article #: 71106605959000126394
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6394

**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:

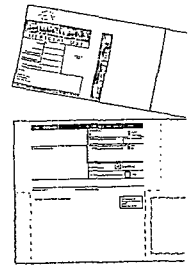
MONICA SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

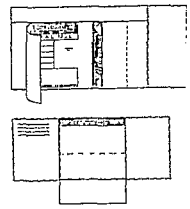
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES




**2. Article Number**

7110 6605 9590 0012 6394

**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:

MONICA SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126394
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

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7110 6605 9590 0012 6400

| | |
|---|---|
| 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

MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

PS 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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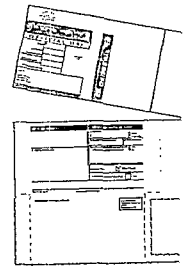
7110 6605 9590 0012 6400

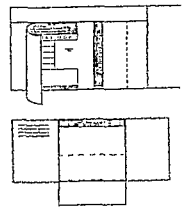
MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Batch #: 2194
Article #: 71106605959000126400
Date/Time: 8/31/2010 12:34:13 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6400

**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:

MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6400

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Monica Sorrels ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Monica Sorrels | 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:

MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126400
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: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7110 6605 9590 0013 3118

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

ent To: MONSIGNOR LEO GOMEZ TR 4/10/03
treet, Apt. No.; or PO Box No.: 10009 BRIDGEPOINTE NE
ity, State, Zip+4: ALBUQUERQUE, NM 87111

$5.54

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™

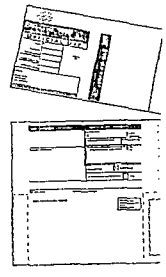
7110 6605 9590 0013 3118

MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE

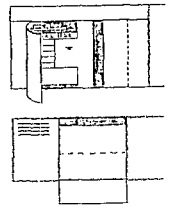
ALBUQUERQUE, NM 87111

Batch #: 2269
Article #: 71106605959000133118
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

(1) SEPARATE AT PERFORATION



(2) REMOVE LABEL AND RECEIPT FROM BACK! PLACE LABEL AT TOP ENVELOPE TO THE RIC OF THE RETURN ADDF



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3118

1. Article Addressed to:

MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE

ALBUQUERQUE, NM 87111

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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


**2. Article Number**

7110 6605 9590 0013 3118

1. Article Addressed to:

MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE

ALBUQUERQUE, NM 87111


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Leo Gomez ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Leo GOMEZ | 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 #: 71106605959000133118
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #: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(3) LIFT HERE

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7110 6605 9590 0012 6417

| | |
|---|---|
| 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

MONSIGNOR LEO GOMEZ TRUST DTD 4-10-
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

PS 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 6417

MONSIGNOR LEO GOMEZ TRUST DTD 4-10-
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Batch #: 2194
Article #: 71106605959000126417
Date/Time: 8/31/2010 12:34:13 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 6417

**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:

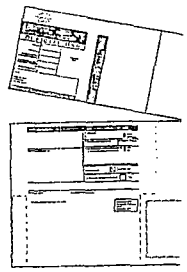
MONSIGNOR LEO GOMEZ TRUST DTD 4-10-
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

3. Service Type ☒ Certified

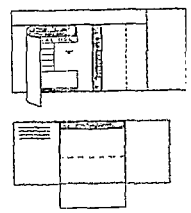
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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



**2. Article Number**

7110 6605 9590 0012 6417

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Leo Gomez ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Leo Gomez | 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:

MONSIGNOR LEO GOMEZ TRUST DTD 4-10-
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126417
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 6424

| | |
|---|---|
| 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

MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

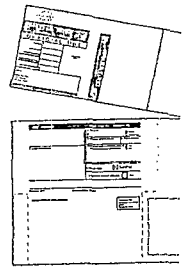
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6424

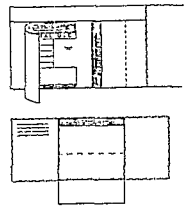
MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

Batch #: 2194
Article #: 71106605959000126424
Date/Time: 8/31/2010 12:34:13 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 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6424

**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:

MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 6424

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Beth Stevens ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) BETH STEVENS 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:

MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126424
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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3 LIFT HERE

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**CERTIFIED MAIL™ RECEIPT**
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For delivery information visit our website at www.usps.com

7110 6605 9590 0012 6431

| | |
|---|---|
| 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: MOULDS FAMILY TRUST
MYRA T & WILLIAM J MOULDS, CO-TRUST
Street, Apt. No.; or PO Box No.: 1401 CARDENAS NE
City, State, Zip+4: ALBUQUERQUE, NM 87110

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

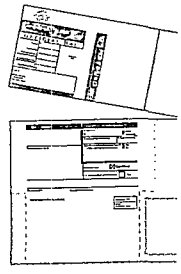
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6431

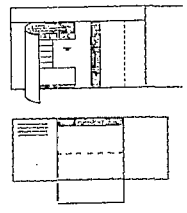
MOULDS FAMILY TRUST
MYRA T & WILLIAM J MOULDS, CO-TRUST
1401 CARDENAS NE
ALBUQUERQUE, NM 87110

Batch #: 2194
Article #: 71106605959000126431
Date/Time: 8/31/2010 12:34:13 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-6 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6431

**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:

MOULDS FAMILY TRUST
MYRA T & WILLIAM J MOULDS, CO-TRUST
1401 CARDENAS NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 6431

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) TERESA Moulds | C. Date of Delivery 9-03-2010

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

1. Article Addressed to:

MOULDS FAMILY TRUST
MYRA T & WILLIAM J MOULDS, CO-TRUST
1401 CARDENAS NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



Batch #: 2194
Article #: 71106605959000126431
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

ConocoPhillips

7110 6605 9590 0012 6448

MRS ABEL GARCIA
506 EAST 2ND AVENUE
DURANGO, CO 81301

UNITED STATES P
02 1R
0006557
MAILED FI

OC
9/7/11
SEP 13
9/22

APPROVED

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

7110 6605 9590 0012 6455

| | |
|---|---|
| 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

MURIEL ANDREWS BOSSERT LIFE ESTATE
10606 VISTA LAGO PL
SAN DIEGO, CA 92131

PS 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 6455

MURIEL ANDREWS BOSSERT LIFE ESTATE
10606 VISTA LAGO PL
SAN DIEGO, CA 92131

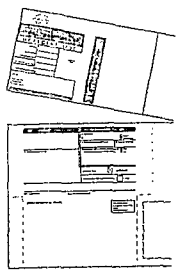
Batch #: 2194
Article #: 71106605959000126455
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

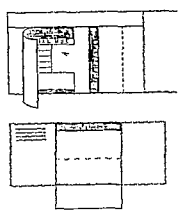
| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 7110 6605 9590 0012 6455 | A. Signature X ☐ Agent ☐ Addressee |
| 1. Article Addressed to: | B. Received by (Printed Name) / C. Date of Delivery |
| MURIEL ANDREWS BOSSERT LIFE ESTATE<br>10606 VISTA LAGO PL<br>SAN DIEGO, CA 92131 | D. Is delivery address different from item 1? ☐ Yes<br>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



| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 7110 6605 9590 0012 6455 | A. Signature X ☐ Agent ☐ Addressee |
| 1. Article Addressed to: | B. Received by (Printed Name) / C. Date of Delivery 9/7 |
| MURIEL ANDREWS BOSSERT LIFE ESTATE<br>10606 VISTA LAGO PL<br>SAN DIEGO, CA 92131 | D. Is delivery address different from item 1? ☐ Yes<br>If YES enter delivery address below: ☐ No |
| | 3. Service Type ☒ Certified |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |

SAN DIEGO CA SCRIPPS RANCH ANNEX 92131

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126455
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE