

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY CORPORATION (NEVADA) FOR LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO.

Case No. 11847

AFFIDAVIT REGARDING NOTICE

STATE OF NEW MEXICO )  
COUNTY OF SANTA FE ) ss.

E.L. Buttross, Jr., being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an employee of Applicant.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.
4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.

E. L. Buttross Jr.  
E.L. Buttross, Jr.

SUBSCRIBED AND SWORN TO before me this 3<sup>rd</sup> day of September, 1997, by E.L. Buttross, Jr.

[Signature]  
NOTARY PUBLIC

My Commission Expires:

3/14/01

NEW MEXICO  
OIL CONSERVATION DIVISION

EXHIBIT 9C  
CASE NO. 11847

August 14, 1997

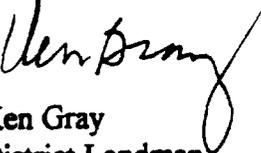
**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

To: Persons on Exhibit "A"

Enclosed is a copy of an application filed at the New Mexico Oil Conservation Division by Devon Energy Corporation (Nevada) requesting approval for lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the leases described in the application. This matter will be heard at 8:15 a.m. on Thursday, September 4, 1997 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the leases, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

**DEVON ENERGY CORPORATION (NEVADA)**

  
Ken Gray  
District Landman

KG:mb/LAND.1

enc.



BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY  
CORPORATION (NEVADA) FOR LEASE  
COMMINGLING, EDDY COUNTY, NEW MEXICO.

No. \_\_\_\_\_

APPLICATION

Devon Energy Corporation (Nevada) hereby applies for an exception to Division Rule 309 to permit lease commingling, as described further below:

1. Applicant is the operator of United States Oil and Gas Leases NM 033825, NM 025530, NM 29278, LC 055465, and LC 055383-A, which collectively cover the NE~~X~~ and S~~X~~NW~~X~~ of Section 4, and the NE~~X~~SE~~X~~ of Section 5, Township 18 South, Range 27 East, NMPM, Eddy County, New Mexico.

2. Applicant proposes to commingle Red Lake Queen-Grayburg-San Andres Pool production from 14 wells drilled or to be drilled on the subject leases and lands in a common tank battery to be located in the SW~~X~~NE~~X~~ of Section 4, without separately metering production, by allocating production to each well and to each lease on the basis of monthly well tests.

3. Royalty interest ownership under the subject leases is common, but working interest and/or overriding royalty interest ownership differs.

4. Notice of this application has been given to all interest owners in the affected leases, by certified mail.

5. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

**WHEREFORE**, applicant requests that the Division approve lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the above-described leases and lands.

Respectfully submitted,



---

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504  
(505) 982-2043

Attorney for Devon Energy Corporation  
(Nevada)

ANN D ALLISON  
P O BOX 64035  
LUBBOCK TX 79464  
58-5225-493

EDITH C WHEELER  
P O BOX 64035  
LUBBOCK TX 79464  
460-20-5004

DAVID W THORNE  
211 MAPLE ST  
BREVARD NC 28712  
073-05-3170

ESTATE OF HELEN HENSON  
1742 CATLIN DRIVE  
FAIRFIELD CA 94533  
525-36-3548

JOHN E THORNE  
3700 S LINDBERGH BLVD  
ST LOUIS MO 63127-3980  
309-46-8009

DAVIS A COPPEDGE  
466 GOODWIN DR  
RICHARDSON TX 75081-  
449-50-9520

JANE ELLEN MOORE  
P O BOX 3389  
SHERMAN TX 75090-  
450-78-2808

JAMES T COPPEDGE  
79 W MORGAN  
SPENCER IN 47460-  
253-70-7870

MICHAEL H. MOORE  
P O BOX 3389  
SHERMAN TX 75091-  
455-72-0603

DAVID H. ARRINGTON  
P O BOX 2071  
MIDLAND TX 79702-  
461-21-2845

CONRAD G. & ADA J. KEYES,  
LIVING TRUST  
CONRAD G. & ADA J. KEYES, TRUSTEES  
P O BOX 156  
BUIDOSO NM 88345-  
525-16-8892

VERA POLK LIFE ESTATE REMAIND  
CONNIE BOELKES TR FOR ZACHARY  
ALLEN BOELKES, A MINOR  
1715 SOUTH GARY AVE  
TULSA OK 74104-  
478-05-8893

LARUE M WHITE  
LILFAIR-BELWOOD  
1776 LARCH AVENUE #303  
CINCINNATI OH 45224-  
284-38-4701

JANE THORNE RONCA  
11805 LA CHARLES AVE NE  
ALBUQUERQUE NM 87111-  
512-36-9803

HENRY F THORNE  
P O BOX 4028  
FRESNO CA 93744-4028  
514-40-9014

ELIZABETH T GREENE  
200 E 22ND #12  
BOSWELL NM 88201-  
525-30-2106

JANICE GETTYS  
803 S STRATTON ST  
DECATUR TX 76234-  
525-38-4371

MARJORIE MEYER  
680 S ALTON WY, APT 5-B  
DENVER CO 80231-  
525-44-6888

ROBERT GRANT KEYES  
C/O NORWEST BANK NEW MEXICO OF  
ROSWELL ACCOUNT #2213451  
P O BOX 1977  
ROSWELL NM 88201-  
525-34-9318

MATTY RUTH GRIFFIN  
410 S ROSELAWN AVE  
ARTESIA NM 88210-  
525-66-1296

RICHARD B LODEWICK  
2516 LOCKHEED DRIVE  
MIDLAND TX 79701-3956  
525-66-2322

LAURA PATRICIA LODEWICK  
511 NEWELL  
DALLAS TX 75223-  
525-84-4934

JOHN WIDNEY LODEWICK  
3305 WENTWOOD  
DALLAS TX 75225-  
525-84-4935

BARBARA K DAVIDSON  
P O BOX 387  
LA JARA CO 81140-0387  
525-88-6447

MARY J. MCWHORTER  
769 CANYON ROAD  
LOGAN UT 84321-4316  
526-24-8433

LELA BESS BARNETTE  
THE FIFTH AVENUE  
500 HENDRICKSON RD, STOP 5016  
SEQUIM WA 98382-  
569-26-2685

LILLIAN O'HACO MCNALLY  
317 SHERRILL LANE #17  
BOSWELL NM 88201-  
585-12-1208

YATES BROS  
207 SOUTH 4TH ST  
ARTESIA NM 88210-  
85-0119859

RUSSELL ESTATE TRUST  
ATTN: TRUST DEPARTMENT  
FIRST NATIONAL BANK OF ARTESIA  
P O DRAWER AA  
ARTESIA NM 88210-  
85-6086406

MCWHORTER FAMILY TRUST 89/2/24  
BRENT & RUTH MCWHORTER, TRUSTEES  
6140 E VOLTAIRE  
SCOTTSDALE AZ 85254-  
526-64-4301

MINERALS MANAGEMENT SERVICE  
ROYALTY PROGRAM  
BOX 5810, T.A.  
DENVER CO 80217-  
84-0848646

WILLIAM RICHARD BALLARD  
11651 CALLE JAVELINA  
TUCSON AZ 85748-  
525-10-7129

BETTY L. PRICE MORGAN  
2210 CHURUBUSCO DRIVE  
SAN ANTONIO TX 78239-  
525-44-3306

HELEN WATSON & JOHN T RHETT  
3178 N 21ST ST  
ARLINGTON VA 22201  
276-36-0254

SUSAN LYNN TERRY  
2113 N MESA #216  
EL PASO TX 79912  
455-98-0570

WINNIE JEFFREY  
304 HEATH DRIVE  
BUIDOSO NM 88345  
457-28-0307

MICKEY TRAVIS  
1004 E TATE  
BROWNFIELD TX 79316  
457-92-5239

MARGARET TRAVIS  
1004 E TATE  
BROWNFIELD TX 79316  
460-68-7698

SANDRA LEIGH TERRY  
P O BOX 12617  
EL PASO TX 79912  
461-90-4039

EDDIE V PEOPLES  
9 VICTORIAN OAKS ROAD  
LOGNVIEW TX 75603  
462-29-9514

BARBARA KAY CLAYTON SCOTT  
9819 148TH ST CT E  
PUYALLUP WA 98373  
525-88-5089

CHERE JOHNSON  
SOLE AND SEPARATE PROPERTY  
1605 S 21ST ST  
ARTESIA NM 88210  
525-92-7517

JOHN DONALD CLAYTON  
P O BOX 526  
ARTESIA NM 88211-0526  
525-98-3891

BARBARA KRUSE FRANKENFIELD  
2121 BECKETT DRIVE  
FLOWER MOUND TX 75028-  
585-09-6438

LEON J CLAYTON JR  
2117 E LAGUNA  
TEMPE AZ 85282-  
585-10-1905

HIGGINS TRUST INC  
C/O WILLIAM P EDWARDS  
P O BOX 2421  
GAINESVILLE GA 30503-  
85-6009063

CHILDRESS ROYALTY COMPANY  
P O BOX 66  
JOPLIN MO 64801-  
75-0918518

DARLA SUE SHAW  
11331 TROON VISTA DRIVE  
SCOTTSDALE AZ 85255-  
440-36-4948

JOE A CLAYTON III  
P O BOX 4190  
MURFREESBORO TN 37133-  
445-34-3673

LINDA NELSON  
1116 ROSEBRIER  
GUTHRIE OK 73044-  
444-52-0292

DEVON ENERGY CORP (NEVADA)  
20 N. BROADWAY, STE 1500  
OKLAHOMA CITY OK 73102-8260  
73-0779404

ALTURA ENERGY LTD (AMOCO)  
(SUCCESSOR TO AMOCO)  
P O BOX 100725  
ATLANTA GA 30384-0725  
76-0528603

RICHARD K DAVIDSON  
P O BOX 387  
LA JARA CO 81140-0387  
525-84-4330

Is your RETURN ADDRESS completed on the reverse side?

**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:

Altura Energy Ltd.  
P.O. Box 100725  
Atlanta, GA 30384-0725

4a. Article Number

P 619 403 872

4b. Service Type

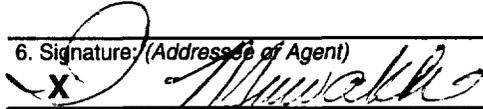
- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

NOV 16 1997

5. Received By: (Print Name)

6. Signature: (Addressed to Agent)

*X* 

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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:

Conrad G. & Ada J. Keyes Living Trust  
Conrad G. & Ada J. Keyes, Trustees  
P.O. Box 156  
Ruidoso, NM 88345

4a. Article Number

P 619 403 893

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 *Ada J. Keyes*

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.

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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:

Russell Estate Trust  
Attn: Trust Department  
First National Bank of Artesia  
P.O. Drawer AA  
Artesia, NM 88210

4a. Article Number

P 619 403 902

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Phillip Lawson*

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

PS Form 3811, December 1994

Domestic Return Receipt

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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:

Elizabeth T. Greene  
200 E. 22nd, #12  
Roswell, NM 88201

4a. Article Number

P 619 403 890

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *E. Greene*

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

PS Form 3811, December 1994

Domestic Return Receipt

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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:

David W. Thorne  
211 Maple St.  
Brevard, NC 28712

4a. Article Number

P 619 403 915

4b. Service Type

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

7. Date of Delivery

8/19

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

*David Thorne*

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

PS Form 3811, December 1994

Domestic Return Receipt

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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:

Lillian O'Haco McNally  
317 Sherrill Lane, #17  
Roswell, NM 88201

4a. Article Number

P 619 403 912

4b. Service Type

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

7. Date of Delivery

8/13/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

*Lillian O'Haco McNally*

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.

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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:

Charles R. Collins  
1404 Farrington Drive  
Knoxville, TN 37923

4a. Article Number

P 619 403 860

4b. Service Type

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

7. Date of Delivery



5. Received By: (Print Name)

6. Si

)

PS F

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

Thank you for using Return Receipt Service.

receipt

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Hattye Ruth Griffin 410 S. Roselawn Ave. Artesia, NM 88210		4a. Article Number P 619 403 888	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8-20-97	
5. Received By: (Print Name) HATTYE RUTH GRIFFIN		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>Hattye Ruth Griffin</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  John Donald Clayton P.O. Box 526 Artesia, NM 88211-0526		4a. Article Number P 619 403 873	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8-19-97	
5. Received By: (Print Name) John Clayton		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>John Clayton</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Susan Labunski 931 W. Stonehedge Drive Addison, IL 60101-3172		4a. Article Number P 619 403 862	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8-20-97	
5. Received By: (Print Name) Susan Labunski		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>Susan Labunski</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

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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:  Barbara Kay Clayton Scott 9819 148th St. Ct. E. Puyallup, WA 98373	4a. Article Number P 619 403 874 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X <i>Barbara Kay Scott</i>	

PS Form 3811, December 1994

Domestic Return Receipt

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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:  Conrad G. & Ada J. Keyes Living Trust Conrad G. & Ada J. Keyes, Trustees P.O. Box 156 Ruidoso, NM 88345	4a. Article Number P 619 403 837 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X <i>Ada J. Keyes</i>	

PS Form 3811, December 1994

Domestic Return Receipt

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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:  Linda P. Skinner 7826 Caruth Ct. Dallas, TX 75225	4a. Article Number P 619 403 854 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 8-22-97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X <i>Linda Skinner</i>	

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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:

Mickey Travis  
1004 E. Tate  
Brownfield, TX 79316

4a. Article Number  
P 619 403 876

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-21-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X *Mickey Travis*

PS Form 3811, December 1994

Domestic Return Receipt

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**SENDER:**

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- 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:

Yates Bros.  
207 South 4th St.  
Artesia, NM 88210

4a. Article Number  
P 619 403 897

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-22-97

5. Received By: (Print Name)  
JOANN GRIGGS

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

6. Signature: (Addressee or Agent)  
*Joann Griggs*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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- 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:

Donald L. Clark  
P.O. Box 191407  
Dallas, TX 75219-1407

4a. Article Number  
P 619 403 853

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-26-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X *D. Sparkman*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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 Hubert  
3209 Dublin Ln.  
Louisville, KY 40206

4a. Article Number

P 619 403 864

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

KRISTEN L. HUBERT

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

AS ABOVE

6. Signature: (Addressee or Agent)

X Kristen L. Hubert

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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
- 2.  Restricted

Consult postmaster

3. Article Addressed to:

LaRue M. White  
1776 Larch Avenue, #303  
Cincinnati, OH 45224

4a. Article Number

P 619 403 892

4b. Service Type

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

7. Date of Delivery

8/18/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X LaRue M. White

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Ret

Is your RETURN ADDRESS completed on the reverse side?

**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:

Larue M. White  
1776 Larch Avenue, #303  
Cincinnati, OH 45224

4a. Article Number

P 619 403 843

4b. Service Type

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

7. Date of Delivery

8/18/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Larue M. White

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?

**SENDER:**

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- 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:

Margaret Travis  
1004 E. Tate  
Brownfield, TX 79316

4a. Article Number

P 619 403 871

4b. Service Type

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

7. Date of Delivery

8-21-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Margaret Travis*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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**SENDER:**

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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:

Richard B. Lodewick  
2516 Lockheed Drive  
Midland, TX 79701-3956

4a. Article Number

P 619 403 881

4b. Service Type

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

7. Date of Delivery

8-21-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *R. B. Lodewick*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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:

Kathryn Beach  
2301 Bennett Road  
Lafayette, IN 47905

4a. Article Number

P 619 403 863

4b. Service Type

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

7. Date of Delivery

8/18/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Kathryn Beach*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
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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:

Joan A. Hudson  
8053 San Vista Circle  
Naples, FL 33942

4a. Article Number

P 619 403 847

4b. Service Type

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

7. Date of Delivery

8/19/97

5. Received By: (Print Name)

ET

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

6. Signature: (Addressee or Agent)

X Joan Hudson

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Complete items 3, 4a, and 4b.
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- 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:

Lela Bess Barnett  
The Fifth Avenue  
500 Hendrickson Rd., Stop 5016  
Sequim, WA 98382

4a. Article Number

P 619 403 907

4b. Service Type

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

7. Date of Delivery

8/19/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X B. T. M. E. S.

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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:

Joan A. Hudson  
8053 San Vista Circle  
Naples, FL 33942

4a. Article Number

P 619 403 832

4b. Service Type

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

7. Date of Delivery

8/30/97

5. Received By: (Print Name)

ET

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

6. Signature: (Addressee or Agent)

X Joan Hudson

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  William H. Collins 6542 Nine Mile Azle Road Ft. Worth, TX 76135	4a. Article Number P 619 403 848	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	7. Date of Delivery 8-18-97	
5. Received By: (Print Name) Barbara J. Collins	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Barbara J. Collins		

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  Vera Polk Life Estate Connie Boelkes, Trustee for Zachary Allen Boelkes, a Minor 1715 South Gary Ave. Tulsa, OK 74104	4a. Article Number P 619 403 899	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	7. Date of Delivery 8/19/97	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Vera Polk		

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  Jane Ann Hudson Davis Box 2660 Ruidoso, NM 88345-2660	4a. Article Number P 619 403 838	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	7. Date of Delivery 8-18-97	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X J. Davis		

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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:

Winnie Jeffrey  
304 Heath Drive  
Ruidoso, NM 88345

4a. Article Number  
P 619 403 877

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X Winnie Jeffrey

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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:

Helen Watson & John T. Rhett  
3175 N. 21st St.  
Arlington, VA 22201

4a. Article Number  
P 619 403 878

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-18-97

5. Received By: (Print Name)  
Helen W Rhett

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

6. Signature: (Addressee or Agent)  
X Helen W. Rhett

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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:

James T. Coppedge  
79 W. Morgan  
Spencer, IN 47460

4a. Article Number  
P 619 403 901

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X James T. Coppedge

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Complete items 3, 4a, and 4b.
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- 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:

Marjorie Meyer  
680 S. Alton Way, Apt. 5-B  
Denver, CO 80231

4a. Article Number

P 619 403 889

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Marjorie Meyer

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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**SENDER:**

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- 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:

Jane Ann Hudson Davis  
Box 2660  
Ruidoso, NM 88345-2660

4a. Article Number

P 619 403 857

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X J. Davis

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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 H. Moore  
P.O. Box 3389  
Sherman, TX 75091

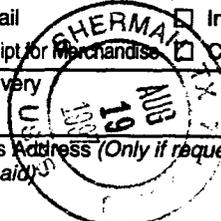
4a. Article Number

P 619 403 894

4b. Service Type

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

7. Date of Delivery



5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Tom B. Moore

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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- 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:  Jane Ellen Moore P.O. Box 3389 Sherman, TX 75090	4a. Article Number P 619 403 896
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery
6. Signature: (Addressee or Agent) X Jane Moore	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?

**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:  Higgins Trust Inc. c/o William P. Edwards P.O. Box 2421 Gainesville, GA 30503	4a. Article Number P 619 403 909
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery AUG 18 1997
6. Signature: (Addressee or Agent) X Kathleen Edwards	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?

**SENDER:**

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- 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 W. Hubert 430 Swan St. Louis, MO 63119	4a. Article Number P 619 403 865
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery
6. Signature: (Addressee or Agent) X John W. Hubert	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?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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:

John E. Thorne  
3700 S. Lindbergh Blvd.  
St. Louis, MO 63127-3980

4a. Article Number  
P 619 403 906

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-18-97 Delder

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X a. Thorne

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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.
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- 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:

Richard K. Davidson  
P.O. Box 387  
La Jara, CO 81140-0387



4a. Article Number  
P 619 403 867

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-18-97 RLR

5. Received By: (Print Name)  
JANET DAVIDSON

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

6. Signature: (Addressee or Agent)  
X Janet Davidson

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321-4316



4a. Article Number  
P 619 403 908

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-18-97

5. Received By: (Print Name)  
J. McWhorter

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.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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- 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:

Chere Johnson  
1605 S. 21st St.  
Artesia, NM 88210

4a. Article Number  
P 619 403 869

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-18

5. Received By: (Print Name)  
Chere Johnson

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

6. S  
PS

Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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.
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- 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:

Barbara K. Davidson  
P.O. Box 387  
La Jara, CO 81140-0387



4a. Article Number  
P 619 403 916

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-18-94

5. Received By: (Print Name)  
JANET DAVIDSON

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

6. Signature: (Addressee or Agent)  
Janet Davidson

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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:

Susan Lynn Terry  
6112 N. Mesa, #216  
El Paso, TX 79912

4a. Article Number  
P 619 403 884

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
16 AUG 1997

5. Received By: (Print Name)

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

6. S  
PS

Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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:

Minerals Management Service  
Royalty Program  
Box 5810, T.A.  
Denver, CO 80217

4a. Article Number  
**P 619 403 845**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
**CORPORATE EXPRESS DELIVERY SYSTEMS**  
**Agent for Minerals Management Service**  
**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?

**SENDER:**

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- 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:

Minerals Management Service  
Royalty Program  
Box 5810, T.A.  
Denver, CO 80217

4a. Article Number  
**P 619 403 833**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
**CORPORATE EXPRESS DELIVERY SYSTEMS**  
**Agent for Minerals Management Service**  
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?

**SENDER:**

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- 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:

Janice Gettys  
803 S. Stratton St.  
Decatur, TX 76234

4a. Article Number  
**P 619 403 883**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**8-16-97**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X Janice D. Gettys**

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?

**SENDER:**

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- 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:

Hattye Ruth Griffin  
410 S. Roselawn Ave.  
Artesia, NM 88210

4a. Article Number

P 619 403 841

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

HATTYE R GRIFFIN

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

6. Signature:

X

PS Form

Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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.
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- 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:

Claire Collins  
3257 Rogers Ave.  
Ft. Worth, TX 76109

4a. Article Number

P 619 403 850

4b. Service Type

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

7. Date of Delivery

18 August 1997

5. Received By: (Print Name)

CLAIRE COLLINS

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

6. Signature: (Addressee or Agent)

X

Claire Collins

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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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:

David W. & I. Faye Cromwell  
2819 Shandon  
Midland, TX 79705

4a. Article Number

P 619 403 855

4b. Service Type

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

7. Date of Delivery

AUG 19 1997

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

D. W. Cromwell

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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**SENDER:**

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- Complete items 3, 4a, and 4b.
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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:

Estate of Helen Henson  
1742 Catlin Drive  
Fairfield, CA 94533

4a. Article Number

P 619 403 844

4b. Service Type

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

7. Date of Delivery

8-22-97

5. Received By: (Print Name)

Lisa Luiz

6. Signature: (Addressee or Agent)

X *Lisa Luiz*

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?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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:

Estate of Helen Henson  
1742 Catlin Drive  
Fairfield, CA 94533

4a. Article Number

P 619 403 914

4b. Service Type

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

7. Date of Delivery

8-22-97

5. Received By: (Print Name)

LISA LUIZ

6. Signature: (Addressee or Agent)

X *Lisa Luiz*

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

PS Form 3811, December 1994

Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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:

Davis A. Coppedge  
466 Goodwin Dr.  
Richardson, TX 75081

4a. Article Number

P 619 403 904

4b. Service Type

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

7. Date of Delivery

8-19-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*Davis A. Coppedge*

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?

**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Robert Hubert  
20218 N.E. 163rd Street  
Woodinville, WA 98072

4a. Article Number

P 619 403 861

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

ROBERT P. HUBERT

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Sandra Leigh Terry  
P.O. Box 12617  
El Paso, TX 79912

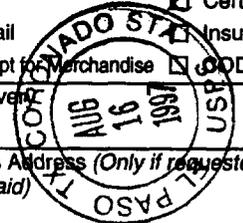
4a. Article Number

P 619 403 875

4b. Service Type

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

7. Date of Delivery



5. Received By: (Print Name)

SANDRA Terry

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

McWhorter Family Trust  
Brent & Ruth McWhorter, Trustees  
6140 E. Voltaire  
Scottsdale, AZ 85254

4a. Article Number

P 619 403 880

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

Michel H. Gorman

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?

**SENDER:**

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- Complete items 3, 4a, and 4b.
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- 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:

Laura Patricia Lodewick  
511 Newell  
Dallas, TX 75223

4a. Article Number  
P 619 403 887

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

7. Date of Delivery  
8/16/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X *Laura Patricia Lodewick*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Alleene C. Graves  
2381 Ridgmar Plaza  
Ft. Worth, TX 76116

4a. Article Number  
P 619 403 839

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

7. Date of Delivery  
8/10/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X *Alleene C. Graves*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Linda Nelson  
1116 Rosebrier  
Guthrie, OK 73044

4a. Article Number  
P 619 403 895

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

7. Date of Delivery  
8/14-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X *Wendy F. Johnson*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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:

Charlotte Ann Pier  
4349 Bellaire Dr., Suite 129  
Ft. Worth, TX 76109

4a. Article Number

P 619 403 858

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Charlotte Ann Pier

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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:

Charles M. Pier  
4004 Sanquinet St.  
Ft. Worth, TX 76107

4a. Article Number

P 619 403 851

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Charles M. Pier

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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:

M. Craig Clark, Inc.  
500 W. Texas, Suite 1175  
Midland, TX 79701

4a. Article Number

P 619 403 856

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)

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

6. Signature: (Addressee or Agent)

X M. Craig Clark

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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.
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- 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:

Ann D. Allison  
P.O. Box 64035  
Lubbock, TX 79464

4a. Article Number

P 619 403 918

4b. Service Type

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

7. Date of Delivery

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

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Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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- 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:

Edith C. Wheeler  
P.O. Box 64035  
Lubbock, TX 79464

4a. Article Number

P 619 403 910

4b. Service Type

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

7. Date of Delivery

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

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**SENDER:**

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- Complete items 3, 4a, and 4b.
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- 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:

Janice Gettys  
803 S. Stratton St.  
Decatur, TX 76234

4a. Article Number

P 619 403 836

4b. Service Type

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

7. Date of Delivery

8-16-97

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.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  David H. Arrington P.O. Box 2071 Midland, TX 79702		4a. Article Number P 619 403 900	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Hugh Kincaid</i>			

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Eddie V. Peoples 9 Victorian Oaks Road Longview, TX 75603		4a. Article Number P 619 403 870	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Mrs. Eddie V. Peoples</i>			

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Charlotte Daugirda 10215 Huntington Wood Drive Houston, TX 77099		4a. Article Number P 619 403 859	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery AUG 10 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Charlotte Daugirda</i>			

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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:

Marjorie Meyer  
680 S. Alton Way, Apt. 5-B  
Denver, CO 80231



4a. Article Number

P 619 403 842

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Marjorie Meyer*

PS Form 3811, December 1994

Domestic Return Receipt

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- 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:

Estate of Adrienne Gans Simon  
c/o William D. Ratliff, Jr., Executor  
500 Throckmorton, Suite 1600  
Ft. Worth, TX 76102

4a. Article Number

P 619 403 846

4b. Service Type

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

7. Date of Delivery

AUG 18 1997

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

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Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
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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:

Lela Bess Barnette  
The Fifth Avenue  
500 Hendrickson Road, Stop 5016  
Sequim, WA 98382

4a. Article Number

P 619 403 840

4b. Service Type

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

7. Date of Delivery

8/19/97

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

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**SENDER:**

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- 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:

Jane Thorne Ronca  
11805 La Charles Ave. NE  
Albuquerque, NM 87111

4a. Article Number  
P 619 403 898

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

7. Date of Delivery  
AUG 19 1997

5. Received By: (Print Name)  
X SAMUELA WASHBURN

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

6. Signature: (Addressee or Agent)  
X Samuel A Washburn

PS Form 3811, December 1994 Domestic Return Receipt

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- 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:

Higgins Trust Inc.  
c/o William P. Edwards  
P.O. Box 2421  
Gainesville, GA 30503

4a. Article Number  
P 619 403 849

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

7. Date of Delivery  
AUG 18 1997

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X Kathleen Edwards

PS Form 3811, December 1994 Domestic Return Receipt

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**SENDER:**

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- 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 Richard Ballard  
11651 Calle Javelina  
Tucson, AZ 85748

4a. Article Number  
P 619 403 879

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

7. Date of Delivery  
16 Aug 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.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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:

Minerals Management Service  
Royalty Program  
Box 5810, T.A.  
Denver, CO 80217

4a. Article Number  
P 619 403 886

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
AUG 1 1997

5. Received By: (Print Name)  
Agent for Mineral Management Service

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

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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**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:

Jonel Susan Grasso  
11 Ocean Ridge  
Laguna Niquel, CA 92677

4a. Article Number  
P 619 403 866

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8/10/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994

Domestic Return Receipt

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**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:

Barbara K. Davidson  
P.O. Box 387  
La Jara, CO 81140-0387



4a. Article Number  
P 619 403 834

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
8-18-97

5. Received By: (Print Name)  
Barbara K. Davidson

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

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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:

John Widney Lodewick  
3305 Wentwood  
Dallas, TX 75225

4a. Article Number

P 619 403 911

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

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

8-20-97

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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:

Childress Royalty Company  
P.O. Box 66  
Joplin, MO 64801

4a. Article Number

P 619 403 913

4b. Service Type

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

7. Date of Delivery

8-19-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X SOE SUPLEX

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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**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:

Altura Energy, Ltd.  
P.O. Box 100725  
Atlanta, GA 30384-0725

4a. Article Number

P 619 403 831

4b. Service Type

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

7. Date of Delivery

AUG 18 1997

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.