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7110 6605 9590 0012 9357

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

Code: Allocation Project - D.Howell

ent To

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

SABINE ROYALTY TRUST
LBX 840887
DALLAS, TX 75284-0887

Form 3800, August 2005 See Reverse for Instructions



7110 6605 9590 0012 9357

SABINE ROYALTY TRUST
LBX 840887
DALLAS, TX 75284-0887

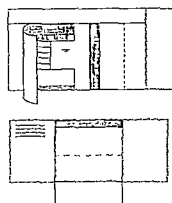
Batch #: 2199
Article #: 71106605959000129357
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9357	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SABINE ROYALTY TRUST LBX 840887 DALLAS, TX 75284-0887	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9357	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 04 2010
SABINE ROYALTY TRUST LBX 840887 DALLAS, TX 75284-0887	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129357
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9364

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

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

SABLE ENERGY, LTD.
7318 SOUTH YALE, SUITE A
TULSA, OK 74136-7000

Form 3800 (August 2006) See Reverse for Instructions

Code: Allocation Project - D.Howell



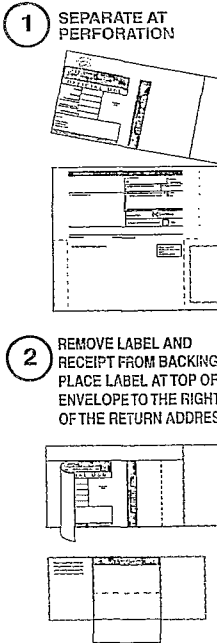
7110 6605 9590 0012 9364

SABLE ENERGY, LTD.
7318 SOUTH YALE, SUITE A
TULSA, OK 74136-7000

Batch #: 2199
Article #: 71106605959000129364
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9364	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SABLE ENERGY, LTD. 7318 SOUTH YALE, SUITE A TULSA, OK 74136-7000	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9364	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SABLE ENERGY, LTD. 7318 SOUTH YALE, SUITE A TULSA, OK 74136-7000	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129364
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9371

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

Code: Allocation Project - D.Howell

ent To

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

SAL LEE OZ ANDERSON
3212 RIO GRANDE NW
ALBUQUERQUE, NM 87107

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 9371

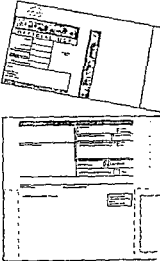
SAL LEE OZ ANDERSON
3212 RIO GRANDE NW
ALBUQUERQUE, NM 87107

Batch #: 2199
Article #: 71106605959000129371
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

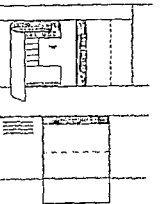
Reorder Form LCD-8 v. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9371		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
SAL LEE OZ ANDERSON 3212 RIO GRANDE NW ALBUQUERQUE, NM 87107		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9371		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
SAL LEE OZ ANDERSON 3212 RIO GRANDE NW ALBUQUERQUE, NM 87107		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2199
Article #: 71106605959000129371
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 9388

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

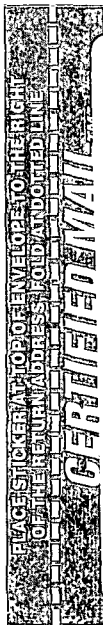
sent To

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

SALLY ANN MAHAFFEY
PO BOX 904
GOLIAD, TX 77963

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



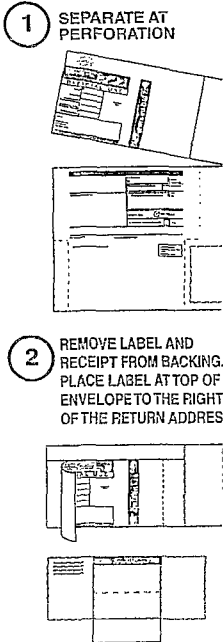
7110 6605 9590 0012 9388

SALLY ANN MAHAFFEY
PO BOX 904
GOLIAD, TX 77963

Batch #: 2199
Article #: 71106605959000129388
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9388	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SALLY ANN MAHAFFEY PO BOX 904 GOLIAD, TX 77963	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9388	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SALLY ANN MAHAFFEY PO BOX 904 GOLIAD, TX 77963	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2199
Article #: 71106605959000129388
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
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File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9395

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

SALLY COVINGTON
 902 RIVERSIDE DR
 CARLSBAD, NM 88220

Code: Allocation Project - D.Howell

Form 3800, August 2006, See Reverse for Instructions



7110 6605 9590 0012 9395

SALLY COVINGTON
 902 RIVERSIDE DR
 CARLSBAD, NM 88220

Batch #: 2199
 Article #: 71106605959000129395
 Date/Time: 8/31/2010 1:09:49 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 9395

1. Article Addressed to:

SALLY COVINGTON
 902 RIVERSIDE DR
 CARLSBAD, NM 88220

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

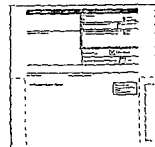
B. Received by (Printed Name) C. Date of Delivery

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

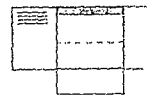
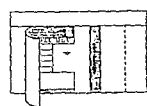
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9395

1. Article Addressed to:

SALLY COVINGTON
 902 RIVERSIDE DR
 CARLSBAD, NM 88220

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Sally Covington

B. Received by (Printed Name) C. Date of Delivery
Sally Covington 8-31-2010

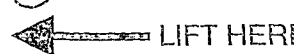
D. Is delivery address different from item 1? ☐ Yes
 If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
 Article #: 71106605959000129395
 Date/Time: 8/31/2010 1:09:49 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3





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7110 6605 9590 0012 9418

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

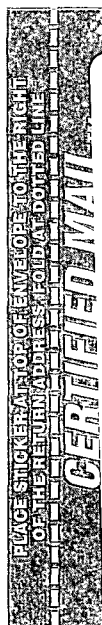
ent To

street, Apt. No.,
PO Box No.
city, State, Zip+4

SAMUEL D HAAS
175 CALLE VENTOSO WEST
SANTA FE, NM 87506

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9418

SAMUEL D HAAS
175 CALLE VENTOSO WEST
SANTA FE, NM 87506

Batch #: 2199
Article #: 71106605959000129418
Date/Time: 8/31/2010 1:09:49 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 9418

1. Article Addressed to:

SAMUEL D HAAS
175 CALLE VENTOSO WEST
SANTA FE, NM 87506

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

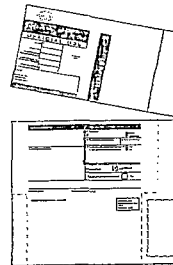
B. Received by (Printed Name) C. Date of Delivery

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

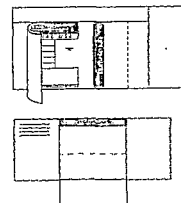
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9418

1. Article Addressed to:

SAMUEL D HAAS
175 CALLE VENTOSO WEST
SANTA FE, NM 87506

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129418
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 9425

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

SAMUEL HAUSER
PO BOX 911
MONTICELLO, IN 47960

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9425

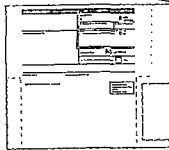
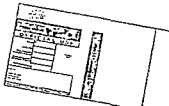
SAMUEL HAUSER
PO BOX 911
MONTICELLO, IN 47960

Batch #: 2199
Article #: 71106605959000129425
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

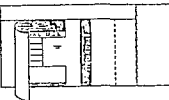
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9425	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAMUEL HAUSER PO BOX 911 MONTICELLO, IN 47960	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9425	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAMUEL HAUSER PO BOX 911 MONTICELLO, IN 47960	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129425
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 9432

Postage	\$		Postmark Here
	\$1.05		
Certified Fee			
	\$2.80		
Return Receipt Fee (endorsement Required)			
	\$2.30		
Restricted Delivery Fee (endorsement Required)			
	\$0.00		
Total Postage & Fees	\$	\$6.45	

Sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4SAMUEL LIONEL DAZZO JR SOLE & SEPAR
6719 EMORY OAK PL NE
ALBUQUERQUE, NM 87111

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

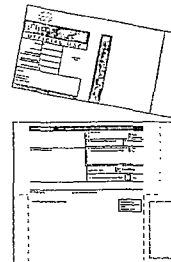


7110 6605 9590 0012 9432

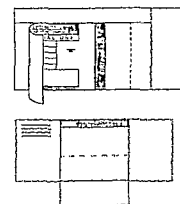
SAMUEL LIONEL DAZZO JR SOLE & SEPAR
6719 EMORY OAK PL NE
ALBUQUERQUE, NM 87111Batch #: 2199
Article #: 71106605959000129432
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9432		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
SAMUEL LIONEL DAZZO JR SOLE & SEPAR 6719 EMORY OAK PL NE ALBUQUERQUE, NM 87111		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell			

1 SEPARATE AT PERFORATION



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



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9432		A. Signature ☐ Agent X Vicki Dazzo ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
SAMUEL LIONEL DAZZO JR SOLE & SEPAR 6719 EMORY OAK PL NE ALBUQUERQUE, NM 87111		Vicki Dazzo	9-2-10
		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 #: 2199
Article #: 71106605959000129432
Date/Time: 8/31/2010 1:09:50 PM
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File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9449

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

ent To

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

SAN JUAN BASIN POOL LTD
PO BOX 224
CLIFTON, TX 76634

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9449

SAN JUAN BASIN POOL LTD
PO BOX 224
CLIFTON, TX 76634

Batch #: 2199
Article #: 71106605959000129449
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 Rev. 01/07

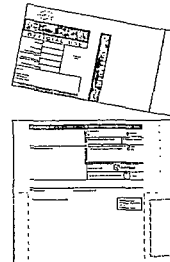
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9449		
1. Article Addressed to:		
SAN JUAN BASIN POOL LTD PO BOX 224 CLIFTON, TX 76634		
	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

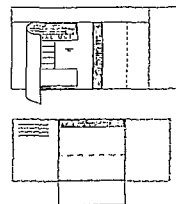
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9449		
1. Article Addressed to:		
SAN JUAN BASIN POOL LTD PO BOX 224 CLIFTON, TX 76634		
	A. Signature X <i>Robert Phillips</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>Robert Phillips</i>	C. Date of Delivery <i>9-13-10</i>
	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2199
Article #: 71106605959000129449
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 9456

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

Postage To
SAN JUAN ROYALTY PARTNERS LLC
C/O CORP TRUST CTR
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

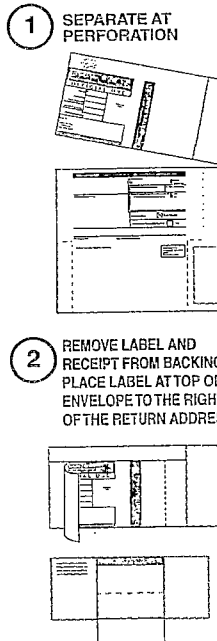


7110 6605 9590 0012 9456

SAN JUAN ROYALTY PARTNERS LLC
C/O CORP TRUST CTR
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Batch #: 2199
Article #: 71106605959000129456
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9456	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAN JUAN ROYALTY PARTNERS LLC C/O CORP TRUST CTR 1100 LOUISIANA STE 3150 HOUSTON, TX 77002	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9456	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAN JUAN ROYALTY PARTNERS LLC C/O CORP TRUST CTR 1100 LOUISIANA STE 3150 HOUSTON, TX 77002	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129456
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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CERTIFIED MAIL RECEIPT
(E-Mail Only; No Insurance Coverage Provided)
For more information visit our Website at www.usps.com

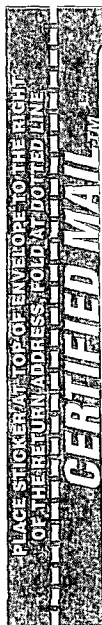
7110 6605 9590 0012 9463

Postage	\$		Postmark Here
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	

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

SANDRA C SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9463

SANDRA C SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

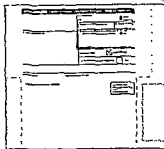
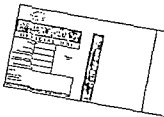
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Article #: 71106605959000129463
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8
01/07

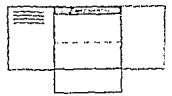
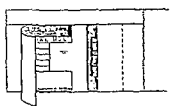
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9463	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9463	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 #: 2199
Article #: 71106605959000129463
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9470

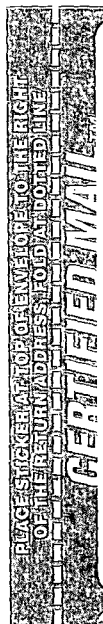
Postage	\$		Postmark Here
	\$1.05		
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To

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

SANDRA L GONZALES
10221 GREEN ROVER PL NW
ALBUQUERQUE, NM 87114

Code: Allocation Project - D.Howell



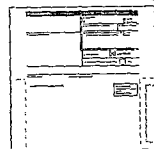
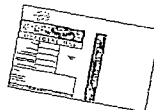
7110 6605 9590 0012 9470

SANDRA L GONZALES
10221 GREEN ROVER PL NW
ALBUQUERQUE, NM 87114

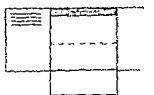
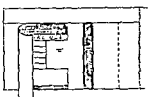
Batch #: 2199
Article #: 711066059590000129470
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9470	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANDRA L GONZALES 10221 GREEN ROVER PL NW ALBUQUERQUE, NM 87114	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9470	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANDRA L GONZALES 10221 GREEN ROVER PL NW ALBUQUERQUE, NM 87114	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 711066059590000129470
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 9401

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

sent To

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

SAM G WALL III
PO BOX 182418
ARLINGTON, TX 76096-2418

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9401

SAM G WALL III
PO BOX 182418
ARLINGTON, TX 76096-2418

Batch #: 2199
Article #: 71106605959000129401
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

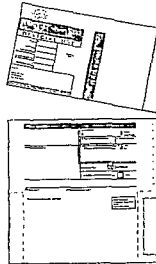
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9401	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAM G WALL III PO BOX 182418 ARLINGTON, TX 76096-2418	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

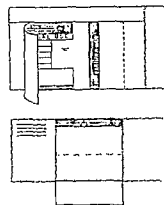
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9401	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAM G WALL III PO BOX 182418 ARLINGTON, TX 76096-2418	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2199
Article #: 71106605959000129401
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 4016

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

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

SAMI RAE CISSELL
C/O DAN M NORTON CPA
PO BOX 697
FLORENCE, OR 97439

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 4016

SAMI RAE CISSELL
C/O DAN M NORTON CPA
PO BOX 697
FLORENCE, OR 97439

Batch #: 2273
Article #: 71106605959000134016
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 4016

1. Article Addressed to:

SAMI RAE CISSELL
C/O DAN M NORTON CPA
PO BOX 697
FLORENCE, OR 97439

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

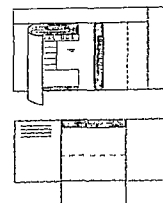
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 4016

1. Article Addressed to:

SAMI RAE CISSELL
C/O DAN M NORTON CPA
PO BOX 697
FLORENCE, OR 97439

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Dan M Norton

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Dan M Norton

C. Date of Delivery

9/12/2010

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

Batch #: 2273
Article #: 71106605959000134016
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 9487

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

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

SANDRA SIMPSON ET AL RESIDUARY TRST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9487

SANDRA SIMPSON ET AL RESIDUARY TRST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2199
Article #: 71106605959000129487
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9487		A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
SANDRA SIMPSON ET AL RESIDUARY TRST ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2199
Article #: 71106605959000129487
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE



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7110 6605 9590 0012 9494

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

ent To

street, Apt. No.,
PO Box No.,
city, State, Zip+4

SANDRA T CURRIE
PO BOX 949
HEMPSTEAD, TX 77445

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9494

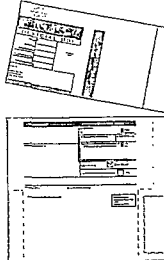
SANDRA T CURRIE
PO BOX 949
HEMPSTEAD, TX 77445

Batch #: 2199
Article #: 71106605959000129494
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

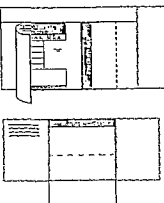
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9494	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANDRA T CURRIE PO BOX 949 HEMPSTEAD, TX 77445	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9494	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANDRA T CURRIE PO BOX 949 HEMPSTEAD, TX 77445	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129494
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Postage Only, No Insurance Coverage Provided

7110 6605 9590 0012 9500

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

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

SANRIO GAS LLC
PO BOX 1847
CORRALES, NM 87048

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9500

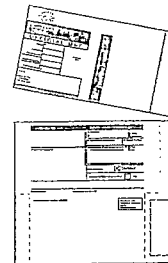
SANRIO GAS LLC
PO BOX 1847
CORRALES, NM 87048

Batch #: 2199
Article #: 71106605959000129500
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

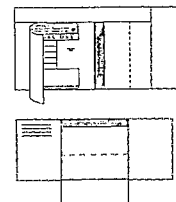
Reorder Form LCD-01 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9500	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANRIO GAS LLC PO BOX 1847 CORRALES, NM 87048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9500	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANRIO GAS LLC PO BOX 1847 CORRALES, NM 87048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129500
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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For information on this service, visit www.usps.com

7110 6605 9590 0012 9517

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

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

SARAH S MIMS TRUST WILLIAM L MADSEN
PO BOX 111846
CARROLLTON, TX 75011-1846

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



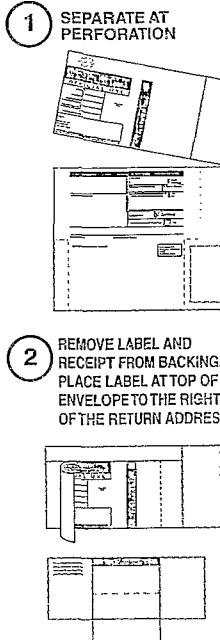
7110 6605 9590 0012 9517

SARAH S MIMS TRUST WILLIAM L MADSEN
PO BOX 111846
CARROLLTON, TX 75011-1846

Batch #: 2199
Article #: 71106605959000129517
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9517	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SARAH S MIMS TRUST WILLIAM L MADSEN PO BOX 111846 CARROLLTON, TX 75011-1846	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9517	A. Signature X <i>William L Madsen</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>William L Madsen</i> <i>9/9/10</i>
SARAH S MIMS TRUST WILLIAM L MADSEN PO BOX 111846 CARROLLTON, TX 75011-1846	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129517
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
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For information visit www.usps.com
7110 6605 9590 0012 9524

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

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

SARATOGA ROYALTY LP
PO BOX 2804
CONROE, TX 77305

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

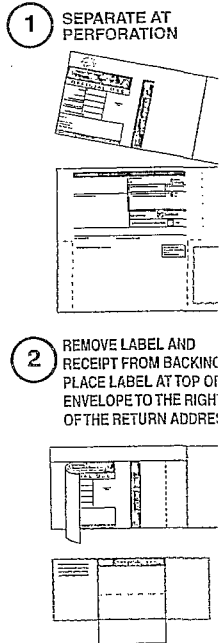


7110 6605 9590 0012 9524

SARATOGA ROYALTY LP
PO BOX 2804
CONROE, TX 77305

Batch #: 2199
Article #: 71106605959000129524
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 9524	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SARATOGA ROYALTY LP PO BOX 2804 CONROE, TX 77305 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9524	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>9-8-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SARATOGA ROYALTY LP PO BOX 2804 CONROE, TX 77305 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129524
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
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(No Mail Only, No Insurance Coverage Provided)
7110 6605 9590 0012 9531

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

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

SCHRAM 2006 FAMILY TRUST
731 SILENT HOLLOW
SAN ANTONIO, TX 78258

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



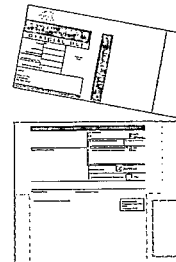
7110 6605 9590 0012 9531

SCHRAM 2006 FAMILY TRUST
731 SILENT HOLLOW
SAN ANTONIO, TX 78258

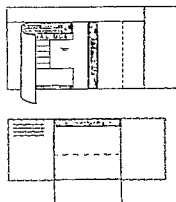
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Article #: 71106605959000129531
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 9531	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SCHRAM 2006 FAMILY TRUST 731 SILENT HOLLOW SAN ANTONIO, TX 78258 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 9531	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Judy K. DeLo</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SCHRAM 2006 FAMILY TRUST 731 SILENT HOLLOW SAN ANTONIO, TX 78258 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129531
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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For more information visit us online at www.usps.com
7110 6605 9590 0012 9548

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

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

SCOT A ANDERSON
1900 AVE F
COUNCIL BLUFFS, IA 51501

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9548

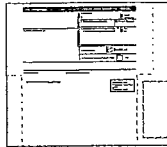
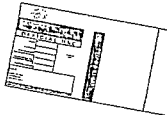
SCOT A ANDERSON
1900 AVE F
COUNCIL BLUFFS, IA 51501

Batch #: 2199
Article #: 71106605959000129548
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

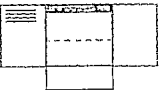
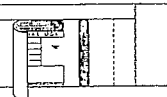
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9548	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
SCOT A ANDERSON 1900 AVE F COUNCIL BLUFFS, IA 51501	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9548	A. Signature X <i>Scot Anderson</i> ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/1/10
SCOT A ANDERSON 1900 AVE F COUNCIL BLUFFS, IA 51501	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2199
Article #: 71106605959000129548
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9555

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

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

SCOTT ALAN PERRYMAN
8175 W BECKTON LN
GARDEN CITY, ID 83714-1375

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



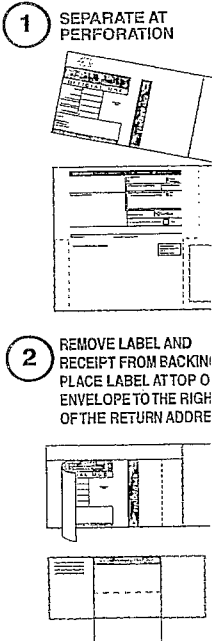
7110 6605 9590 0012 9555

SCOTT ALAN PERRYMAN
8175 W BECKTON LN
GARDEN CITY, ID 83714-1375

Batch #: 2199
Article #: 71106605959000129555
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9555	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SCOTT ALAN PERRYMAN 8175 W BECKTON LN GARDEN CITY, ID 83714-1375	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9555	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SCOTT ALAN PERRYMAN 8175 W BECKTON LN GARDEN CITY, ID 83714-1375	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129555
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9562

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

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

SCOTT ANTHONY VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9562

SCOTT ANTHONY VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

Batch #: 2199
Article #: 7110605959000129562
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R 11/07

2. Article Number 7110 6605 9590 0012 9562	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
--	--

1 SEPARATE AT PERFORATION

2 REMOVE LABEL AND RECEPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE OF THE RETURN #

2. Article Number 7110 6605 9590 0012 9562	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 #: 2199
Article #: 7110605959000129562
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For more information visit our website at www.usps.com
7110 6605 9590 0012 9579

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

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

SCOTT BRIGHTBILL
12280 CORTE SABIO, APT 4109
SAN DIEGO, CA 92128

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9579

SCOTT BRIGHTBILL
12280 CORTE SABIO, APT 4109
SAN DIEGO, CA 92128

Batch #: 2199
Article #: 71106605959000129579
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 9579	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SCOTT BRIGHTBILL 12280 CORTE SABIO, APT 4109 SAN DIEGO, CA 92128	
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

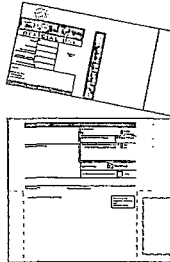
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2199
Article #: 71106605959000129579
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Code2:
File #:
Internal File #:
Internal Code #:

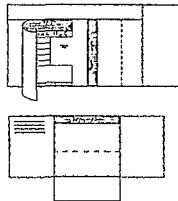
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





US 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 9586

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

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

SCOTT SMITH
4425 SE RIVER RD
MARTINDALE, TX 78655

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



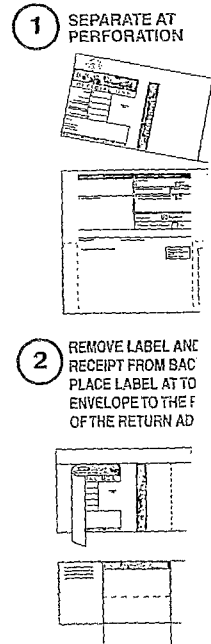
7110 6605 9590 0012 9586

SCOTT SMITH
4425 SE RIVER RD
MARTINDALE, TX 78655

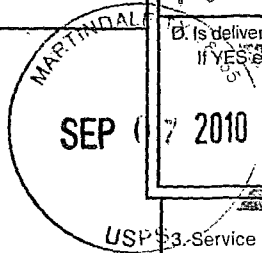
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 Article #: 71106605959000129586
 Date/Time: 8/31/2010 1:09:51 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9586		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
SCOTT SMITH 4425 SE RIVER RD MARTINDALE, TX 78655		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9586		A. Signature X <i>Maddyn Smith</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Maddyn Smith</i>	C. Date of Delivery <i>9/2/10</i>
SCOTT SMITH 4425 SE RIVER RD MARTINDALE, TX 78655		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



Batch #: 2199
 Article #: 71106605959000129586
 Date/Time: 8/31/2010 1:09:51 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:



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

7110 6605 9590 0012 9593

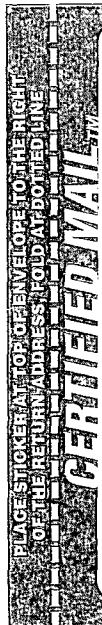
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
SDF LLC
C/O SAMUAL LIONEL DAZZO JR
6719 EMORY OAKS PL NE
ALBUQUERQUE, NM 87111

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9593

SDF LLC
C/O SAMUAL LIONEL DAZZO JR
6719 EMORY OAKS PL NE
ALBUQUERQUE, NM 87111

Batch #: 2199
Article #: 71106605959000129593
Date/Time: 8/31/2010 1:09:51 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 9593

1. Article Addressed to:

SDF LLC
C/O SAMUAL LIONEL DAZZO JR
6719 EMORY OAKS PL NE
ALBUQUERQUE, NM 87111

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

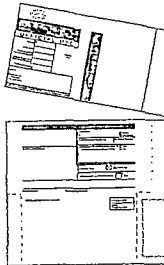
3. Service Type

☒ Certified

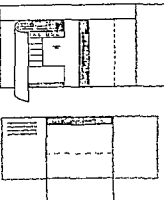
4. Restricted Delivery? (Extra Fee)

☐ 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 9593

1. Article Addressed to:

SDF LLC
C/O SAMUAL LIONEL DAZZO JR
6719 EMORY OAKS PL NE
ALBUQUERQUE, NM 87111

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Vicki Dazzo

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Vicki Dazzo

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

Batch #: 2199
Article #: 71106605959000129593
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9609

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

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

SEALY & COMPANY LP
PO BOX 471725
FORT WORTH, TX 76147

PS Form 3800, August 2006 (Rev. 11-03) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9609

SEALY & COMPANY LP
PO BOX 471725
FORT WORTH, TX 76147

Batch #: 2199
Article #: 71106605959000129609
Date/Time: 8/31/2010 1:09:51 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 9609

1. Article Addressed to:

SEALY & COMPANY LP
PO BOX 471725
FORT WORTH, TX 76147

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

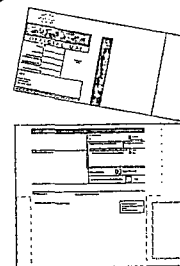
B. Received by (Printed Name) C. Date of Delivery

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

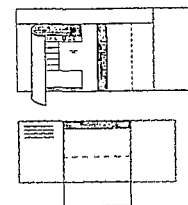
3. Service Type ☒ Certified

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 9609

1. Article Addressed to:

SEALY & COMPANY LP
PO BOX 471725
FORT WORTH, TX 76147

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *J. A. Thompson*

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

Batch #: 2199
Article #: 71106605959000129609
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9616

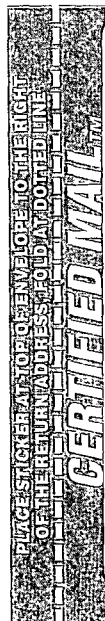
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ \$6.15	

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

SHARBRO OIL LTD CO
P O BOX 840
ARTESIA, NM 88211-0840

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9616

SHARBRO OIL LTD CO
P O BOX 840
ARTESIA, NM 88211-0840

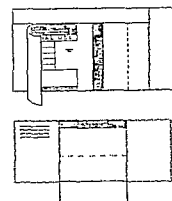
Batch #: 2199
Article #: 71106605959000129616
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9616	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHARBRO OIL LTD CO P O BOX 840 ARTESIA, NM 88211-0840	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9616	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHARBRO OIL LTD CO P O BOX 840 ARTESIA, NM 88211-0840	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129616
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0012 9623

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

ent To

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

SHARON BEAMON BURNS
401 HEADLANDS AVE
MILL VALLEY, CA 94941

Code: Allocation Project - D.Howell



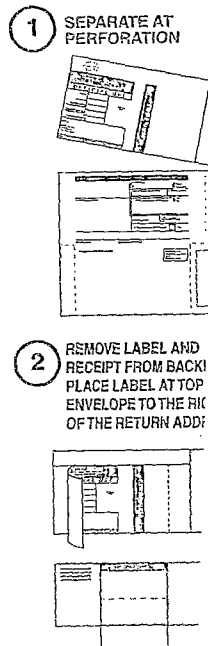
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SHARON BEAMON BURNS
401 HEADLANDS AVE
MILL VALLEY, CA 94941

Batch #: 2199
Article #: 71106605959000129623
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9623	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHARON BEAMON BURNS 401 HEADLANDS AVE MILL VALLEY, CA 94941	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9623	A. Signature ☐ Agent X Sharon Burns ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Sharon Burns 8/10/10
SHARON BEAMON BURNS 401 HEADLANDS AVE MILL VALLEY, CA 94941	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129623
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



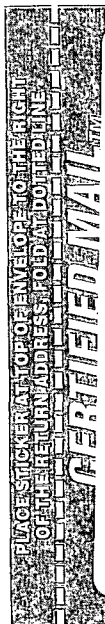
7110 6605 9590 0012 9630	
Postage	\$1.05
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.15

Postmark Here

ent To
SHAWN P HANNIFIN
730 17TH STREET SUITE 325
DENVER, CO 80202

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9630

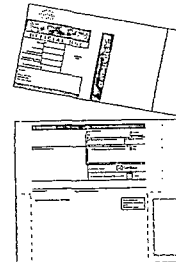
SHAWN P HANNIFIN
730 17TH STREET SUITE 325
DENVER, CO 80202

Batch #: 2199
Article #: 71106605959000129630
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

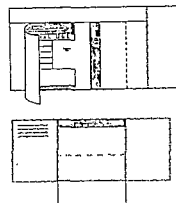
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 9630	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent ☒ Addressee X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SHAWN P HANNIFIN 730 17TH STREET SUITE 325 DENVER, CO 80202	
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 9630	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent ☒ Addressee X [Signature] B. Received by (Printed Name) C. Date of Delivery 9-3-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SHAWN P HANNIFIN 730 17TH STREET SUITE 325 DENVER, CO 80202	
Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129630
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9647

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

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

SHEILA S CASSATT RESIDUARY TRUST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9647

SHEILA S CASSATT RESIDUARY TRUST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2199
Article #: 71106605959000129647
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9647	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHEILA S CASSATT RESIDUARY TRUST ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

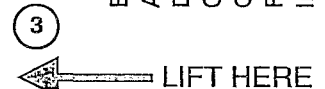
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2199
Article #: 71106605959000129647
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9654

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

sent To
street, Apt. No.,
PO Box No.
city, State, Zip+4

SHEILA WARD
4633 E EDMONT AVE
PHOENIX, AZ 85008-1509

PS Form 3800, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



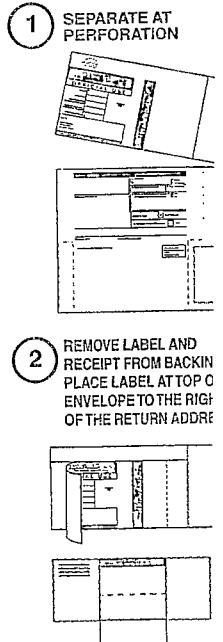
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SHEILA WARD
4633 E EDMONT AVE
PHOENIX, AZ 85008-1509

Batch #: 2199
Article #: 71106605959000129654
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9654	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHEILA WARD 4633 E EDMONT AVE PHOENIX, AZ 85008-1509	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9654	A. Signature X <i>Sheila Ward</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHEILA WARD 4633 E EDMONT AVE PHOENIX, AZ 85008-1509	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129654
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9661

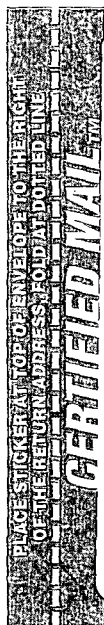
Postage	\$	
	\$1.05	
Certified Fee		\$2.80
Return Receipt Fee (endorsement Required)		\$2.30
Restricted Delivery Fee (endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.15

Postmark
Here

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

SHELLEY LYNN WILSON MELODY
5847 SHADY RIVER
HOUSTON, TX 77057

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9661

SHELLEY LYNN WILSON MELODY
5847 SHADY RIVER
HOUSTON, TX 77057

Batch #: 2199
Article #: 71106605959000129661
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

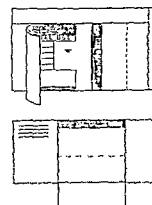
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9661	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHELLEY LYNN WILSON MELODY 5847 SHADY RIVER HOUSTON, TX 77057	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9661	A. Signature X <i>Key Schmitt</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHELLEY LYNN WILSON MELODY 5847 SHADY RIVER HOUSTON, TX 77057	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129661
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 9678

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

sent To

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

SHEROD L MENGEL JR
5448 SOLEDAD
EL PASO, TX 79932

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9678

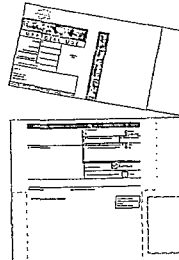
SHEROD L MENGEL JR
5448 SOLEDAD
EL PASO, TX 79932

Batch #: 2199
Article #: 71106605959000129678
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

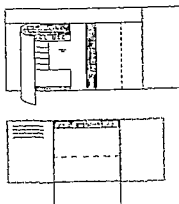
Reorder Form LCD-81 Rev. 01/07

2. Article Number 7110 6605 9590 0012 9678	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SHEROD L MENGEL JR 5448 SOLEDAD EL PASO, TX 79932 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 9678	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SHEROD L MENGEL JR 5448 SOLEDAD EL PASO, TX 79932 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129678
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Insurance Coverage Provided)
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7110 6605 9590 0012 9685

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

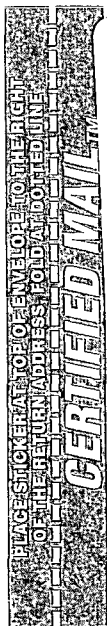
Sent To

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

SHERRI HULT HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9685

SHERRI HULT HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

Batch #: 2199
Article #: 71106605959000129685
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

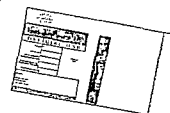
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9685		
1. Article Addressed to:		
SHERRI HULT HEINTSCHEL 6227 W STATE HIGHWAY 159 FAYETTEVILLE, TX 78940-5344		
	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different 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

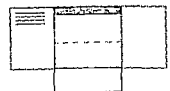
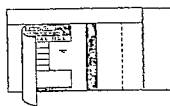
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9685		
1. Article Addressed to:		
SHERRI HULT HEINTSCHEL 6227 W STATE HIGHWAY 159 FAYETTEVILLE, TX 78940-5344		
	A. Signature X <i>S. Heintschel</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>Heintschel</i>	C. Date of Delivery <i>9-4-10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

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.



3

Batch #: 2199
Article #: 71106605959000129685
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 9692

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

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

SHERILL A BOARDMAN
PO BOX 4549
CHESTERFIELD, MO 63006-4549

Form 3811, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9692

SHERILL A BOARDMAN
PO BOX 4549
CHESTERFIELD, MO 63006-4549

Batch #: 2199
Article #: 71106605959000129692
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9692	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHERILL A BOARDMAN PO BOX 4549 CHESTERFIELD, MO 63006-4549	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2199
Article #: 71106605959000129692
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

7110 6605 9590 0012 9708

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	

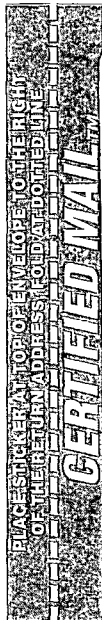
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PO Box No.
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SHIRLEY ANN CHOUTEAU TR JUNE 10 199
7825 S GRANITE AVE
TULSA, OK 74136

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9708

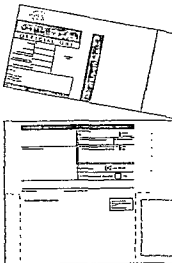
SHIRLEY ANN CHOUTEAU TR JUNE 10 199
7825 S GRANITE AVE
TULSA, OK 74136

Batch #: 2199
Article #: 71106605959000129708
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

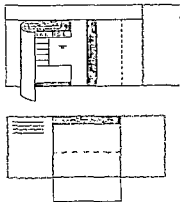
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9708	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
SHIRLEY ANN CHOUTEAU TR JUNE 10 199 7825 S GRANITE AVE TULSA, OK 74136	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9708	A. Signature X <i>Dana Garcia</i>	☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Dana Garcia</i>	C. Date of Delivery <i>9/9/10</i>
SHIRLEY ANN CHOUTEAU TR JUNE 10 199 7825 S GRANITE AVE TULSA, OK 74136	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 #: 2199
Article #: 71106605959000129708
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
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7110 6605 9590 0012 9715

Postage	\$		Postmark Here
	\$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	

sent To

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

SHIRLEY J MIHECOBY
3505 N BUENA VISTA
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9715

SHIRLEY J MIHECOBY
3505 N BUENA VISTA
FARMINGTON, NM 87401

Batch #: 2199
Article #: 71106605959000129715
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

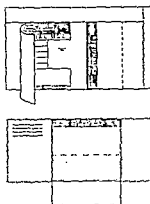
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9715	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHIRLEY J MIHECOBY 3505 N BUENA VISTA FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9715	A. Signature X <i>Shirley J. Miheco</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Shirley J. Miheco</i>
SHIRLEY J MIHECOBY 3505 N BUENA VISTA FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129715
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 9722

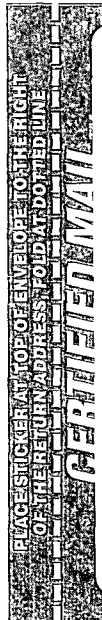
Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

SHIRLEY M GAULDIN
P O BOX 825
BURNET, TX 78611

Code: Allocation Project - D.Howell

Form 3800, August 2008 See Reverse for Instructions



7110 6605 9590 0012 9722

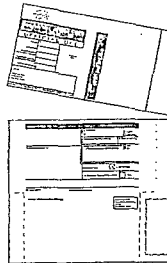
SHIRLEY M GAULDIN
P O BOX 825
BURNET, TX 78611

Batch #: 2199
Article #: 71106605959000129722
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

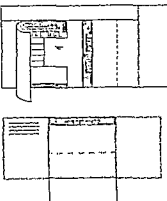
Reader Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9722	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHIRLEY M GAULDIN P O BOX 825 BURNET, TX 78611	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9722	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHIRLEY M GAULDIN P O BOX 825 BURNET, TX 78611	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129722
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 9739

Postage	\$	
Certified Fee	\$4.05	
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
	\$0.00	
Total Postage & Fees	\$	\$6.15

ent To

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

SILVERADO OIL & GAS LLP
PO BOX 52308
TULSA, OK 74152

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9739

SILVERADO OIL & GAS LLP
PO BOX 52308
TULSA, OK 74152

Batch #: 2199
Article #: 71106605959000129739
Date/Time: 8/31/2010 1:09:52 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 9739

1. Article Addressed to:

SILVERADO OIL & GAS LLP
PO BOX 52308
TULSA, OK 74152

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 9739

1. Article Addressed to:

SILVERADO OIL & GAS LLP
PO BOX 52308
TULSA, OK 74152

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



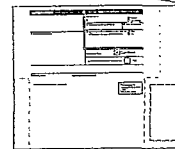
Certified

4. Restricted Delivery? (Extra Fee)

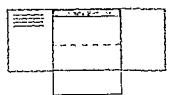
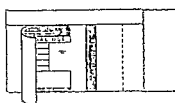
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Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2199
Article #: 71106605959000129739
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Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only; No Insurance Coverage Provided)
7110 6605 9590 0012 9746

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

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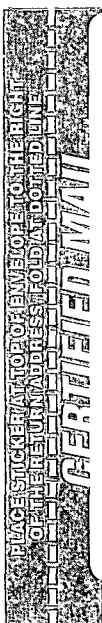
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Restricted Delivery Fee
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(endorsement Required)
Restricted Delivery Fee
(endorsement Required)
Total Postage & Fees

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9746

SPEEREX LIMITED PARTNERSHIP
ATTN STEPHEN W SPEER
PO BOX 1363
MOUNT PLEASANT, SC 29465-1363

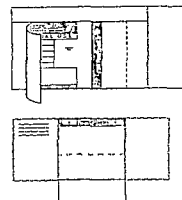
Batch #: 2199
Article #: 71106605959000129746
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9746	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SPEEREX LIMITED PARTNERSHIP ATTN STEPHEN W SPEER PO BOX 1363 MOUNT PLEASANT, SC 29465-1363	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9746	A. Signature X ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SPEEREX LIMITED PARTNERSHIP ATTN STEPHEN W SPEER PO BOX 1363 MOUNT PLEASANT, SC 29465-1363	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129746
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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7110 6605 9590 0012 9753

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

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

SPINDLETOP EXPLORATION COMPANY INC
P O BOX 25163
DALLAS, TX 75225

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 9753

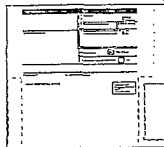
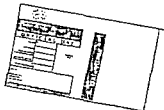
SPINDLETOP EXPLORATION COMPANY INC
P O BOX 25163
DALLAS, TX 75225

Batch #: 2199
Article #: 71106605959000129753
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

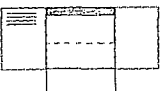
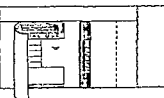
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9753	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SPINDLETOP EXPLORATION COMPANY INC P O BOX 25163 DALLAS, TX 75225	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9753	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SPINDLETOP EXPLORATION COMPANY INC P O BOX 25163 DALLAS, TX 75225	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129753
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 9760

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

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

STANLEY R ARNOLD
PO BOX 269
DE BEGUE, CO 81630-0269

Code: Allocation Project - D.Howell



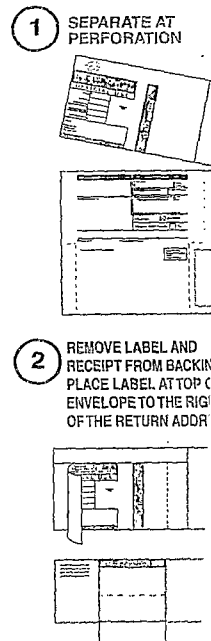
7110 6605 9590 0012 9760

STANLEY R ARNOLD
PO BOX 269
DE BEGUE, CO 81630-0269

Batch #: 2199
Article #: 71106605959000129760
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 9760	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STANLEY R ARNOLD PO BOX 269 DE BEGUE, CO 81630-0269 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9760	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Stanley R Arnold</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STANLEY R ARNOLD PO BOX 269 DE BEGUE, CO 81630-0269 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129760
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9777

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

Send To
STELLA L MALONE
10137 PINK CARNATION CT
ORLANDO, FL 32825-8814

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



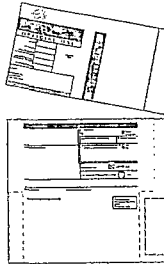
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STELLA L MALONE
10137 PINK CARNATION CT
ORLANDO, FL 32825-8814

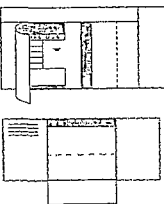
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Article #: 71106605959000129777
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 9777	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STELLA L MALONE 10137 PINK CARNATION CT ORLANDO, FL 32825-8814 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 9777	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Stella L Malone</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) STELLA L MALONE C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STELLA L MALONE 10137 PINK CARNATION CT ORLANDO, FL 32825-8814 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129777
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9784

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

Postage To
Address, Apt. No.,
Post Office Box No.,
City, State, Zip+4

STELLA MADGE GREER
7 E JANICE, APT 202
YUKON, OK 73099

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 9784

STELLA MADGE GREER
7 E JANICE, APT 202
YUKON, OK 73099

Batch #: 2199
Article #: 71106605959000129784
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

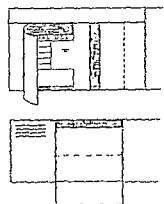
Reorder Form LCD-811 8/31/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9784	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STELLA MADGE GREER 7 E JANICE, APT 202 YUKON, OK 73099	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK. 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 9784	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STELLA MADGE GREER 7 E JANICE, APT 202 YUKON, OK 73099	STELLA GREER 9-3-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

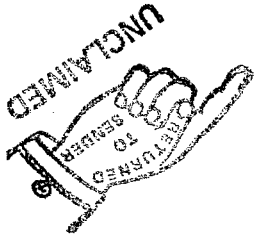
Batch #: 2199
Article #: 71106605959000129784
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

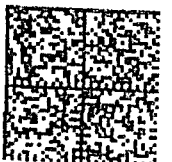

Conocophillips

7110 6605 9590 0012 9791

9-20



STEPHANIE ANN CANDELARIA MARTINEZ
PO BOX 375
AZTEC, NM 87410



UNITED STATES POSTAGE
02 1R
0006557587
MAILED FROM ZIP

9-20
a-k



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(No Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 9791

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

Send To
STEPHANIE ANN CANDELARIA MARTINEZ
PO BOX 375
AZTEC, NM 87410
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9791

STEPHANIE ANN CANDELARIA MARTINEZ
PO BOX 375
AZTEC, NM 87410

Batch #: 2199
Article #: 71106605959000129791
Date/Time: 8/31/2010 1:09:52 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 9791		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: STEPHANIE ANN CANDELARIA MARTINEZ PO BOX 375 AZTEC, NM 87410 Code: Allocation Project - D.Howell		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
SJBUC ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2199
Article #: 71106605959000129791
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9807

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

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

STEPHEN BRIGHTBILL
17635 VALLADARES DR
SAN DIEGO, CA 92127

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9807

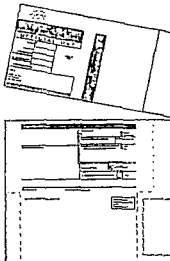
STEPHEN BRIGHTBILL
17635 VALLADARES DR
SAN DIEGO, CA 92127

Batch #: 2199
Article #: 71106605959000129807
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

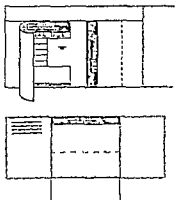
Reorder Form LCD-810-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9807	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STEPHEN BRIGHTBILL 17635 VALLADARES DR SAN DIEGO, CA 92127	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9807	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STEPHEN BRIGHTBILL 17635 VALLADARES DR SAN DIEGO, CA 92127	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129807
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9814

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

ent To
reet, Apt. No.:
PO Box No.
ty, State, Zip+4

STEVE JACOB HOUSTON
9433 NE 14TH ST
CLYDE HILL, WA 98004

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



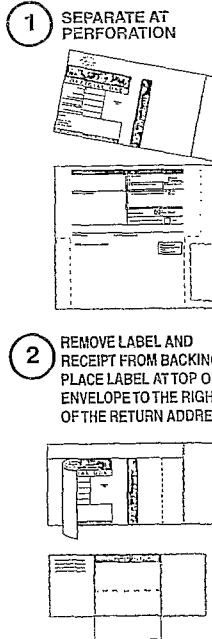
7110 6605 9590 0012 9814

STEVE JACOB HOUSTON
9433 NE 14TH ST
CLYDE HILL, WA 98004

Batch #: 2199
Article #: 71106605959000129814
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9814	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STEVE JACOB HOUSTON 9433 NE 14TH ST CLYDE HILL, WA 98004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9814	A. Signature ☐ Agent X <i>Alison Hollister</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STEVE JACOB HOUSTON 9433 NE 14TH ST CLYDE HILL, WA 98004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129814
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9821

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

Send To
Steven H Bard
7122 ROCKY FORK RD
SMYRNA, TN 37167

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



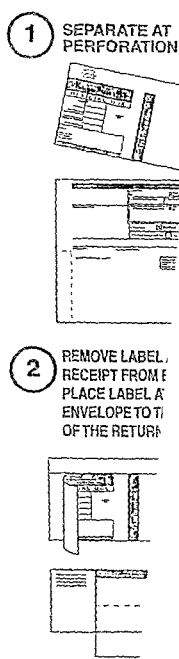
7110 6605 9590 0012 9821

STEVEN H BARD
7122 ROCKY FORK RD
SMYRNA, TN 37167

Batch #: 2199
Article #: 71106605959000129821
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

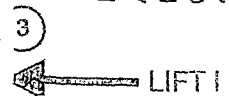
Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 9821	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STEVEN H BARD 7122 ROCKY FORK RD SMYRNA, TN 37167	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9821	COMPLETE THIS SECTION ON DELIVERY A. Signature X STEVEN H BARD ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery STEVEN H BARD 9/8/2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STEVEN H BARD 7122 ROCKY FORK RD SMYRNA, TN 37167	
Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129821
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
Delivery Information Visit Our Website at www.usps.com

7110 6605 9590 0012 9838

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

STEVEN PRICE FASKEN REVOCABLE TRUST
PO BOX 32687
SANTA FE, NM 87594-2687

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9838

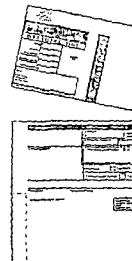
STEVEN PRICE FASKEN REVOCABLE TRUST
PO BOX 32687
SANTA FE, NM 87594-2687

Batch #: 2199
Article #: 71106605959000129838
Date/Time: 8/31/2010 1:09:52 PM
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Code2:
File #:
Internal Code #:

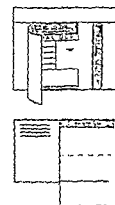
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9838	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STEVEN PRICE FASKEN REVOCABLE TRUST PO BOX 32687 SANTA FE, NM 87594-2687	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL / RECEIPT FROM HERE
PLACE LABEL AT ENVELOPE TO THE RIGHT OF THE RETURN



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9838	A. Signature X <i>[Signature]</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Steven Fasken</i> <i>9/3/10</i>
STEVEN PRICE FASKEN REVOCABLE TRUST PO BOX 32687 SANTA FE, NM 87594-2687	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 #: 2199
Article #: 71106605959000129838
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:

PROVED

U.S. Postal Service
REGISTERED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
Delivery Information is on our website at www.usps.com

7110 6605 9590 0012 9845

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

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

STOREY-LINCOLN PRTRNSHP
 21205 5TH AVE S
 DES MOINES, WA 98198

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 9845

STOREY-LINCOLN PRTRNSHP
 21205 5TH AVE S
 DES MOINES, WA 98198

Batch #: 2199
 Article #: 71106605959000129845
 Date/Time: 8/31/2010 1:09:53 PM
 Code: Allocation Project - D.Howell
 Code 2:
 File #:
 Internal File #:
 Internal Code #:

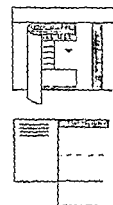
Reorder Form LCD-811R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9845		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
STOREY-LINCOLN PRTRNSHP 21205 5TH AVE S DES MOINES, WA 98198		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

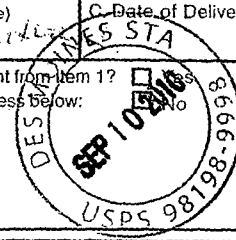
1 SEPARATE AT PERFORATION



2 REMOVE LABEL, RECEIPT FROM ENVELOPE TO PLACE LABEL ON ENVELOPE TO OF THE RETURN



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9845		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
STOREY-LINCOLN PRTRNSHP 21205 5TH AVE S DES MOINES, WA 98198		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



Batch #: 2199
 Article #: 71106605959000129845
 Date/Time: 8/31/2010 1:09:53 PM
 Code: Allocation Project - D.Howell



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

7110 6605 9590 0012 9852

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

STUART ROBERT DOUGLAS TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



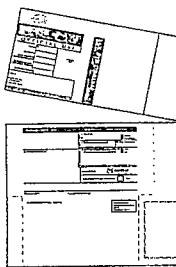
7110 6605 9590 0012 9852

STUART ROBERT DOUGLAS TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

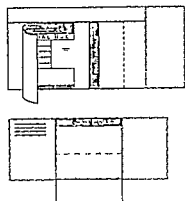
Batch #: 2199
Article #: 71106605959000129852
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9852	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STUART ROBERT DOUGLAS TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9852	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STUART ROBERT DOUGLAS TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129852
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 9869

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

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

STUBBEMAN FAMILY FOUNDATION
PO BOX 3473
ABILENE, TX 79604

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9869

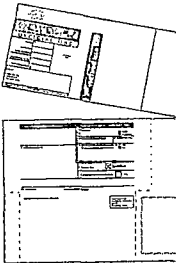
STUBBEMAN FAMILY FOUNDATION
PO BOX 3473
ABILENE, TX 79604

Batch #: 2199
Article #: 71106605959000129869
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

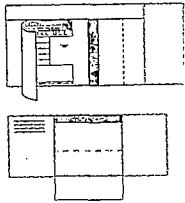
Form 3811, August 2006 (1) See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 9869	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: STUBBEMAN FAMILY FOUNDATION PO BOX 3473 ABILENE, TX 79604	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 9869	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) David Stubbeman 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: STUBBEMAN FAMILY FOUNDATION PO BOX 3473 ABILENE, TX 79604	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129869
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



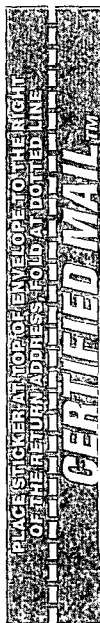
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
7110 6605 9590 0012 9876

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

Postage
Certified Fee
Return Receipt Fee
(endorsement Required)
Restricted Delivery Fee
(endorsement Required)
Total Postage & Fees

SUE BOYD
PO BOX 13085
LOS CRUCES, NM 88013

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9876

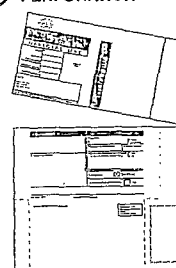
SUE BOYD
PO BOX 13085
LOS CRUCES, NM 88013

Batch #: 2199
Article #: 71106605959000129876
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

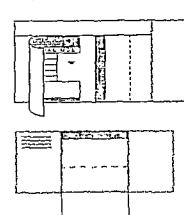
Reorder Form LCD-811-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9876	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUE BOYD PO BOX 13085 LOS CRUCES, NM 88013	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9876	A. Signature X <i>Sue R Boyd</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Sue R Boyd</i> <i>9/1/10</i>
SUE BOYD PO BOX 13085 LOS CRUCES, NM 88013	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129876
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 9883

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

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

SUE HANSON MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9883

SUE HANSON MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Batch #: 2199
Article #: 71106605959000129883
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R Rev: 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9883		
1. Article Addressed to:	A. Signature X ☐ Agent ☐ Addressee	
SUE HANSON MCBRIDE PO BOX 1515 ROSWELL, NM 88202-1515	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	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION

2 REMOVE LABEL A RECEIPT FROM B PLACE LABEL AT ENVELOPE TO TOP OF THE RETURN

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9883		
1. Article Addressed to:	A. Signature X <i>Jan Starnes</i> ☒ Agent ☐ Addressee	
SUE HANSON MCBRIDE PO BOX 1515 ROSWELL, NM 88202-1515	B. Received by (Printed Name) <i>Jan Starnes</i>	C. Date of Delivery
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2199
Article #: 71106605959000129883
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:



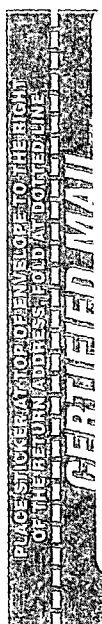
Postal Service
CERTIFIED MAIL - RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
Delivery Information: 7110 6605 9590 0012 9890

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

Postage To: SUE K VANDEWART ROMERO
PO BOX 457
SAN ANTONIO, NM 87832

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 9890

SUE K VANDEWART ROMERO
PO BOX 457
SAN ANTONIO, NM 87832

Batch #: 2199
Article #: 71106605959000129890
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R 1/07

2. Article Number 7110 6605 9590 0012 9890	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: SUE K VANDEWART ROMERO PO BOX 457 SAN ANTONIO, NM 87832	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 BACK PLACE LABEL AT TOP ENVELOPE TO THE LEFT OF THE RETURN ADDRESS

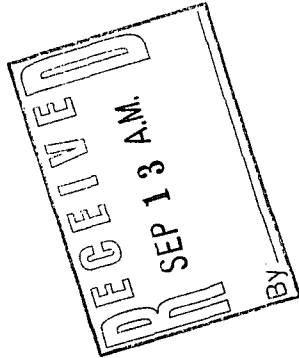
2. Article Number 7110 6605 9590 0012 9890	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Sue Romero</i> B. Received by (Printed Name) <i>SUE ROMERO</i> C. Date of Delivery <i>9-6-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: SUE K VANDEWART ROMERO PO BOX 457 SAN ANTONIO, NM 87832	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129890
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:

San Juan Business
PO Box 4289
Farmington NM 87499

ConocoPhillips

7110 6605 9590 0012 9906

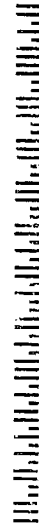


SUE WARD HALL ESTATE
C/O BEN HALL
~~PO BOX 4063~~
ASPEN, CO 81612

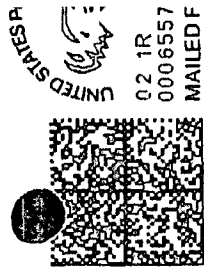
PO Box 2088

NIXIE 3058 1 21 09/08/10

RETURN TO SENDER
ATTEMPTED-NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



Resent.





LaserSubstrates, Inc.TM

1.800.538.4900
www.lasersub.com

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Do Not Write on This Receipt)
For delivery information visit our website at www.usps.com

7110 6605 9590 0013 5150

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

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

SUE WARD HALL
PO BOX 2088
ASPEN, CO 81612

Form 3800, August 2006 See Reverse for Instructions

Code: Dawn:Allocation
Code2:

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

CERTIFIED MAILTM

7110 6605 9590 0013 5150

SUE WARD HALL
PO BOX 2088
ASPEN, CO 81612

Batch #: 2329
Article #: 71106605959000135150
Date/Time: 10/4/2010 1:56:08 PM
Code: Dawn:Allocation
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 5150	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUE WARD HALL PO BOX 2088 ASPEN, CO 81612	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Dawn:Allocation Code2:	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

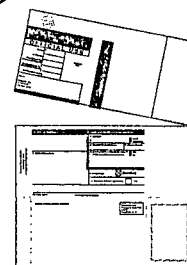
OPTIONAL LABEL

Batch #: 2329
Article #: 71106605959000135150
Date/Time: 10/4/2010 1:56:08 PM
Code: Dawn:Allocation
Code2:
File #:
Internal File #:
Internal Code #:

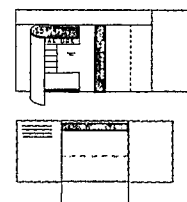
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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 9906

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

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

SUE WARD HALL ESTATE
C/O BEN HALL
PO BOX 4063
ASPEN, CO 81612

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9906

SUE WARD HALL ESTATE
C/O BEN HALL
PO BOX 4063
ASPEN, CO 81612

Batch #: 2199
Article #: 71106605959000129906
Date/Time: 8/31/2010 1:09:53 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 9906	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUE WARD HALL ESTATE C/O BEN HALL PO BOX 4063 ASPEN, CO 81612 Code: Allocation Project - D.Howell	

PS Form 3811

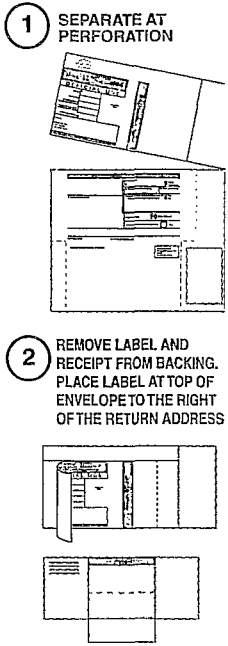
Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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



Batch #: 2199
Article #: 71106605959000129906
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 3163	
Postage	
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	
ent To	
\$5.54	
SUSAN AHO LANG	
4378 SHILOH TRL	
POWDER SPRINGS, GA 30127	
PS Form 3800, August 2006 See Reverse for Instructions	



7110 6605 9590 0013 3163

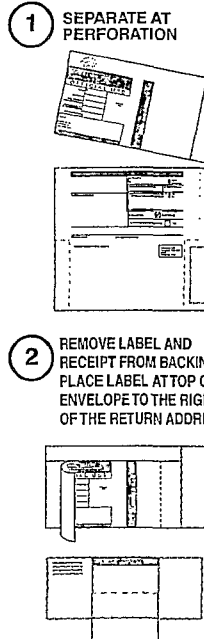
SUSAN AHO LANG
4378 SHILOH TRL

POWDER SPRINGS, GA 30127

Batch #: 2269
Article #: 71106605959000133163
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3163	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSAN AHO LANG	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
4378 SHILOH TRL	
POWDER SPRINGS, GA 30127	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3163	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSAN AHO LANG	Susan Lang 9-24-10
4378 SHILOH TRL	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
POWDER SPRINGS, GA 30127	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000133163
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9913

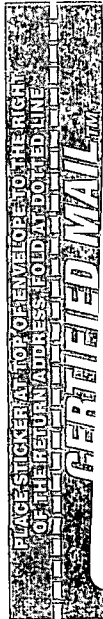
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
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PO Box No.
City, State, Zip+4

SUSAN BEAMON PORTER
319 KNIPP FOREST
HOUSTON, TX 77024

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



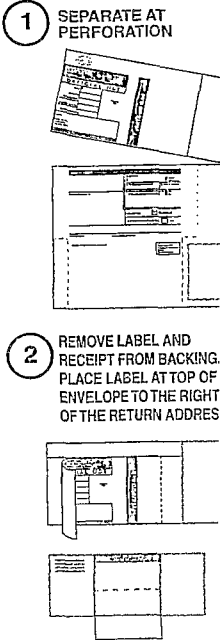
7110 6605 9590 0012 9913

SUSAN BEAMON PORTER
319 KNIPP FOREST
HOUSTON, TX 77024

Batch #: 2199
Article #: 71106605959000129913
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

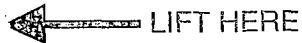
Reorder Form LCD-8 01/07

2. Article Number 7110 6605 9590 0012 9913	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN BEAMON PORTER 319 KNIPP FOREST HOUSTON, TX 77024 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9913	COMPLETE THIS SECTION ON DELIVERY A. Signature X Susan B Porter ☐ Agent ☐ Addressee B. Received by (Printed Name) Susan B Porter C. Date of Delivery 9-8-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN BEAMON PORTER 319 KNIPP FOREST HOUSTON, TX 77024 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129913
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9937

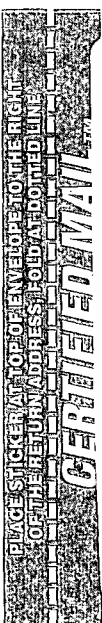
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Treat, Apt. No.;
PO Box No.
City, State, Zip+4

SUSAN FRY BRACKEN
PO BOX 7550
TYLER, TX 75711-7550

Form 3800, August 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



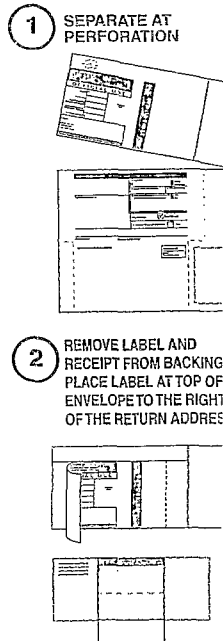
7110 6605 9590 0012 9937

SUSAN FRY BRACKEN
PO BOX 7550
TYLER, TX 75711-7550

Batch #: 2199
Article #: 71106605959000129937
Date/Time: 8/31/2010 1:09:53 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 9937	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN FRY BRACKEN PO BOX 7550 TYLER, TX 75711-7550 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9937	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Susan Bracken</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>SUSAN BRACKEN</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN FRY BRACKEN PO BOX 7550 TYLER, TX 75711-7550 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129937
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 0940

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

Send To
Susan H Ritter
4700 VIA MEDIA
AUSTIN, TX 78746

PS Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0940

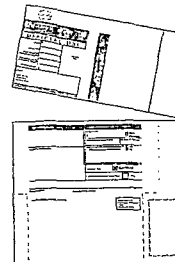
SUSAN H RITTER
4700 VIA MEDIA
AUSTIN, TX 78746

Batch #: 2202
Article #: 71106605959000130940
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

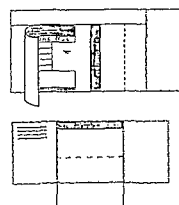
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 0940	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN H RITTER 4700 VIA MEDIA AUSTIN, TX 78746	
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 0013 0940	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Susan H Ritter</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>SUSAN H RITTER</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN H RITTER 4700 VIA MEDIA AUSTIN, TX 78746 <i>Sign and put back in mail box</i>	
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000130940
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

sent To
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PO Box No.
City, State, Zip+4

SUSAN HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0957

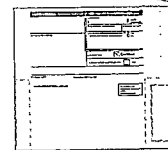
SUSAN HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Batch #: 2202
Article #: 71106605959000130957
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

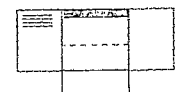
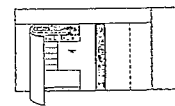
PS Form 3800, August 2006 See Reverse for Instructions

2. Article Number 7110 6605 9590 0013 0957	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN HESS BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042 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 0013 0957	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-9-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN HESS BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000130957
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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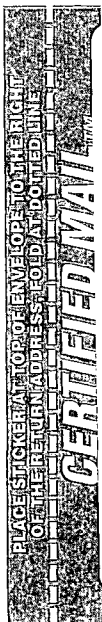
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Sent To
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PO Box No.
City, State, Zip+4

SUSAN LEIGH PIERCE NELSON
4901 CRESTWOOD DR.
FARMINGTON, NM 87402

Form 3800, August 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0971

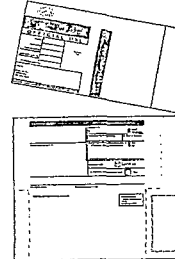
SUSAN LEIGH PIERCE NELSON
4901 CRESTWOOD DR.
FARMINGTON, NM 87402

Batch #: 2202
Article #: 71106605959000130971
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

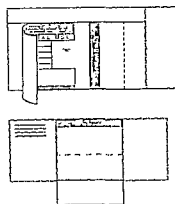
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 0971	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN LEIGH PIERCE NELSON 4901 CRESTWOOD DR. FARMINGTON, NM 87402 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 0013 0971	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kyle Nelson</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Kyle Nelson</i> C. Date of Delivery <i>8-31-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN LEIGH PIERCE NELSON 4901 CRESTWOOD DR. FARMINGTON, NM 87402 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000130971
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 0964

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

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

SUSAN LEE BOND GREEN
3821 MONTICELLO DR
FORT WORTH, TX 76107-1719

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0964

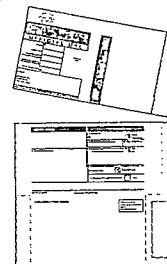
SUSAN LEE BOND GREEN
3821 MONTICELLO DR
FORT WORTH, TX 76107-1719

Batch #: 2202
Article #: 71106605959000130964
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

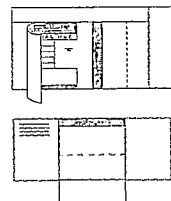
Reorder Form LCD-8 Rev. 01/07

2 Article Number 7110 6605 9590 0013 0964	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN LEE BOND GREEN 3821 MONTICELLO DR FORT WORTH, TX 76107-1719 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 0013 0964	COMPLETE THIS SECTION ON DELIVERY A. Signature X S. Green ☐ Agent ☐ Addressee B. Received by (Printed Name) Susan Green 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
1. Article Addressed to: SUSAN LEE BOND GREEN 3821 MONTICELLO DR FORT WORTH, TX 76107-1719 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000130964
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9920

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

Sent To
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PO Box No.
City, State, Zip+4

SUSAN FASKEN HARTIN TRUST #1
PO BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9920

SUSAN FASKEN HARTIN TRUST #1
PO BOX 5383
DENVER, CO 80217

Batch #: 2199
Article #: 71106605959000129920
Date/Time: 8/31/2010 1:09:53 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 9920

1. Article Addressed to:
SUSAN FASKEN HARTIN TRUST #1
PO BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

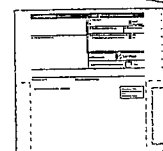
B. Received by (Printed Name) C. Date of Delivery

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

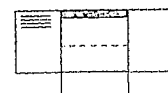
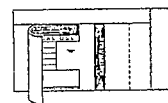
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 9920

1. Article Addressed to:
SUSAN FASKEN HARTIN TRUST #1
PO BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matthew Barker ☐ Agent ☐ Addressee

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

Batch #: 2199
Article #: 71106605959000129920
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



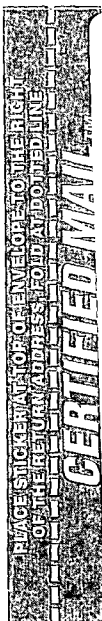
U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0013 0988

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

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

SUSAN MARIE CUCKLER
3418 CAMELOT DR
FORT COLLINS, CO 80525

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0988

SUSAN MARIE CUCKLER
3418 CAMELOT DR
FORT COLLINS, CO 80525

Batch #: 2202
Article #: 71106605959000130988
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

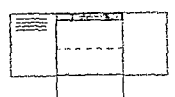
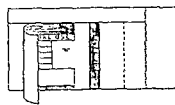
Reorder Form LCD-8
Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 0988		
1. Article Addressed to:		
SUSAN MARIE CUCKLER 3418 CAMELOT DR FORT COLLINS, CO 80525		
Code: Allocation Project - D.Howell		
	A. Signature ☒ Agent ☒ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 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 0013 0988		
1. Article Addressed to:		
SUSAN MARIE CUCKLER 3418 CAMELOT DR FORT COLLINS, CO 80525		
Code: Allocation Project - D.Howell		
	A. Signature ☒ Agent ☒ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2202
Article #: 71106605959000130988
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 0995

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

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

SUSAN R HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



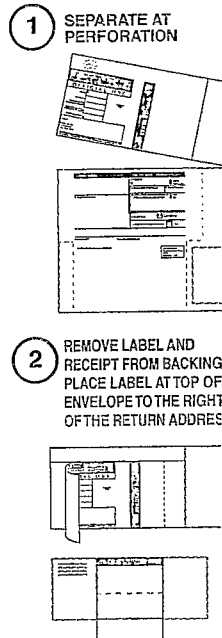
7110 6605 9590 0013 0995

SUSAN R HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Batch #: 2202
Article #: 71106605959000130995
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01/07

2. Article Number 7110 6605 9590 0013 0995	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN R HESS BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 0995	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN R HESS BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000130995
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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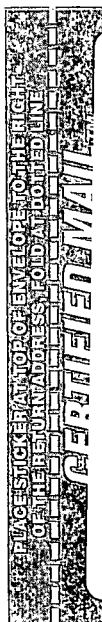
7110 6605 9590 0013 1008

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

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

SUSANNA P KELLY JR
8383 CHAPMAN
BOZEMAN, MT 59718-9133

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1008

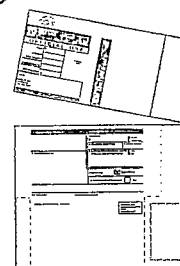
SUSANNA P KELLY JR
8383 CHAPMAN
BOZEMAN, MT 59718-9133

Batch #: 2202
Article #: 71106605959000131008
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

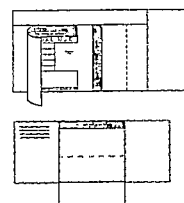
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1008	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSANNA P KELLY JR 8383 CHAPMAN BOZEMAN, MT 59718-9133	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1008	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSANNA P KELLY JR 8383 CHAPMAN BOZEMAN, MT 59718-9133	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131008
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1015

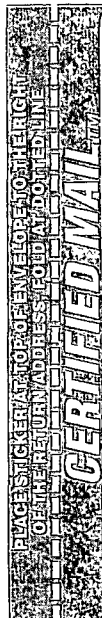
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

SUSANNA PHILLIPS KELLY
ATTN: STEVE WILLIAMSON
PO BOX 1865
BOZEMAN, MT 59771

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1015

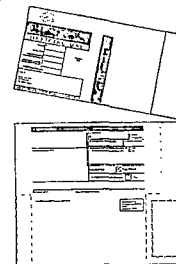
SUSANNA PHILLIPS KELLY
ATTN: STEVE WILLIAMSON
PO BOX 1865
BOZEMAN, MT 59771

Batch #: 2202
Article #: 71106605959000131015
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

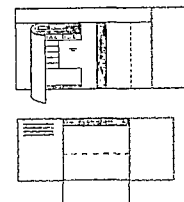
Reorder Form LCD-8 rev. 01/07

2. Article Number 7110 6605 9590 0013 1015	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSANNA PHILLIPS KELLY ATTN: STEVE WILLIAMSON PO BOX 1865 BOZEMAN, MT 59771	
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 0013 1015	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Terry Johnson</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery TERRY JOHNSON 8/18/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSANNA PHILLIPS KELLY ATTN: STEVE WILLIAMSON PO BOX 1865 BOZEMAN, MT 59771	
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131015
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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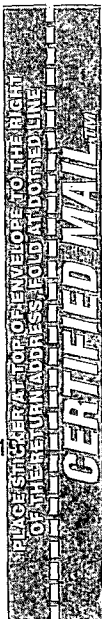
7110 6605 9590 0013 1022

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

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PO Box No.
ty, State, Zip+4

SUSANNE SHAW TR UAD SEPTEMBER 11 19
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1022

SUSANNE SHAW TR UAD SEPTEMBER 11 19
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

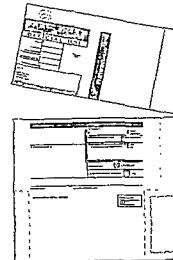
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Article #: 71106605959000131022
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

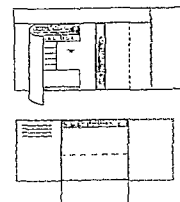
2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1022	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSANNE SHAW TR UAD SEPTEMBER 11 19 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1022	A. Signature X <i>Lisa S. Warden</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>LISA S. WARDEN</i> 9-7-10
SUSANNE SHAW TR UAD SEPTEMBER 11 19 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	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 #: 2202
Article #: 71106605959000131022
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1039

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

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

SUVIAN RUTH DAVES
21239 COUNTY RD W
LEWIS, CO 81327

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1039

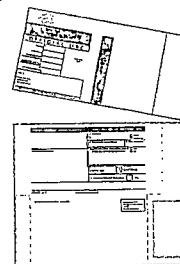
SUVIAN RUTH DAVES
21239 COUNTY RD W
LEWIS, CO 81327

Batch #: 2202
Article #: 71106605959000131039
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

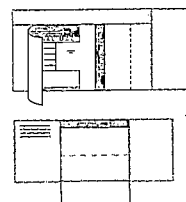
Reorder Form LCD-811 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1039	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUVIAN RUTH DAVES 21239 COUNTY RD W LEWIS, CO 81327 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 0013 1039	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Suvian Daves</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUVIAN RUTH DAVES 21239 COUNTY RD W LEWIS, CO 81327 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131039
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1046

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

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

SUZANNE PRESTON CAMFERDAM
5410 LEXINGTON DR
BENTON, AR 72019

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



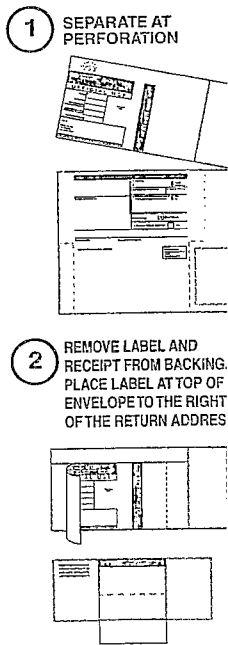
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SUZANNE PRESTON CAMFERDAM
5410 LEXINGTON DR
BENTON, AR 72019

Batch #: 2202
Article #: 71106605959000131046
Date/Time: 8/31/2010 1:28:42 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 0013 1046	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 0013 1046	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Suzanne Camferdam</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Suzanne Camferdam</i> <i>9-13-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
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Batch #: 2202
Article #: 71106605959000131046
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1053

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

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

SYLVIA LITTLE
PO BOX 1258
FARMINGTON, NM 87499

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



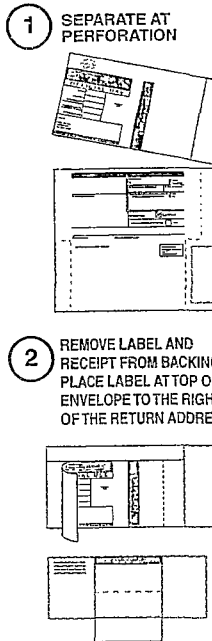
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SYLVIA LITTLE
PO BOX 1258
FARMINGTON, NM 87499

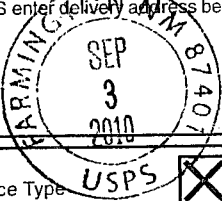
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Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1053	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SYLVIA LITTLE PO BOX 1258 FARMINGTON, NM 87499	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1053	A. Signature X <i>Sylvia Lee</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Sylvia Lee</i> <i>9/03/10</i>
SYLVIA LITTLE PO BOX 1258 FARMINGTON, NM 87499	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2202
Article #: 71106605959000131053
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1060

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

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

SYNERGY OPERATING LLC
PO BOX 5513
FARMINGTON, NM 87499-5513

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1060

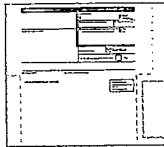
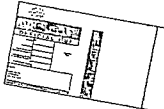
SYNERGY OPERATING LLC
PO BOX 5513
FARMINGTON, NM 87499-5513

Batch #: 2202
Article #: 71106605959000131060
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

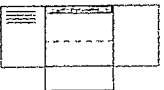
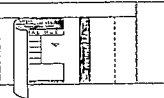
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1060	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SYNERGY OPERATING LLC PO BOX 5513 FARMINGTON, NM 87499-5513	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1060	A. Signature X <i>J. Thomas</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Jennifer Thomas</i> <i>9/7/10</i>
SYNERGY OPERATING LLC PO BOX 5513 FARMINGTON, NM 87499-5513	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131060
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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