



KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285

TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

June 17, 1997

TO:

**ALL INTERESTED PARTIES ENTITLED TO NOTICE
OF THE HEARING OF THE FOLLOWING NEW MEXICO
OIL CONSERVATION DIVISION CASE:**

*Re: Application of Burlington Resources Oil & Gas Company
for compulsory pooling and a non-standard gas proration
and spacing unit, San Juan County, New Mexico*

On behalf of Burlington Resources Oil & Gas Company (formerly Meridian Oil Inc.), please find enclosed our application for compulsory pooling for its proposed Scott Well No. 24 to be located at a standard gas well location 1535 feet FNL and 2500 feet FWL (Unit F) Irregular Section 9, T31N, R10W, NMPM, and to be dedicated to all of Section 9, which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for July 10, 1997. The hearing will be held at the Division hearing room located at 2040 S. Pacheco, Santa Fe, New Mexico.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, July 4 1997, with a copy delivered to the undersigned. Please direct any questions to James Strickler (505) 326-9700.

Very truly yours,



W. Thomas Kellahin

cc: Burlington Resources Oil & Gas Company
Attn: Alan Alexander

Is your RETURN ADDRESS completed on the reverse side?

- 3044-24
- Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KOCH INDUSTRIES INC.
ATTN: MR. LANCE F. HARMON
P.O. BOX 2256
WICHITA, KS 67220

4a. Article Number

P 4112 780 5124

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-19-97

5. Received By: (Print Name)

Michael Langston

6. Signature: (Addressee or Agent)

X Michael Langston

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

LOUIS W HILL JR
PO BOX 64704
ST. PAUL, MN 55164

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

JOAN DERRY
P.O. BOX 866
TESUQUE, NM 87574

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Jerald T. Marcotte
3510 Carmel Drive
Casper, WY 82604

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

[Signature]

PS Form 3811, December 1994 EP Notice

MTU Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 994

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

DEC 23 1997

8. Addressee's Address (Only if requested and fee is paid)

ADDRESSEE'S ADDRESS

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TOTAL MINATOME CORP.
 2 HOUSTON CENTER, SUITE 2000
 909 FANNIN
 P.O. BOX 4326
 HOUSTON, TX 77210-4326

4a. Article Number

P 416 789 893

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery JUN 23 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HOPE G SIMPSON
 C/O SIMPSON ESTATES INC
 30 N LASALLE STE 1232
 CHICAGO, IL 60602-2504

4a. Article Number

P 416 789 931

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 6-19-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NANCY H GERSON
 1555 ASTOR ST
 CHICAGO, IL 60610

4a. Article Number

P 416 789 932

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 6-19-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service Receipt for Certified Mail

HOPE G SIMPSON
 C/O SIMPSON ESTATES INC
 30 N LASALLE STE 1232
 CHICAGO, IL 60602-2504

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 416 789 893

US Postal Service Receipt for Certified Mail

TOTAL MINATOME CORP.
 2 HOUSTON CENTER, SUITE 2000
 909 FANNIN
 P.O. BOX 4326
 HOUSTON, TX 77210-4326

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 416 789 932

US Postal Service Receipt for Certified Mail

NANCY H GERSON
 1555 ASTOR ST
 CHICAGO, IL 60610

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 MINNIE A FITTING
 PO BOX 2588
 SIERRA VISTA, AZ 856362588

4a. Article Number
 P 416 789 933
 4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
 7. Date of Delivery

5. Received By: (Print Name)
 Lela H. Harper
 6. Signature: (Addressee or Agent)
 X Lela H. Harper

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 CATHARINE H RUMI
 P O BOX 297
 SOUTH STRAFFORD, VT 050700297

4a. Article Number
 P 416 789 934
 4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
 7. Date of Delivery
 6/20/97

5. Received By: (Print Name)
 Catharine H. Rumi
 6. Signature: (Addressee or Agent)
 X Catharine H. Rumi

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to: 4520 EAWING
 KATHERINE I WHITE
 C/O JOHN T BEATY
 BEATY HAYNES & ASSOCIATES INC
 2 WISCONSIN CIR STE 400
 CHEVY CHASE, MD 208157006
 Bethesda MD 20814

4a. Article Number
 P 160 090 635
 4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
 7. Date of Delivery
 3/19

5. Received By: (Print Name)
 Katherine I. White
 6. Signature: (Addressee or Agent)
 X Katherine I. White

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.

MINNIE A FITTING
 PO BOX 2588
 SIERRA VISTA, AZ 856362588

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

6/16/97

P 416 789 934

#24

US Postal Service
 Receipt for Certified Mail

CATHARINE H RUMI
 P O BOX 297
 SOUTH STRAFFORD, VT 050700297

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

6/16/97

P 160 090 635

#24

US Postal Service
 Receipt for Certified Mail

KATHERINE I WHITE
 C/O JOHN T BEATY
 BEATY HAYNES & ASSOCIATES INC
 2 WISCONSIN CIR STE 400
 CHEVY CHASE, MD 208157006

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

6/16/97

*Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ELIZABETH B FARRINGTON
 12 MURRAY HILL SQUARE
 MURRAY HILL, NJ 07974

4a. Article Number

P 160 090 637

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6/19/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Elizabeth B. Farrington

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 ELIZABETH B FARRINGTON
 12 MURRAY HILL SQUARE
 MURRAY HILL, NJ 07974

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

PS Form 3800, April 1995

SENDER: Scott #24

*Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARY S ZICK
 418 W LYON FARIN
 GREENWICH, CT 06831

4a. Article Number

P 160 090 638

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6/19/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Mary S. Zick

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 MARY S ZICK
 418 W LYON FARIN
 GREENWICH, CT 06831

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

PS Form 3800, April 1995

SENDER: Scott #24

*Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PATRICIA SIMPSON TRUST
 C/O U S TRUST CO OF NEW YORK
 ATTN BARRY WALDORF
 114 WEST 47TH STREET
 NEW YORK, NY 10036

4a. Article Number

P 160 090 652

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-19-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Patricia Simpson

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

PATRICIA SIMPSON TRUST
 C/O U S TRUST CO OF NEW YORK
 ATTN BARRY WALDORF
 114 WEST 47TH STREET
 NEW YORK, NY 10036

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

PS Form 3800, April 1995

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KAY B GUNDLACH
FEARINGTON POST 247
PITTSBORO, NC 27312

4a. Article Number

P 160 090 647

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6/20/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *W. W. W. W.*

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ELIZABETH ISHAM T TRUST
ROBERT T ISHAM & G S ISHAM &
FIRST NATL BANK OF CHICAGO TRS
8150 N CENTRAL EXPY STE 1211
DALLAS, TX 752061831

4a. Article Number

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-19-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Booth*

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ANNE STUART BATCHELDER, TRST
FIRST NATL BANK OF CHICAGO &
U/A ROBERT DOUGLAS STUART
ATTN: GAYLE COTTON
8150 N CENTRAL EXPY STE 1211
DALLAS, TX 75206

4a. Article Number

P 416 789 876

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-19-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Dault*

PS Form 3811, December 1994

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

KAY B GUNDLACH
FEARINGTON POST 247
PITTSBORO, NC 27312

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

P 416 789 857

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

ELIZABETH ISHAM T TRUST
ROBERT T ISHAM & G S ISHAM &
FIRST NATL BANK OF CHICAGO TRS
8150 N CENTRAL EXPY STE 1211
DALLAS, TX 752061831

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

P 416 789 876

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

ANNE STUART BATCHELDER, TRST
FIRST NATL BANK OF CHICAGO &
U/A ROBERT DOUGLAS STUART
ATTN: GAYLE COTTON
8150 N CENTRAL EXPY STE 1211
DALLAS, TX 75206

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

* Complete items 1 through 3 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

ROBERT DOUGLAS STUART JR
NORTHERN TRUST BNLAKE FOREST
A ROBERT DOUGLAS STUART JR
CO-TRSTE U/A ROBT D STUART
PO BOX 226270
DALLAS, TX 75222

4a. Article Number
P 416 789 875

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
JUN 19 1997

5. Received By: (Print Name)
LINDA MYRE

6. Signature: (Addressee or Agent)
X Linda Myre

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: Scott #24
 * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

DOROTHY M. DERRY
2648 E WORKMAN AVE., STE 211
W. COVINA, CA 91791

4a. Article Number
P 416 789 863

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/19/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Dorothy M. Derry

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: Scott #24
 * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

HARRIET S STUART SPENCER
FIRST NATL BANK OF CHICAGO &
U/A ROBERT DOUGLAS STUART
ATTN: GA'LE COTTON
2150 N CENTRAL EXPY, STE 1211
DALLAS, TX 75206

4a. Article Number
P 416 789 877

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6-19-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Harriet S. Stuart

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

ROBERT DOUGLAS STUART JR
 NORTHERN TRUST BNLAKE FOREST
 A ROBERT DOUGLAS STUART JR
 CO-TRSTE U/A ROBT D STUART
 PO BOX 226270
 DALLAS, TX 75222

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

DOROTHY M. DERRY
 2648 E WORKMAN AVE., STE 211
 W. COVINA, CA 91791

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

HARRIET STUART SPENCER
 FIRST NATL BANK OF CHICAGO &
 U/A ROBERT DOUGLAS STUART
 ATTN: GAYLE COTTON
 2150 N CENTRAL EXPY, STE 1211
 DALLAS, TX 75206

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CORTLAND T HILL TRUST
 1ST TRUST NA & GAYLORD W
 CLARNER TRSTEE UA DTD 9/16/74
 C/O COLORADO NATIONAL BANK
 P.O. BOX 17532 (CNDT 2332)
 DENVER, CO 80217

4a. Article Number

1416 789 842

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

JUN 19 1997

6. Signature: (Addressee or Agent)

X Lanny Clayburg

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

F F WEBSTER IV TRUST ESTATE
 C/O COLORADO NATL BANK
 P.O. BOX 17532
 DENVER, CO 80217

4a. Article Number

P 416 789 867

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

JUN 19 1997

6. Signature: (Addressee or Agent)

X Lanny Clayburg

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NORMAN L HAY JR GS TRUST
 3208 ELDON LN
 WACO, TX 76710

4a. Article Number

P 416 789 872

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

JUN 20 1997

6. Signature: (Addressee or Agent)

X Norman L Hay

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

CORTLAND T HILL TRUST
 1ST TRUST NA & GAYLORD W
 CLARNER TRSTEE UA DTD 9/16/74
 C/O COLORADO NATIONAL BANK
 P.O. BOX 17532 (CNDT 2332)
 DENVER, CO 80217

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 416 789 867

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

F F WEBSTER IV TRUST ESTATE
 C/O COLORADO NATL BANK
 P.O. BOX 17532
 DENVER, CO 80217

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 416 789 872

US Postal Service
Receipt for Certified Mail

NORMAN L HAY JR GS TRUST
 3208 ELDON LN
 WACO, TX 76710

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side?

• Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

KEYES BABER PROPERTIES
 C/O TX COMMERCE BANK MIDLAND
 ACCT #50-1532-00
 PO BOX 209829
 HOUSTON, TX 77216

4a. Article Number

P 416 789 864

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

KEYES BABER PROPERTIES
 C/O TX COMMERCE BANK MIDLAND
 ACCT #50-1532-00
 PO BOX 209829
 HOUSTON, TX 77216

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side?

• Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

ROBERT D FITTING
 #406 N. BIG SPRINGS #200
 MIDLAND, TX 79701 BDX 50562
 79701

4a. Article Number

P 416 789 844

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11/11/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

ROBERT D FITTING
 #406 N. BIG SPRINGS #200
 MIDLAND, TX 79701

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side?

• Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

GUY R BRAINARD JR TRUSTEE OF
 THE GUY R BRAINARD JR TRUST
 DATED 9/9/82
 RR 6 BOX 281
 BROKEN ARROW, OK 74014

4a. Article Number

P 416 789 852

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6/24/97

5. Received By: (Print Name)

Mrs GR BRAINARD, JR

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

GUY R BRAINARD JR TRUSTEE OF
 THE GUY R BRAINARD JR TRUST
 DATED 9/9/82
 RR 6 BOX 281
 BROKEN ARROW, OK 74014

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

LEE WAYNE MOORE
AND JOANN MONTGOMERY MOORE
403 N. MARIENFIELD
MIDLAND, TX 79701

4a. Article Number
P 416 789 894

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
12/23/94

5. Received By: (Print Name)
Lee Wayne Moore

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail

LEE WAYNE MOORE
AND JOANN MONTGOMERY MOORE
403 N. MARIENFIELD
MIDLAND, TX 79701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side

- SENDER: Scott #24
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

WILLIAM F SUTTER
THREE FIRST NATL PLAZA
ROOM 4300
CHICAGO, IL 60602

4a. Article Number
P 160 090 644

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/19/97

5. Received By: (Print Name)
William F Sutter

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 160 090 644 #24

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

WILLIAM F SUTTER
THREE FIRST NATL PLAZA
ROOM 4300
CHICAGO, IL 60602

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side

- SENDER: Scott #24
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

RALPH A BARD JR TRUSTEE
U/A/D FEBRUARY 12, 1983
SUITE 2320
135 S LA SALLE ST
CHICAGO, IL 606034108

4a. Article Number
P 416 789 850

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/19/97

5. Received By: (Print Name)
KEITH DORRIS

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 416 789 850 #24

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

RALPH A BARD JR TRUSTEE
U/A/D FEBRUARY 12, 1983
SUITE 2320
135 S LA SALLE ST
CHICAGO, IL 606034108

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
JAMES F CURTIS
PATRICK J HERBERT III
FBO JAMES F CURTIS
C/O SIMPSON ESTATES
30 N LASALLE ST STE 1232
CHICAGO, IL 60602-504

4a. Article Number
P 160 090 653

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/19/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

JAMES F CURTIS
PATRICK J HERBERT III
FBO JAMES F CURTIS
C/O SIMPSON ESTATES
30 N LASALLE STE 1232
CHICAGO, IL 60602-504

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
GWENDOLYN S CHABRIER
PATRICK J HERBERT III
FBO GWENDOLYN S CHABRIER
C/O SIMPSON ESTATES
30 N LA SALLE ST #1232
CHICAGO, IL 60602-503

4a. Article Number
P 160 090 654

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/19/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

GWENDOLYN S CHABRIER
PATRICK J HERBERT III
FBO GWENDOLYN S CHABRIER
C/O SIMPSON ESTATES
30 N LA SALLE ST #1232
CHICAGO, IL 60602-503

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
WILLIAM SIMPSON TRUST
PATRICK J HERBERT III
SUCCESSOR TRUSTEE OF THE
WM SIMPSON TRUST DTD 12-17-79
30 N LASALLE STE 1232
CHICAGO, IL 60602-504

4a. Article Number
P 160 090 655

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/19/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

WILLIAM SIMPSON TRUST
PATRICK J HERBERT III
SUCCESSOR TRUSTEE OF THE
WM SIMPSON TRUST DTD 12-17-79
30 N LASALLE STE 1232
CHICAGO, IL 60602-504

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

■ Complete items 3, 4a, and 4b.
■ Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
GEORGE S ISHAM TRUST
1070 N. ELM TREE RD
LAKE FOREST, IL 60045

4a. Article Number
P 160 090 645

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/19/97

5. Received By: (Print Name)
L. Mc GLYNN

6. Signature: (Addressee or Agent)
X L. Mc GLYNN

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

GEORGE S ISHAM TRUST
1070 N. ELM TREE RD
LAKE FOREST, IL 60045

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

■ Complete items 1 and/or 2 for additional services.
■ Complete items 3, 4a, and 4b.
■ Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
VIRGINIE W ISHAM
P O BOX 307
LAKE FORREST, IL 60045

4a. Article Number
P 160 090 648

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
JUN 19 1997

5. Received By: (Print Name)
L. Mc GLYNN

6. Signature: (Addressee or Agent)
X Linda Mc GLYNN

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

VIRGINIE W ISHAM
P O BOX 307
LAKE FORREST, IL 60045

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

■ Complete items 1 and/or 2 for additional services.
■ Complete items 3, 4a, and 4b.
■ Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
FREDERICK F WEBSTER JR
945 WOODLAND DRIVE
GLENVIEW, IL 60025

4a. Article Number
P 416 789 866

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
JUN 19 1997

5. Received By: (Print Name)
X Frederick F Webster Jr

6. Signature: (Addressee or Agent)
X Frederick F Webster Jr

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

FREDERICK F WEBSTER JR
945 WOODLAND DRIVE
GLENVIEW, IL 60025

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

PS Form 3811, December 1994
 * Complete items 1 and/or 2 for additional services.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

GEORGE A RANNEY
 17370 WEST CASEY ROAD
 LIBERTYVILLE, IL 60048

4a. Article Number

P 416 789 865

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6/15/97 19

5. Received By: (Print Name)

Paul Quinn

6. Signature: (Addressee or Agent)

X Paul Quinn

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

* Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DIANE DERRY
 736 HINMAN AVE #1W
 EVANSTON, IL 60202

4a. Article Number

P 416 789 860

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-19-97

5. Received By: (Print Name)

X Diane M. Derry

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

* Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HENRY P ISHAM JR DECD
 FIRST NATL BANK CHICAGO AGENT
 VW & RT ISHAM TRUSTEES
 UWO HENRY P ISHAM JR DECD
 8150 N. CENTRAL EXPY STE 1211
 DALLAS, TX 75206

4a. Article Number

P 416 789 841

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-19-97

5. Received By: (Print Name)

X Paul Quinn

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

GEORGE A RANNEY
 17370 WEST CASEY ROAD
 LIBERTYVILLE, IL 60048

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

P 416 789 860

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

DIANE DERRY
 736 HINMAN AVE #1W
 EVANSTON, IL 60202

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

P 416 789 841

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

HENRY P ISHAM JR DECD
 FIRST NATL BANK CHICAGO AGENT
 VW & RT ISHAM TRUSTEES
 UWO HENRY P ISHAM JR DECD
 8150 N. CENTRAL EXPY STE 1211
 DALLAS, TX 75206

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

* Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

WALTER B FARNHAM
 P O BOX 494
 NORWOOD, CO 814230494

4a. Article Number

P160 090 639

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6/18/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Walter B Farnham*

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

- * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

RALPH AUSTIN BARD JR
 TRUSTEE U/A/D 7-25-49
 135 S LASALLE STREET
 SUITE 2320
 CHICAGO, IL 606034108

4a. Article Number

D 416 789 851

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6/19/97

5. Received By: (Print Name)

KEITH DORRIS

6. Signature: (Addressee or Agent)

X *Keith Dorris*

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

- * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

ROBERT T ISHAM
 335 HOT SPRINGS RD
 SANTA BARBARA, CA 93108

4a. Article Number

P160 090 641

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6.19

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Robert T Isham*

PS Form 3811, December 1994

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

WALTER B FARNHAM
 P O BOX 494
 NORWOOD, CO 814230494

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6/16/97

PS Form 3800, April 1995

P 416 789 851
 US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

RALPH AUSTIN BARD JR
 TRUSTEE U/A/D 7-25-49
 135 S LASALLE STREET
 SUITE 2320
 CHICAGO, IL 606034108

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

P 160 090 641
 US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

ROBERT T ISHAM
 335 HOT SPRINGS RD
 SANTA BARBARA, CA 93108

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

* Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

CHARLES WELLS FARNHAM JR
 ST MARYS POINT
 16825 S 25TH ST
 LAKELAND, MN 55043

4a. Article Number

P 416 789 848

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-19-97

5. Received By: (Print Name)

Charles W. Farnham

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

* Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

RALPH U. FITTING JR, TRST
 PO BOX 782
 MIDLAND, TX 79702

4a. Article Number

P 416 789 853

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-20-97

5. Received By: (Print Name)

Ralph U. Fitting Jr

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

* Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

MARTHA M LATTNER TRUST
 JAMES E PALMER SUCCESSOR
 FBO MARTHA M LATTNER SETTLOR
 PO BOX 29352
 SAN FRANCISCO, CA 941290352

4a. Article Number

P 416 789 843

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-19-97

5. Received By: (Print Name)

Martha M Lattner Trust

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

CHARLES WELLS FARNHAM JR
 ST MARYS POINT
 16825 S 25TH ST
 LAKELAND, MN 55043

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

RALPH U. FITTING JR, TRST
 PO BOX 782
 MIDLAND, TX 79702

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

MARTHA M LATTNER TRUST
 JAMES E PALMER SUCCESSOR
 FBO MARTHA M LATTNER SETTLOR
 PO BOX 29352
 SAN FRANCISCO, CA 941290352

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

ANTHONY BARD BOARD
BANK OF AMERICA ILLINOIS
ATTN: DEAN KELLY
PO BOX 2081
CHICAGO, IL 60690

4a. Article Number
P 416 789 862

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
JUN 20 1997

5. Received By: (Print Name)
LAURIE DEMBSKI

6. Signature: (Addressee or Agent)
X

8. Addressee's Address (Only if requested and fee is paid)
Bank of America Illinois

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

ANTHONY BARD BOARD
BANK OF AMERICA ILLINOIS
ATTN: DEAN KELLY
PO BOX 2081
CHICAGO, IL 60690

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

- SENDER: Scott #24
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

SABINE ROYALTY TRUST
C/O PACIFIC ENTERPRISES
ABC CORPORATION
ATTN: SARA WILLIAMS
3131 TURTLE CREEK BLVD.
DALLAS, TX 75219

4a. Article Number
P 416 789 854

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
JUN 19 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X M. Knight

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

SABINE ROYALTY TRUST
C/O PACIFIC ENTERPRISES
ABC CORPORATION
ATTN: SARA WILLIAMS
3131 TURTLE CREEK BLVD.
DALLAS, TX 75219

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

- SENDER: Scott #24
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

MARGARET STUART HART
NORTHERN TRUST BNK/LAKE FOREST
& MARGARET STUART HART COTRSTE
U/A ROBERT DOUGLAS STUART
PO BOX 226270
DALLAS, TX 75222

4a. Article Number
P 416 789 874

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
JUN 10 1997

5. Received By: (Print Name)
LINDA

6. Signature: (Addressee or Agent)
X L. Myre

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

MARGARET STUART HART
NORTHERN TRUST BNK/LAKE FOREST
& MARGARET STUART HART COTRSTE
U/A ROBERT DOUGLAS STUART
PO BOX 226270
DALLAS, TX 75222

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

* Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

W. WATSON LAFORCE JR
 PO BOX 353
 MIDLAND, TX 79701

4a. Article Number

P 416 789 845

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery JUN 20 1997

5. Received By: (Print Name)

W. WATSON LAFORCE JR

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

* Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

WILLIAM W. SHAW TRUST
 THOMASVILLE RT BOX 60-B
 BIRCH TREE, MO 65438

4a. Article Number

P 416 789 859

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-20-97

5. Received By: (Print Name)

Eugene Miller

6. Signature: (Addressee or Agent)

X Eugene Miller

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

* Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

JUDITH SHAW TRUST
 U/A/D 4-14-66
 THOMASVILLE RT BOX 60-B
 BIRCH TREE, MO 65438

4a. Article Number

P 416 789 855

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-20-97

5. Received By: (Print Name)

Eugene Miller

6. Signature: (Addressee or Agent)

X Eugene Miller

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

W. WATSON LAFORCE JR
 PO BOX 353
 MIDLAND, TX 79701

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800 April 1995

P 416 789 859

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

WILLIAM W. SHAW TRUST
 THOMASVILLE RT BOX 60-B
 BIRCH TREE, MO 65438

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800 April 1995

P 416 789 855

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

JUDITH SHAW TRUST
 U/A/D 4-14-66
 THOMASVILLE RT BOX 60-B
 BIRCH TREE, MO 65438

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800 April 1995

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BRUCE P SHAW TRUST
THOMASVILLE RT BOX 60-B
BIRCH TREE, MO 65438

4a. Article Number

P 416 789 871

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-20-97

5. Received By: (Print Name)

Eugene Miller

6. Signature: (Addressee or Agent)

X Eugene Miller

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

BRUCE P SHAW TRUST
THOMASVILLE RT BOX 60-B
BIRCH TREE, MO 65438

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

6-16-97

SENDER: Scott #24

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ARCH W SHAW II TRUST
THOMASVILLE RT BOX 60-B
BIRCH TREE, MO 65438

4a. Article Number

P 416 789 870

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-20-97

5. Received By: (Print Name)

Eugene Miller

6. Signature: (Addressee or Agent)

X Eugene Miller

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

ARCH W SHAW II TRUST
THOMASVILLE RT BOX 60-B
BIRCH TREE, MO 65438

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

6-16-97

SENDER: Scott #24

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROGER D SHAW JR TRUST
THOMASVILLE RT BOX 60-B
BIRCH TREE, MO 65438

4a. Article Number

P 416 789 858

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-20-97

5. Received By: (Print Name)

Eugene Miller

6. Signature: (Addressee or Agent)

X Eugene Miller

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

ROGER D SHAW JR TRUST
THOMASVILLE RT BOX 60-B
BIRCH TREE, MO 65438

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

6-16-97

• Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

SUSANNE SHAW TRUST
 THOMASVILLE RT BOX 60-B
 BIRCH TREE, MO 65438

4a. Article Number

P 416 789 869

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-20-97

5. Received By: (Print Name)

Engene Miller

6. Signature: (Addressee or Agent)

X Engene Miller

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: Scott #24

• Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

JOHN I. SHAW JR TRUST
 THOMASVILLE RT BOX 60-B
 BIRCH TREE, MO 65438

4a. Article Number

P 416 789 868

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-20-97

5. Received By: (Print Name)

Engene Miller

6. Signature: (Addressee or Agent)

X Engene Miller

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: Scott #24

• Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

MARY F LOVE
 4005 PINOLE VALLEY RD.
 PINOLE, CA 94564

4a. Article Number

P 160 090 642

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-23-97

5. Received By: (Print Name)

Mary F Love

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

SUSANNE SHAW TRUST
 THOMASVILLE RT BOX 60-B
 BIRCH TREE, MO 65438

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

P 416 789 868

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

JOHN I. SHAW JR TRUST
 THOMASVILLE RT BOX 60-B
 BIRCH TREE, MO 65438

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

P 160 090 642

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

MARY F LOVE
 4005 PINOLE VALLEY RD.
 PINOLE, CA 94564

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

PS Form 3800, April 1995

Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
EDWARD L RYERSON JR TRST
CAMBRIDGE TRUST CO TRUSTEE
ATTN: DAVID STRACHAN
1336 MASSACHUSETTS AVE
CAMBRIDGE, MA 021383829

4a. Article Number
P 416 789 873

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6-23-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, April 1995

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

EDWARD L RYERSON JR TRST
CAMBRIDGE TRUST CO TRUSTEE
ATTN: DAVID STRACHAN
1336 MASSACHUSETTS AVE
CAMBRIDGE, MA 021383829

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

PS Form 3800, April 1995

SENDER: Susan #24

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
NANCY BARD LISA BARD FIELD
SHARON BARD WAILES & TRAVIS
BARD INT & COLLECTIVELY AS
CO-TRUSTEES U/C/O DTD 10-7-86
609 RICHARDS LAKE RD
FT COLLINS, CO 80524

4a. Article Number
P 416 789 856

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
24 JUN 1991

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, April 1995

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

NANCY C BARD LISA BARD FIELD
SHARON BARD WAILES & TRAVIS
BARD INT & COLLECTIVELY AS
CO-TRUSTEES U/C/O DTD 10-7-86
609 RICHARDS LAKE RD
FT COLLINS, CO 80524

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

PS Form 3800, April 1995

SENDER: Susan #24

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
ROBERT B FARNHAM
ST MARYS POINTE
16737 S. 25TH ST
LAKELAND, MN 55043

4a. Article Number
P 416 789 847

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-7-97

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, April 1995

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

ROBERT B FARNHAM
ST MARYS POINTE
16737 S. 25TH ST
LAKELAND, MN 55043

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

* Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROY E BARD JR
 508 S PARKWOOD AVE
 PARK RIDGE, IL 60068

4a. Article Number

P 160 090 640

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-21-97

5. Received By: (Print Name)

X ROY E BARD

6. Signature: (Addressee or Agent)

X Roy E. Bard

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

* Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J ROBERT JONES
 1205 W PECAN
 MIDLAND, TX 79705

4a. Article Number

P 416 789 846

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6/21/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Robert Jones

PS Form 3811, December 1994

Domestic Return Receipt

SENDER: Scott #24

* Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JAMES C BARD
 850 COUNTY RD 10
 MEEKER, CO 81641

4a. Article Number

P 160 090 643

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-21-97

5. Received By: (Print Name)

Bard

6. Signature: (Addressee or Agent)

X James C. Bard

PS Form 3811, December 1994

Domestic Return Receipt

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

ROY E BARD JR
 508 S PARKWOOD AVE
 PARK RIDGE, IL 60068

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

6-16-97

P 416 789 846

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

J ROBERT JONES
 1205 W PECAN
 MIDLAND, TX 79705

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

6-16-97

P 160 090 643

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

JAMES C BARD
 850 COUNTY RD 10
 MEEKER, CO 81641

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

6-16-97

• Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

ELEANOR ISHAM DUNNE
 728 ROSEMARY RD.
 LAKE FOREST, IL 60045

4a. Article Number

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-19-97 AN

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Maura Dunne*

[Signature]

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

Scott #24
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ALBERT L HOPKINS JR
 P O BOX 67
 DANBURY, NH 03230-0067

4a. Article Number

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-20-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Albert Hopkins C. J.*

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

Scott #24
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN M SIMPSON & WILLIAM
 SIMPSON TR U/W JAMES SIMPSON JR
 C/O TRUST CO OF NEW YORK
 ATTN: BARRY WALDORF
 114 WEST 47TH STREET
 NEW YORK, NY 10036

4a. Article Number

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JUN 25 1994

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

ELEANOR ISHAM DUNNE
 728 ROSEMARY RD.
 LAKE FOREST, IL 60045

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

ALBERT L HOPKINS JR
 P O BOX 67
 DANBURY, NH 03230-0067

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

JOHN M SIMPSON & WILLIAM
 SIMPSON TR U/W JAMES SIMPSON JR
 C/O TRUST CO OF NEW YORK
 ATTN: BARRY WALDORF
 114 WEST 47TH STREET
 NEW YORK, NY 10036

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	6-16-97

PS Form 3800, April 1995

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MICHAEL SIMPSON TRUST
 C/O U.S. TRUST CO OF NEW YORK
 ATTN: BARRY WALDORF
 114 WEST 47TH STREET
 NEW YORK, NY 10036

4a. Article Number

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

DEC 21 1994

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 160 090 651

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

MICHAEL SIMPSON TRUST
 C/O U.S. TRUST CO OF NEW YORK
 ATTN: BARRY WALDORF
 114 WEST 47TH STREET
 NEW YORK, NY 10036

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 6-16-97	

PS Form 3800, April 1995