

EXHIBIT 11

**Affidavit of Notice Regarding Hearing  
for Statutory Unitization of the  
East Shugart (Delaware) Unit**

State of New Mexico                    )  
Counties of Eddy and Lea            ) ss.

B. Lynne Ellison, being first duly sworn, upon oath deposes and says:

I am of legal age and have personal knowledge of the matters stated herein. By letter dated May 27, 1999, I, as Landman for St. Mary Land & Exploration Company, Operator of the proposed East Shugart (Delaware) Unit covering 604.12 acres, more or less, described as:

Township 18 South, Range 31 East, NM Meridian  
Section 13: S/2SE/4  
Section 24: NE/4 and N/2SE/4  
Eddy County, New Mexico

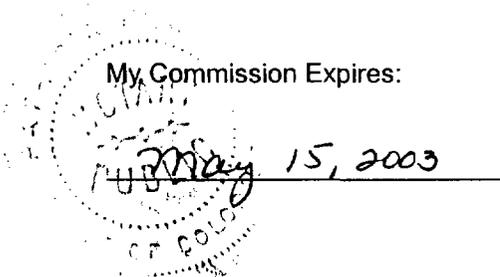
Township 18 South, Range 32 East, NM Meridian  
Section 18: Lot 4 (SW/4SW/4)  
Section 19: Lots 1, 2 (W/2NW/4);  
              Lot 3 (NW/4SW/4); E/2NW/4  
              and NE/4SW/4  
Lea County, New Mexico

sent notice to all owners of royalty, overriding royalty and working interests within the unitized formation that a hearing has been scheduled before the New Mexico Oil Conservation Division on June 24, 1999 related to an application for statutory unitization of the Brushy Canyon Formation of the Delaware Mountain Group. Copies of the application and of the related waterflood application were attached to the notices. The notices were delivered by certified mail, return receipt requested. A copy of the letter along with copies of the signed return receipts are attached to this Affidavit.

Further Affiant sayeth not.

B. Lynne Ellison  
B. Lynne Ellison

Subscribed and sworn to before me this 13<sup>th</sup> day of July, 1999.



Patricia Spanigan  
Notary Public for the State of Colorado  
Residing at 1776 LINCOLN ST, STE 1100  
DENVER CO 80203

**Certified Mail  
Return Receipt Requested**

May 27, 1999

To: See Attached List of Addressees

Re: East Shugart (Delaware) Unit  
Eddy and Lea Counties, NM

Ladies and Gentlemen:

Enclosed is a copy of an application for statutory unitization of the proposed East Shugart (Delaware) Unit filed with the New Mexico Oil Conservation Division by St. Mary Land & Exploration Company. Also enclosed is a related waterflood application.

This matter will be heard at 8:15 a.m. on Thursday, June 24, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. Our records indicate that you own an interest in the unit area. As an interest owner in the unit area, you have the right to enter an appearance and participate in the hearing. Failure to appear at the hearing will preclude you from contesting this matter at a later date. If you will be appearing at the hearing, you are requested to notify the attorney for the applicant no later than Friday, June 18, 1999. Our attorney is James Bruce, P. O. Box 1056, Santa Fe, New Mexico 87504.

Very truly yours,

**St. Mary Land & Exploration Company**



B. Lynne Ellison  
Landman

/le  
Attachments

## ADDRESS LIST

EAST SHUGART (DELAWARE)

IIT

RIVERHILL ENERGY CORPORATION  
PO BOX 2726  
MIDLAND TX 79702-2726

ST MARY LAND & EXPLORATION  
COMPANY  
1776 LINCOLN ST STE 1100  
DENVER CO 80203

MARY ELIZABETH BAISH-WESTIN  
513 POWELL AVE  
CRESSON PA 16630-1314

KAREN ELIZABETH CHARLES  
110 HUDSON AVE  
ALTOONA PA 16602-4914

HIGGINS TRUST INC  
PO BOX 2421  
GAINESVILLE GA 30503-2421

MARGARET MASTERS  
47 OAKWOOD DR  
WORMLEYSBURG PA 17043-1134

KATHERINE MARY SCOTT  
809 SHERIDAN ST  
ALTOONA PA 16602-5440

BETTY BAISH STROHMEYER  
ESTATE  
JAMES SCOTT STROHMEYER  
EXECUTOR  
5311 E 5TH ST  
TUCSON AZ 85711-2331

GEORGE WESTALL  
PO BOX 70  
RUIDOSO DOWNS NM 88346-0070

CENTENNIAL  
PO BOX 1837  
ROSWELL NM 88202

SELMA ANDREWS TRUST #5188-01  
FBO PEGGY BARRETT  
PO BOX 840738  
DALLAS TX 75284-0738

JOHN WALLACE WALLRICH  
2410 W 79TH AVE  
ANCHORAGE AK 99502

GRAHAM AUSTIN AND MARGARET  
AUSTIN  
CO-TRTEES OF THE AUSTIN FAMILY  
TRUST UTA 3/22/95  
24992 NELLIE GAIL  
LAGUNA BEACH CA 92653

NANCY CARTER  
PO BOX 386  
LEMON GROVE CA 91946-0386

RANDY G PATTERSON  
1705 WASHINGTON  
ARTESIA NM 88210-1650

JACK W MCCAWE  
PO BOX 127  
ARTESIA NM 88211-0127

WILLIAM C WHITE  
4200 AMISTAD DR  
MIDLAND TX 79707-3203

BRILLE INSTITUTE OF AMERICA  
INC  
C/O NATIONSBANK OF TEXAS NA  
PO BOX 840738  
DALLAS TX 75248-0738

BEVERLY LE TOURNEAU  
PO BOX 487  
STOLLWATER MN 55082-0487

EUGENE WALLRICH  
6827 ELIOT VIEW RD  
MINNEAPOLIS MN 55426-2833

JW WALLRICH JR  
416 N ELMHURST AVE  
MT PROSPECT IL 60056-2012

LUCY MCCARLEY  
4463 SPRINGMOOR CIR  
RALEIGH NC 27615-5707

LOFFLAND LIMITED PARTNERSHIP  
6300 RIDGLEA PL STE 717  
FORT WORTH TX 76116-5733

FIVE STATES 1994-E LTD  
4925 GREENVILLE AVE STE 1220  
DALLAS TX 75206-4020

FIVE STATES 1995-B LTD  
4925 GREENVILLE AVE STE 1220  
DALLAS TX 75206-4020

FIVE STATES 1995-D LTD  
4925 GREENVILLE AVE STE 1220  
DALLAS TX 75206-4020

PAUL J ANDERSON  
728 GULL LAKE DR  
NISSWA NM 56468-9543

THOMAS R HOLLOWAY  
9993 ARCOLA COURT N  
STILLWATER MN 55082-9523

DEBORAH FEDRIC  
PO BOX 1771  
ROSWELL NM 88202-1771

TE BROWN JR  
PO BOX 68  
ARTESIA NM 88211-0068

ORION PROPERTIES INC  
11776 S 76TH E AVE  
BIXBY OK 74008-2022

KING PROPERTIES INC  
PO BOX 10  
BIXBY OK 74008-0010

CLIFTON EUGENE SHUMATE JR  
CUSTODIAL TRTEE  
FOR THE SHAREHOLDERS OF  
OIL ROYALTIES CORPORATION  
PO BOX 2473  
MIDLAND TX 79702-2473

JACK FOLKNER  
PO BOX 39  
LOLEETA CA 95551-0039

LOUISE FOLKNER LANE  
6206 84TH STREET E  
PUYALLUP WA 98371-6342

ROBERT L FOLKNER  
1807 W CANARY WY  
CHANDLER AZ 85248-3031

MARK RYAN FOLKNER  
7209 ARROYO DE LOSO NE  
ALBUQUERQUE NM 87109-2922

CARL LEWIS FOLKNER JR  
9005 NW VOLCANO ROAD, #30  
ALBUQUERQUE NM 87121

STEPHEN FRANCIS FOLKNER  
213 CAMINO CUATRO SW  
ALBUQUERQUE NM 87105-7581

JOHN CHRISTOPHER FOLKNER  
8207 SAN JUAN RD NE  
ALBUQUERQUE NM 87108-2345

GEORGE H HUNKER JR  
PO BOX 1837  
ROSWELL NM 88202-1837

PATRICIA A BRUNSON  
PO BOX 1353  
SPRINGDALE AR 72764-1353

JIMMIE L CHARLESWORTH  
RT 4 BOX 140B  
HEREFORD TX 79045-9404

TOMMYE G EWING  
3130 SAN SEBASTIAN  
CARROLTON TX 75006

BETTE TAYLOR GARNER  
6118 EDITH NE #152  
ALBUQUERQUE NM 87107

ACME LAND COMPANY  
P. O. BOX 10280  
MIDLAND TX 79702

OLIN E GROVES  
2507 CIMMARON  
MIDLAND TX 79705

CECIL E & ELLA BELLE  
HOLEMAN TRUST A & B  
1303 W AVE J  
LOVINGTON NM 88260

PRIME ENERGY ASSET &  
INCOME FUND AA-3 & AA-4  
2900 WILCREST DR STE 475  
HOUSTON TX 77042-6009

SALLY MEADER ROBERTS  
704 DELMAR  
MIDLAND TX 79703-5536

VIVIAN C BRUNSON  
4205 LANKFORD  
SPRINGDALE AR 72762

GEORGE SHANNON  
IND EXECUTOR OF  
GLADYS SHANNON ESTATE  
3112 HALLMARK  
TYLER TX 75701

WILLIAM J CASEY  
500 THROCKMORTON  
FORT WORTH TX 76102-3708

NATIONSBANK  
TEXAS NA TRTEE UWO  
DAVID B TRAMMELL (#818)  
PO BOX 848703  
DALLAS TX 75284-8703

CAROL DAVID TRAMMELL  
PO BOX 5081  
WALNUT CREEK CA 94596-1081

NATIONSBANK TEXAS NA TRUSTEE  
OF MARGARET RUTH TRAMMELL  
TRUST  
PO BOX 848703  
DALLAS TX 75284-8703

RICHARD BORGAARD  
8882 NE MEADOW RIDGE ROAD  
PRINEVILLE OR 97754-9695

MARGARET JOHNSON MCCURDY  
TRTEE  
UTA 9/30/88  
2525 RIDGMAR BLVD STE 300  
FORT WORTH TX 76116-4583

E BERNARD JOHNSTON AND  
MARY ELLEN JOHNSTON  
2715 N KENTUCKY AVE #16  
ROSWELL NM 88201-5868

RAY F LEWIS JR  
1232 E AVITA AVE  
CASA GRANDE AZ 85222-1105

MICHAEL R MCGUIRE  
3209 ESTRELLITA  
ROSWELL NM 88201-1017

MARGARET H NAYLOR  
REVOCABLE TRUST  
PO BOX 1196  
ARTESIA NM 88211-1196

ROJO INC  
PO BOX 1120  
ROSWELL NM 88202-1120

RALPH A SHUGART TRUST  
c/o MICHAEL D MCCANNON  
300 S JACKSON ST STE 500  
DENVER CO 80209-3133

CLIFTON E SHUMATE AND  
HELEN C SHUMATE  
2201 VENTNOR CT  
ARLINGTON TX 76011

MYRTLE MYRA WESTALL  
REVOCABLE TRUST  
704 W BULLOCK AVE  
ARTESIA NM 88210-2337

HARMAC OIL & GAS INC  
221 E  
WORTH  
GRAPEVINE TX 76051

DNR OIL & GAS INC  
655 BROADWAY  
DENVER CO 80203

DAVID W TWOMEY  
CONOCO INC  
10 DESTA DR STE 100W  
MIDLAND TX 79705

EHW LLC  
A NM LIMITED LIABILITY COMPANY  
101 S FOURTH STREET  
ARTESIA NM 88210-2177

WILLA KATHRYN KENNEDY  
P. O. BOX 1121  
EDGEWOOD NM 87015-1121

MARY KENNEDY GORE  
4749 E MOHAVE AVENUE  
LAS VEGAS NV 89104-5826

BRANEX RESOURCES INC.  
P. O. BOX 2328  
ROSWELL NM 88202-2328

RIVERHILL ENERGY CORPORATION  
PO BOX 2726  
MIDLAND TX 79702-2726

HARE PRODUCTION COMPANY  
1601 E BLANCHO BLVD  
BLOOMFIELD NM 87413

TED E BACIL  
43513 OCASO CORTE  
FREMONT CA 94539-5633

NORMAN BARKER  
3208 HAYNES DR  
MIDLAND TX 79705-4213

FLOYD A BLAKENEY  
2603 N WASHINGTON  
ROSWELL NM 88201

BORICA OIL INC  
DRAWER H  
FT SUMNER NM 88119-1507

GERALD E & E PATRICIA  
HARRINGTON TRUSTEES OF THE  
HARRINGTON TRT  
PO BOX 216  
ROSWELL NM 88201

NM&T RESOURCES LLC  
PO BOX 10523  
MIDLAND TX 79702-7523

PAULA S CAMPBELL  
PO BOX 1018  
ROSWELL NM 88201

DR MICHAEL NORTON III  
688 COUNTY ST  
NEW BEDFORD MA 02740-6721

TROY OR SANDRA ONEY  
PO BOX 513  
MALAKOFF TX 75148

LEONARD SCHAEN  
6004 HIGHCOURT PL  
DALLAS TX 75240

SCHATZ MANAGEMENT TRUST  
BARBARA A SCHATX TRUSTEE  
2817 W DENGAR  
MIDLAND TX 79705-6104

EDWIN G WALLACE  
133 SLEEPY HOLLOW LN  
ORINDA CA 94563-1340

RIVERHILL ENERGY CORPORATION  
FOR THE ACCT OF WILLIAM NICKEY  
PO BOX 2726  
MIDLAND TX 79702-2726

CHESTER FRANCIS CARTHEL TRT  
FOR  
OLGA EUDORA TANNAHILL MILLER  
PO BOX 1 PLAZA ONE  
AMARILLO TX 79105-0001

CHESTER FRANCIS CARTHEL TRT  
FOR  
THEODORE HERSCHEL CARTHEL  
PO BOX 1 PLAZA ONE  
AMARILLO TX 79105-0001

DON L LEE  
PO BOX 149  
ALAMOGORDO NM 88311-0149

RICHARD E OCONNELL  
PO BOX 513  
PACIFIC GROVE CA 93950-0513

GWENDOLYN MANNING WILLIAMS  
905 W PINE CT  
MIDLAND TX 79705-6527

LESSIE FISHER  
PO BOX 301  
ALTO NM 88312

E & S LLC  
3007 RIVERSIDE DR  
ROSWELL NM 88201-1348

DEAN KINSOLVING  
PO BOX 325  
TATUM NM 88267

PATRICK J MORELLO  
598 WOODLAND DR  
PADUCAH KY 42001

DAVID J MOSSLER  
345 N MAPLE DR STE 105  
BEVERLY HILLS CA 90210-3854

JOHN & ALICE SHARP  
20 CONDESA RD  
SANTA FE NM 87505

STEVE OR LOLA BELL  
204 TIERRA BERRENDA  
ROSWELL NM 88201

NELSON B ALPERS TRTEE OF THE  
NELSON  
B ALPERS FAMILY TRT UTA 5/12/97  
4302 CRESTWOOD  
MIDLAND TX 79707

JOHN V FOX  
5012 LAKE CARLTON RD  
LOGANVILLE GA 30249

PATRICIA K JENNINGS  
3968 COTTONWOOD LN  
ROSWELL NM 88201

FIVE STATES 1994-E LTD  
4925 GREENVILLE AVE STE 1220  
DALLAS TX 75206-4020

FIVE STATES 1995-B LTD  
4925 GREENVILLE AVE STE 1220  
DALLAS TX 75206-4020

FIVE STATES 1995-D LTD  
4925 GREENVILLE AVE STE 1220  
DALLAS TX 75206-4020

J E CIESZINSKI  
PO BOX 3047  
ROSWELL NM 88202-3047

HARVEY E YATES COMPANY  
PO BOX 1933  
ROSWELL NM 88202-1933

JALAPENO CORPORATION  
PO BOX 1668  
ALBUQUERQUE NM 87103

NORTEX CORPORATION  
1415 LOUISIANA ST STE 3100  
HOUSTON TX 77002

YATES ENERGY CORPORATION  
PO BOX 2323  
ROSWELL NM 88202-2323

BRIAN D KANTOR  
5926 BIRDWOOD  
HOUSTON TX 77074

18-31 INC  
PO BOX 1120  
ROSWELL NM 88202-1120

JOHN MICHAEL FROST  
PO BOX 1120  
ROSWELL NM 88202-1120

MARIANNE KEOHANE FROST  
PO BOX 1120  
ROSWELL NM 88202-1120

MARK JAMES FROST  
PO BOX 1120  
ROSWELL NM 88202-1120

THERESA ANN FROST  
PO BOX 1120  
ROSWELL NM 88202-1120

SUE SAUNDERS GRAHAM  
PO BOX 987  
ROSWELL NM 88202-0987

DONALD S IVERSON ESTATE  
C/O SUSAN IVERSON  
1 TERRACE MOUNTAIN COVE  
AUSTIN TX 78746

IVERSON III INC  
C/O S IVERSON  
3454 S ZUNIS  
TULSA OK 74105

PAI INCORPORATED  
C/O PAUL IVERSON  
243 WALNUT ST  
NEWPORT BEACH CA 92663

JEWELL IVERSON INTERVIVOS  
TRUST  
R SULLIVAN SUCCESSOR  
4870 S LEWIS STE 200  
TULSA OK 74105

S J IVERSON JR  
2518 SINCLAIR  
MIDLAND TX 79705

WENDELL WELCH IVERSON  
PO BOX 1343  
MIDLAND TX 79702

JEANETTE Y KEOHANE  
13408 CLOUDVIEW NE  
ALBUQUERQUE NM 87123

PATSY ANN IVERSON PAGE  
1155 MURILAND VISTA WY  
LA JOLLA CA 92037

COMMERCE BANK OF KANSAS  
CITY TRTEE  
ELYSE S PATTERSON TRUST B  
ATTN MARK ROBISON  
PO BOX 419248  
KANSAS CITY MO 64199-3366

PIP 1990 TRUST  
C/O WENDELL W IVERSON  
TRUSTEE  
PO BOX 10508  
MIDLAND TX 79702

SJI JR 1990 TRUST  
C/O WENDELL W IVERSON  
TRUSTEE  
PO BOX 10508  
MIDLAND TX 79702

PHOEBE SHELTON  
PO BOX 430  
AMARILLO TX 79105

THE TOLES COMPANY  
PO BOX 1300  
ROSWELL NM 88202-1300

WWI 1990 TRUST  
C/O WENDELL W IVERSON  
TRUSTEE  
PO BOX 10508  
MIDLAND TX 79702

SPIRAL INC  
PO BOX 1933  
ROSWELL NM 88202-1933

HEYCO EMPLOYEE LTD  
PO BOX 1933  
ROSWELL NM 88202-1933

EXPLORER PETROLEUM CORP  
PO BOX 1933  
ROSWELL NM 88202-1933

GENE SHUMATE  
PO BOX 2473  
MIDLAND TX 79702

JOSEPH R MAZZOLA  
INTOIL INC  
9200 E MINERAL AVE  
ENGLEWOOD CO 80110

GREG HOLCOMB  
TRUSTEE  
SJ IVERSON TRUST  
PO BOX 830308  
DALLAS TX 75238

J DAVID WRATHER JR  
PO BOX 1788  
LONGVIEW TX 75605

PETER C IVERSON  
& ALVIN M IVERSON  
EXECUTORS OEO DOROTHY  
MONROE  
206 BELLEMEADE CIRCLE  
EUFAULA OK 74432-2071

Form 3800, April 1995 (Reverse)

return  
service  
and  
fee

is your RETURN ADDRESS completed on the reverse

- INSTRUCTIONS:**
- 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:

RIVERHILL ENERGY CORPORATION  
 PO BOX 2726  
 MIDLAND TX 79702-2726

4a. Article Number  
 2238 822 358

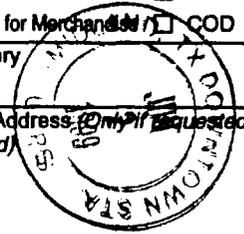
- 4b. Service Type
- Registered
  - Express Mail
  - Return Receipt for Merchandise
  - Certified
  - Insured
  - COD

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]*



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse

INSTRUCTIONS:

- 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.
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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:

HARE PRODUCTION COMPANY  
1601 E BLANCHO BLVD  
BLOOMFIELD NM 87413

4a. Article Number

2 159 888 511

4b. Service Type

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

7. Date of Delivery

5/29/99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *[Handwritten Signature]*

Thank you for using Return Receipt Service.

April 1995 (Reverse)

fe  
equipe  
Lunjer e  
que ray (le

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.

is your RETURN ADDRESS completed on the reverse

3. Article Addressed to:

TED E BACIL  
43513 OCASO CORTE  
FREMONT CA 94539-5633

4a. Article Number

2159 888 521

4b. Service Type

- Registered
- Certified
- Insured
- COD
- Receipt for Merchandise

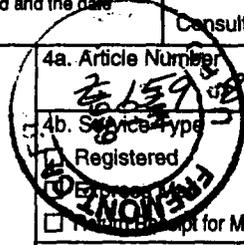
7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Ted Bacil*



Thank you for using Return Receipt Service.

0000, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

- INSTRUCTIONS:**  
 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 BARKER  
 3208 HAYNES DR  
 MIDLAND TX 79705-4213

4a. Article Number  
 P 554 486 695

- 4b. Service Type
- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Registered                     | <input 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  
 6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X Mrs N.K. Barker

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3811, December 1994  
PS Form 3811, December 1994  
PS Form 3811, December 1994  
PS Form 3811, December 1994

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the front of the mailpiece?

Complete items 1 and/or 2 for additional services.  
Complete items 3, 4a, and 4b.  
Write 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:  
  
FLOYD A BLAKENEY  
2603 N WASHINGTON  
ROSWELL NM 88201

4a. Article Number  
**2159 888 512**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**5-29-95**

5. Received By: (Print Name)  
**X PAT BLAKENEY**

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

6. Signature: (Addressee or Agent)  
**X Pat Blakeney**

PS Form 3811, December 1994

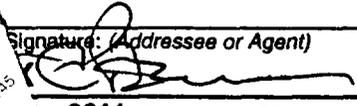
102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

article to cover First-Class postage, certified mail fee, and optional services (See front).  
 receipt postmarked, stick the gummed stub to the right of the return card, and present the article at a post office service and it to your rural carrier (no extra charge).  
 do not want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article with **RETURN RECEIPT REQUESTED** adjacent to the number.  
 if you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.  
 Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.  
 Save this receipt and present it if you make an inquiry.

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:  BORICA OIL INC DRAWER H FT SUMNER NM 88119-1507		4a. Article Number <b>2159 888 522</b> 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)  Signature: (Addressee or Agent) 		7. Date of Delivery <b>6-2-99</b> 8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt

cover First-Class postage, certified mail fee, and services (See front).  
 marked, stick the gummed stub to the right of the return attached, and present the article at a post office service carrier (no extra charge).  
 receipt postmarked, stick the gummed stub to the right of the date, detach, and retain the receipt, and mail the article.  
 receipt, write the certified mail number and your name and address on Form 3811, and attach it to the front of the article by means of the REQUESTED adjacent to the number. Endorse front of article delivery restricted to the addressee, or to an authorized agent of the addressee, in the appropriate spaces on the front of this form. For the services requested in the applicable blocks in item 1 of Form 3811, check the applicable blocks in item 1 of Form 3811. Attach this receipt and present it if you make an inquiry.

(Reverse)  
 Form 3811, April 1995  
 ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4, and 7b. MIDLAND, TEXAS TX 797 05 ■ 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: NM&T RESOURCES LLC PO BOX 10523 MIDLAND TX 79702-7523	4a. Article Number <b>2159 888 513</b>	
	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 <b>JUN - 1 1999</b>	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) <b>X Lamo Lee</b>		
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the

1. Write items 1 and/or 2 for additional services. Write items 3, 4a, and 4b. Write 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:  
PAULA S CAMPBELL  
PO BOX 1018  
ROSWELL NM 88201

4a. Article Number  
Z 159 888 523  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
6-1-99

5. Received By: (Print Name)  
Jane Andrews

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

6. Signature: (Addressee or Agent)  
X Jane Andrews

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

**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.

Is your RETURN ADDRESS completed on the reverse

3. Article Addressed to:

BRIAN D KANTOR  
5926 BIRDWOOD  
HOUSTON TX 77074

4a. Article Number

2159 888 553

4b. Service Type

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

7. Date of Delivery

5-29-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

BD Kantor

Thank you for using Return Receipt Service.





- 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:

SCHATZ MANAGEMENT TRUST  
 BARBARA A SCHATX TRUSTEE  
 2817 W DENGAR  
 MIDLAND TX 79705-6104

4a. Article Number  
 2159 888 505

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
 6-1-99

Received By: (Print Name)  
 Barbara Schatz

Signature: (Addressee or Agent)  
*Barbara Schatz*

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

Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

to cover First-Class postage, certified mail fee, and optional services (See front).

Postmark the receipt, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service to your rural carrier (no extra charge).

If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the right of the return receipt. Otherwise, affix to back of article. Endorse front of article with "RETURN RECEIPT REQUESTED" adjacent to the number.

If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse "RESTRICTED DELIVERY" on the front of the article.

Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

Save this receipt and present it if you make an inquiry.

Business completed on the reverse side.

Thank you for using Return Receipt.

POSTAL 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:**

EDWIN G WALLACE  
133 SLEEPY HOLLOW LN  
ORINDA CA 94563-1340

**4a. Article Number**

2159 888 515

**4b. Service Type**

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

**7. Date of Delivery**

June 1-1999

**5. Received By: (Print Name)**

E. G. WALLACE

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

E. G. Wallace

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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

to cover First-Class postage, certified mail fee, and optional services (See front).

2) Postmarked, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service to your rural carrier (no extra charge).

3) If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends. If space permits, otherwise, attach to back of article. Endorse front of article with "RETURN RECEIPT REQUESTED" adjacent to the number.

4) If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5) Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6) Save this receipt and present it if you make an inquiry.

102595-97-B-0179

Thank you for using Return Receipt Service.

1. mail fee, at  
 2. right of the return  
 3. post office service  
 4. stub to the right of the  
 5. and mail the article.  
 6. and your name and address  
 7. of the article by means of the  
 8. of article. Emborse front of article  
 9. or to an authorized agent of the  
 10. front of the article.  
 11. appropriate spaces on the front of this  
 12. applicable blocks in item 1 of Form 3811.  
 13. an inquiry.  
 PS Form 3800, April 1995 (Rev. 11/2/95) 97-B-0175

Is your RETURN ADDRESS completed?

**R:**  
 Write items 1 and/or 2 for additional services.  
 Write items 3, 4a, and 4b.  
 Write your name and address on the reverse of this form so that we can return this  
 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:  
 CHESTER FRANCIS CARTEL TRT  
 FOR OLGA EUDORA TANNAHILL  
 MILLER  
 PO BOX 1 PLAZA ONE  
 AMARILLO TX 79105-0001

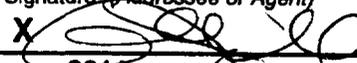
4a. Article Number  
 2 159 888 506

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

7. Date of Delivery  
 JUN - 1 1999

5. Received By: (Print Name)  
 Gabriel Jaramillo

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

6. Signature: (Addressee or Agent)  


Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse side of this form

1. Write items 1 and/or 2 for additional services.  
 2. Write 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:  
 CHESTER FRANCIS CARTEL TRT  
 FOR THEODORE HERSCHEL  
 CARTEL  
 PO BOX 1 PLAZA ONE  
 AMARILLO TX 79105-0001

4a. Article Number  
 Z 159 888 516

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

7. Date of Delivery  
 JUN - 2 1999

5. Received By: (Print Name)  
 Gabriel Jaramillo

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

6. Signature: (Addressee or Agent)  
 X 

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service



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and

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

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:  
RICHARD E OCONNELL  
PO BOX 513  
PACIFIC GROVE CA 93950-0513

4a. Article Number  
2159 888 507  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
7. Date of Delivery  
3 1995

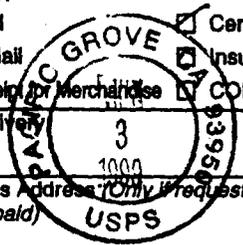
5. Received By: (Print Name)  
RICHARD E. O'CONNELL

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

6. Signature: (Addressee or Agent)  
X Richard E O'Connell

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt



Thank you for using Return Receipt Service.

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:**

GWENDOLYN MANNING WILLIAMS  
905 W PINE CT  
MIDLAND TX 79705-6527

**4a. Article Number**

Z 159 888 517

**4b. Service Type**

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

**7. Date of Delivery**

Dec 01-95

**5. Received By: (Print Name)**

**Signature (Addressee or Agent)**

X Gwendolyn Williams

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

Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

1. Do not want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed stub to the right of the return receipt postmarked, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service and it to your rural carrier (no extra charge).

2. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed stub to the right of the return receipt postmarked, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service and it to your rural carrier (no extra charge).

3. If you want delivery restricted to the addressee or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

4. Enter fees for the services requested in the appropriate spaces on the front of this receipt, if return receipt is requested, check the applicable blocks in item 1 of Form 3811.

5. Save this receipt and present it if you make an inquiry.

3800 April 1995 (Reverse)

Thank you for using Return Receipt

102595-97-B-0145  
PS Form 3811, December 1994  
102595-97-B-0145

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

fees, and

**INSTRUCTIONS:**

- 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:

LESSIE FISHER  
PO BOX 301  
ALTO NM 88312

4a. Article Number

2159 888 527

4b. Service Type

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

7. Date of Delivery

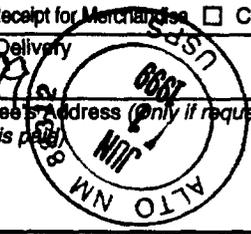
6/1/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X. James Clark*

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



PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.



PS Form 3800, April 1995 (Reverse)

PS Form 3800, April 1995 (Reverse)

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

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:  
DEAN KINSOLVING  
PO BOX 325  
TATUM NM 88267

4a. Article Number  
Z 159 888 518  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X Penda Kinsolving

Thank you for using Return Receipt Service

102595-97-R-0145  
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 PS Form 3800, April 1995 (Reverse)

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**PS Form 3800, April 1995 (Reverse)**  
 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:  
 PATRICK J MORELLO  
 598 WOODLAND DR  
 PADUCAH KY 42001

4a. Article Number  
 2159 888 528  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery  
 6-2-99

5. Received By: (Print Name)  
 Patrick Morello

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

6. Signature: (Addressee or Agent)  
 Patrick Morello

Thank you for using Return Receipt Service

PS Form 3811, December 1994  
PS Form 3811, December 1994

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse side of this form?

**RETURN:**  
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:  
DAVID J MOSSLER  
345 N MAPLE DR STE 105  
BEVERLY HILLS CA 90210-3854

4a. Article Number  
Z 159 888 509

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

7. Date of Delivery  
6-1

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Rev. 11-25-95) PS Form 3811  
1. Block in item 1 of Form 3811.  
2. Leave spaces on the front of this article.  
3. An authorized agent of the article by means of the article.  
4. Endorse front of article.  
5. Your name and address to mail the article.  
6. To the right of the article.  
7. Post office service.  
8. Mail fee.

Is your RETURN ADDRESS completed?

Items 1 and/or 2 for additional services.  
Items 3, 4a, and 4b.  
Your name and address on the reverse of this form so that we can return this 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 & ALICE SHARP  
20 CONDESA RD  
SANTA FE NM 87505

4a. Article Number  
2159 888 519

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

5. Received By: (Print Name)  
JOHN SHARP

7. Date of Delivery  
JUN 5 1999

6. Signature: (Addressee or Agent)  
X

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

Thank you for using Return Receipt Service.

102595-97-8-0145  
 PS Form 3800, April 1995 (Reverse)

**RETURN:**  
 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.

is your RETURN ADDRESS completed on the

3. Article Addressed to:  
 STEVE OR LOLA BELL  
 204 TIERRA BERRENDA  
 ROSWELL NM 88201

5. Received By: (Print Name)

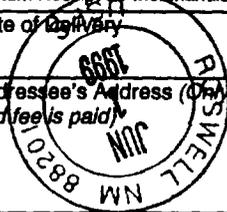
6. Signature: (Addressee or Agent)  
 X 

4a. Article Number  
 2 159 888 529

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

7. Date of Delivery

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



Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

102595-97-B-0179

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 1 of Form 3811.  
 in item 1 of Form 3811.

**1. Return to:**  
 Write items 1 and/or 2 for additional services.  
 Write items 3, 4a, and 4b.  
 Write your name and address on the reverse of this form so that we can return this 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:**  
 NELSON B ALPERS TRTEE OF THE  
 NELSON  
 B ALPERS FAMILY TRT UTA 5/12/97  
 4302 CRESTWOOD  
 MIDLAND TX 79707

**4a. Article Number**  
 2159 888 510

**4b. Service Type**

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

**7. Date of Delivery**  
 JUN - 3 1999

**5. Received By: (Print Name)**  
 N. B. ALPERS

**6. Signature: (Addressee or Agent)**  
 N. B. ALPERS

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

Thank you for using Return Receipt



POSTAL 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:**

PATRICIA K JENNINGS  
3968 COTTONWOOD LN  
ROSWELL NM 88201

**4a. Article Number**

2159 888 530

**4b. Service Type**

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

**7. Date of Delivery**

6-19-94

**5. Received By: (Print Name)**

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

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

*Patricia Jennings*

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

cover First-Class postage, certified mail fee, and additional services (See front).

1. If you want a return receipt, write the certified mail number and your name and address on the return receipt card, Form 3811, and attach it to the front of the article by means of the gummed stub to the right of the return receipt. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

2. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

3. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make an inquiry.

102595-97-B-0179

Thank you for using Return Receipt Service.

to article to cover First-Class postage, certified mail fee, and selected optional services (See form).

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt at a post office service on a return receipt card, Form 3811, and attach it to the front of the article by means of the RETURN RECEIPT REQUESTED adjacent to the number.

3. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.

4. Either fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

5. Save this receipt and present it if you make an inquiry.

MAIN 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:

J DAVID WRATHER JR  
 PO BOX 1788  
 LONGVIEW TX 75605

4a. Article Number  
 E 159 888 507

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
 JUN -1 1999

5. Received By: (Print Name)  
 J. David Wrather

6. Signature: (Addressee or Agent)  
 X

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

Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

mail fee  
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service

Items 1 and/or 2 for additional services.  
Items 3, 4a, and 4b.  
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.

Is your RETURN ADDRESS completed on the reverse of this form?

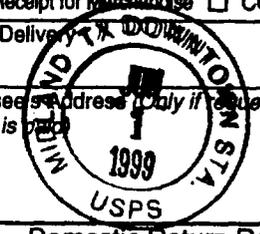
3. Article Addressed to:  
  
GENE SHUMATE  
PO BOX 2473  
MIDLAND TX 79702

4a. Article Number  
**7 159 888 5dp**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name)

7. Date of Delivery

6. Signature: (Addressee or Agent)  
*Gene Shumate*

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


PS Form 3800, April 1995 (Reverse)

PS Form 3811, December 1994

PS Form 3811, December 1994

is your RETURN ADDRESS completed on the reverse of this form

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:  
 FIVE STATES 1994-E LTD  
 4925 GREENVILLE AVE STE 1220  
 DALLAS TX 75206-4020

4a. Article Number  
 2159 888 521

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

5. Received By: (Print Name)

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

7. Date of Delivery  
 6/1/99

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

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.

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service  
and

PS Form 3800, April 1995 (Reverse)

**INSTRUCTIONS:**

- 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.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

FIVE STATES 1995-B LTD  
4925 GREENVILLE AVE STE 1220  
DALLAS TX 75206-4020

4a. Article Number

2238 822 324

4b. Service Type

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

7. Date of Delivery

6/1/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*Karen Crow*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.



PS Form 3800, April 1995 (Reverse)

**ORDER:**

- 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.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

J E CIESZINSKI  
 PO BOX 3047  
 ROSWELL NM 88202-3047

4a. Article Number  
 2159 888 534

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)

*J. E. Cieszynski*



Thank you for using Return Receipt

PS Form 3800, April 1995 (Reverse)  
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 3. by means of the reverse front of article  
 4. by means of the reverse front of article  
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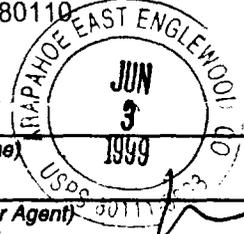
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date 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:  
 JOSEPH R MAZZOLA  
 INTOIL INC  
 9200 E MINERAL AVE  
 ENGLEWOOD CO 80110

5. Received By: (Print Name)  
 \_\_\_\_\_

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



4a. Article Number  
 2159 888 562

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

7. Date of Delivery  
 \_\_\_\_\_

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

Thank you for using Return Receipt Service

April 1995 (Reverse)

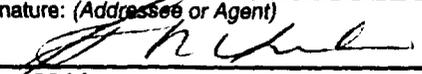
is your RETURN ADDRESS completed on the reverse

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:  
 NORTEX CORPORATION  
 1415 LOUISIANA ST STE 3100  
 HOUSTON TX 77002

4a. Article Number  
 Z 159 888 535  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery  
 06/01/99

5. Received By: (Print Name)  
 YORK  
 6. Signature: (Addressee or Agent)  
 X 

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

PS Form 3800, April 1995 (Reverse)

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1.  Items 1 and/or 2 for additional services.  
2.  Items 3, 4a, and 4b.  
3.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  
4.  Write "Return Receipt Requested" on the mailpiece below the article number.  
5.  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:  
HARVEY E YATES COMPANY  
PO BOX 1933  
ROSWELL NM 88202-1933

4a. Article Number  
2159 888 543  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
6-1-99

5. Received By: (Print Name)

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

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

Thank you for using the Post Office.

PS Form 3800, April 1995 (Reverse)

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PS Form 3811.

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service

**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:

SPIRAL INC  
 PO BOX 1933  
 ROSWELL NM 88202-1933

4a. Article Number  
 Z 159 888 560

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name)

7. Date of Delivery  
 6-1-99

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

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

Thank you for using Return Receipt Certified

102595-97-B-0179  
to be spaced as in item 1 of Form 3811.  
the article  
an authorized agent of the

Endorse front of article  
your name and address  
mail the article  
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Post Office service  
mail fee.

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on

1. Write items 1 and/or 2 for additional services.  
Write items 3, 4a, and 4b.  
your name and address on the reverse of this form so that we can return this  
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:  
EXPLORER PETROLEUM CORP  
PO BOX 1933  
ROSWELL NM 88202-1933

4a. Article Number  
Z159 888 564

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

7. Date of Delivery  
6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X Amy G. Gill

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)  
102595-97-B-0145  
Front of this Form 3811.

agent of the  
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is your RETURN ADDRESS completed on the reverse of this form

1. Write items 1 and/or 2 for additional services.  
2. Write items 3, 4a, and 4b.  
3. Write your name and address on the reverse of this form so that we can return this article to you.  
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.  
5. Write "Return Receipt Requested" on the mailpiece below the article number.  
6. 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:  
HEYCO EMPLOYEE LTD  
PO BOX 1933  
ROSWELL NM 88202-1933

4a. Article Number  
**Z 159 888 501**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
7. Date of Delivery  
**6-7-99**

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

102595-97-B-0175

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Form 3811.

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office service

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is your RETURN ADDRESS completed on the

**FR:**  
 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:

YATES ENERGY CORPORATION  
 PO BOX 2323  
 ROSWELL NM 88202-2323

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Candy Stevens*

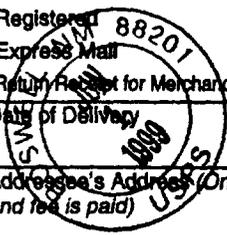
4a. Article Number  
 2 159 888 544

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

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



Thank you for using Return Receipt Service.

102595-97-B-0145  
 PS Form 3800, April 1995 (Rev. 10/94)  
 is your RETURN ADDRESS completed on the reverse of this form. 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.

1.  Items 1 and/or 2 for additional services.  
 2.  Items 3, 4a, and 4b.  
 your name and address on the reverse of this form so that we can return this 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.

is your RETURN ADDRESS completed on the reverse of this form.

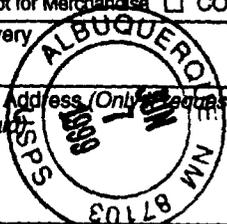
3. Article Addressed to:  
 JALAPENO CORPORATION  
 PO BOX 1668  
 ALBUQUERQUE NM 87103

4a. Article Number  
 7159 888 552  
 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 requested and fee is paid)

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



Thank you for using Return Receipt Service

to cover First-Class postage, certified mail fee, and additional services (See front).  
 Postmarked, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service or rural carrier (no extra charge).  
 At this receipt postmarked, stick the gummed stub to the right of the article, date, detach, and retain the receipt, and mail the article.  
 On a return receipt, write the certified mail number and your name and address on the receipt card, Form 3811, and attach it to the front of the article by means of the appropriate spaces on the front of this receipt if space permits. Otherwise, affix to back of article. Endorse front of article with **RECEIPT REQUESTED** adjacent to the number.  
 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.  
 Enter fees for the services requested in the appropriate blocks in item 1 of Form 3811. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.  
 6. Save this receipt and present it if you make an inquiry.

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:  
 RIVERHILL ENERGY CORPORATION  
 FOR THE ACCT OF WILLIAM NICKY  
 PO BOX 2726  
 MIDLAND TX 79702-2726

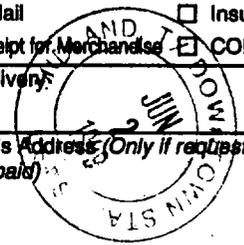
4a. Article Number  
 Z 159 888 525

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

7. Date of Delivery

5. Received By: (Print Name)  
 Signature: (Addressee or Agent)  
 X *[Signature]*

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



Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)  
 102595-97 B-0145  
 authorized agent of the  
 article  
 spaces on the front of this  
 packs in item 1 of Form 3811.

is your RETURN ADDRESS completed on the reverse side of this form

**RE:**  
 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 ELIZABETH BAISH-WESTIN  
 513 POWELL AVE  
 CRESSON PA 16630-1314

4a. Article Number  
 Z 238 822 316

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

5. Received By: (Print Name)  
 R.J. Westler

7. Date of Delivery  
 APR 6/1999

6. Signature: (Addressee or Agent)  
 R.J. Westler

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

X

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

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Items 1 and/or 2 for additional services.  
Items 3, 4a, and 4b.  
your name and address on the reverse of this form so that we can return this  
ard 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:  
  
KAREN ELIZABETH CHARLES  
110 HUDSON AVE  
ALTOONA PA 16602-4914

4a. Article Number  
**2 238 822 356**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  CQD

**KAREN CHARLES**

7. Date of Delivery  
**6/3/99**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
**X Karen Charles**

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3811, December 1994  
PS Form 3811, December 1994  
PS Form 3811, December 1994

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse side of this form?

fee, and

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.

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.

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:

GERALD E & E PATRICIA  
HARRINGTON TRUSTEES OF THE  
HARRINGTON TRT  
PO BOX 216  
ROSWELL NM 88201

4a. Article Number

2 159 888 503

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Gerald E Harrington

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

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PS Form 3800, April 1995 (Rev. 11/94)  
 PS Form 3811, December 1994  
 102595-97-B-0179

1.  Registered  
 2.  Certified  
 3.  Insured  
 4.  COD  
 5.  Return Receipt for Merchandise  
 6.  Restricted Delivery  
 7.  Signature Required  
 8.  Signature Restricted Delivery  
 9.  Signature Restricted Delivery with Return Receipt  
 10.  Signature Restricted Delivery with Return Receipt and Restricted Delivery

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

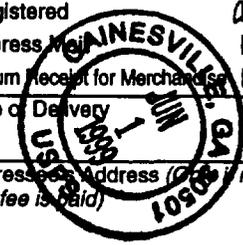
3. Article Addressed to:  
 HIGGINS TRUST INC  
 PO BOX 2421  
 GAINESVILLE GA 30503-2421

4a. Article Number  
 P554 486 692  
 4b. Service Type  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

5. Received By: (Print Name)  
 Kathleen Edwards

7. Date of Delivery  
 8. Addressee's Address (if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X



PS Form 3811, December 1994  
 102595-97-B-0179  
 appropriate spaces on the front of this form to indicate the applicable blocks in item 1 of Form 3811.  
 or to an authorized agent of the post office service.  
 Write your name and address on the front of the article by means of the article. Endorse front of article.  
 PS Form 3800, April 1995 (Rev. 10/94)

**1. Return Receipt Requested:**  
 Write items 1 and/or 2 for additional services.  
 Write items 3, 4a, and 4b.  
 Write your name and address on the reverse of this form so that we can return this form 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.

Is your RETURN ADDRESS completed?

**3. Article Addressed to:**  
 E BERNARD JOHNSTON AND  
 MARY ELLEN JOHNSTON  
 2715 N KENTUCKY AVE #16  
 ROSWELL NM 88201-5868

**4a. Article Number**  
 E159 888 488  
**4b. Service Type**  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

**7. Date of Delivery**  
 5-29-99

**5. Received By: (Print Name)**  
 E. Bernard Johnson

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

**6. Signature: (Addressee or Agent)**  
 E. Bernard Johnson

Thank you for using Return Receipt Certified.

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:

Ray F. Lewis  
1748 Terrace Cir.  
Casa Grande AZ  
85222

4a. Article Number

Z 300 038 250

4b. Service Type

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

7. Date of Delivery

6-9-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Ray F. Lewis*

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

1 of Form 3811  
2395-99-4-00-00  
Thank you for using Return Receipt

is your RETURN ADDRESS completed on the reverse

**POSTMASTER:**  
 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:

MARGARET MASTERS  
 47 OAKWOOD DR  
 WORMLEYSBURG PA 17043-1134

4a. Article Number  
 2238 822 317

4b. Service Type

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

7. Date of Delivery  
06-01-99

5. Received By: (Print Name)  
Margaret B. Masters

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

6. Signature: (Addressee or Agent)  
MARGARET MASTERS

**INSTRUCTIONS:**

- 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.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

MICHAEL R MCGUIRE  
3209 ESTRELLITA  
ROSWELL NM 88201-1017

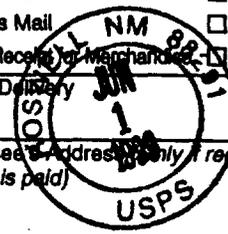
4a. Article Number

2159 888 498

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 *Michael McGuire*

Thank you for using Return Receipt Service.

995 (Reverse)

201  
unite  
pub '99

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.

Is your RETURN ADDRESS completed on the reverse

3. Article Addressed to:  
 MARGARET H NAYLOR  
 REVOCABLE TRUST  
 PO BOX 1196  
 ARTESIA NM 88211-1196

4a. Article Number  
 Z 159 888 489

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  
 6-1-99

5. Received By: (Print Name)  
 FORREST NAYLOR

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

6. Signature: (Addressee or Agent)  
 (X) Forrest Naylor

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

of the return service fee, and

Is your RETURN ADDRESS completed on the reverse

**INSTRUCTIONS:**

- 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:

ROJO INC  
PO BOX 1120  
ROSWELL NM 88202-1120

4a. Article Number  
2159 888 494

4b. Service Type

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

7. Date of Delivery  
6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
*[Handwritten Signature]*

Thank you for using Return Receipt Service.

(Reverse)

PU1

**INSTRUCTIONS:**

- 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.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

KATHERINE MARY SCOTT  
809 SHERIDAN ST  
ALTOONA PA 16602-5440

4a. Article Number

2 238 822 357

4b. Service Type

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

7. Date of Delivery

6/1/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Katherine Scott*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3811, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

of the article

**ORDER:**  
 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 A SHUGART TRUST  
 c/o MICHAEL D MCCANNON  
 300 S JACKSON ST STE 500  
 DENVER CO 80209-3133

4a. Article Number  
 2159 888 499  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery  
 5/28/99

5. Received By: (Print Name)  
 6. Signature: Addressee or Agent  


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

Thank you for using Return Receipt

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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:  
 CLIFTON E SHUMATE AND  
 HELEN C SHUMATE  
 2201 VENTNOR CT  
 ARLINGTON TX 76011

4a. Article Number  
 Z159 888 490

4b. Service Type

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

7. Date of Delivery  
 6-1-99

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

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

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PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the front of the mailpiece

**RETURN RECEIPT SERVICE:**  
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:  
BILLY BAISH STROHMEYER  
ESTATE  
JAMES SCOTT STROHMEYER  
EXECUTOR  
5311 E 5TH ST  
TUCSON AZ 85711-2331

4a. Article Number  
P554 486693

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

7. Date of Delivery  
05 29 99

5. Received By: (Print Name)  
JIM STROHMEYER

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

6. Signature: (Addressee or Agent)  
X Jim Strohmeyer

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the

Write items 1 and/or 2 for additional services. Write items 3, 4a, and 4b. Write 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:  
MYRTLE MYRA WESTALL  
REVOCABLE TRUST  
704 W BULLOCK AVE  
ARTESIA NM 88210-2337

4a. Article Number  
2159 888 495

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

7. Date of Delivery  
6-2-99

5. Received By: (Print Name)  
Myrtle Westall

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

6. Signature: (Addressee or Agent)  
X Myrtle Westall

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

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of items 1 and 2 for additional services.  
Items 3, 4a, and 4b.

- Write 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.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

GEORGE WESTALL  
PO BOX 70  
RUIDOSO DOWNS NM 88346-0070

4a. Article Number  
**7238 822 318**

4b. Service Type

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

7. Date of Delivery  
**6-3-99**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*X George Westall*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

SPIC... this the he is e

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

ORDER:

- 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:

CENTENNIAL  
PO BOX 1837  
ROSWELL NM 88202

4a. Article Number  
**Z 238 822 362**

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** *[Handwritten Signature]*



Thank you for using Return Receipt Service

in the front of this  
Form 3811.  
authorized agent of the  
returner by means of the  
address on the front of article  
number.

PS Form 3800, April 1995 (Rev. 11/94)

Is your RETURN ADDRESS completed on this form?

all the  
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office service

Items 1 and/or 2 for additional services.  
Items 3, 4a, and 4b.  
your name and address on the reverse of this form so that we can return this  
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:

SELMA ANDREWS TRUST #5188-01  
FBO PEGGY BARRETT  
PO BOX 840738  
DALLAS TX 75284-0738

4a. Article Number

2554 486 694

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)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Postal Service.

mail fee.  
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 and your name and address  
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 the front of the article.  
 appropriate spaces on the front of this  
 applicable blocks in item 1 of Form 3811.  
 102595-97-B-0145  
 PS Form 3800, April 1995 (P)

Items 1 and/or 2 for additional services.  
 Items 3, 4a, and 4b.  
 Our name and address on the reverse of this form so that we can return this  
 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.

Is your RETURN ADDRESS complete

3. Article Addressed to:  
 GRAHAM AUSTIN AND MARGARET  
 AUSTIN  
 CO-TRTEES OF THE AUSTIN FAMILY  
 TRUST UTA 3/22/95  
 24992 NELLIE GAIL  
 LAGUNA BEACH CA 92653

4a. Article Number  
 E 238 822 363

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

7. Date of Delivery  
 6-2-99

5. Received By: (Print Name)  
 J B Austin

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

6. Signature: (Addressee or Agent)  
 X

Thank you for using Return Receipt Service.

97 B 0145  
Print of this  
Form 3811.  
Address of the  
article

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

**INSTRUCTIONS:**  
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:  
  
RANDY G PATTERSON  
1705 WASHINGTON  
ARTESIA NM 88210-1650

4a. Article Number  
**E 238 822 370**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name)  
**Randy G Patterson**

7. Date of Delivery  
**6-2-99**

6. Signature: (Addressee or Agent)  
**X** *Randy G Patterson*

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

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse side of this form

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.

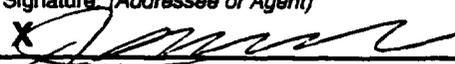
3. Article Addressed to:  
  
JACK W MCCA  
PO BOX 127  
ARTESIA NM 88211-0127

4a. Article Number  
P554 486 697  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
6-1-99

5. Received By: (Print Name)  
JACK W MCCA

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

6. Signature: (Addressee or Agent)  


PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

mail fee.  
 a right of the return  
 a post office service  
 mail fee.  
 items 1 and/or 2 for additional services.  
 items 3, 4a, and 4b.  
 our name and address on the reverse of this form so that we can return this  
 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 C WHITE  
 4200 AMISTAD DR  
 MIDLAND TX 79707-3203

4a. Article Number  
 7238 822 321

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 6-2-94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X William C. White

Thank you for using Return Receipt Service.

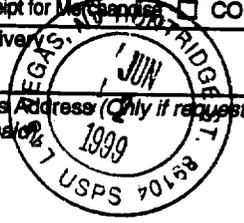
is your RETURN ADDRESS complete  
 PS Form 3800, April 1993

**Stick postage stamps to article to cover First-Class Postage, certified mail fee, and charges for any selected optional services (See front).**

- 1 If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
- 2 If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article on a return receipt card, Form 3811, and attach it to the front of the article.
- 3 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
- 4 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
- 5 Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
- 6 Save this receipt and present it if you make an inquiry.

3800, April 1995 (Reverse)

AN 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:  MARY KENNEDY GORE 4749 E MOHAVE AVENUE LAS VEGAS NV 89104-5826		4a. Article Number <b>Z 159 888 497</b>	
		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)  Signature: (Addressee or Agent) <i>Mary Kennedy Gore</i> <b>3811, December 1994</b>		8. Addressee's Address (Only if requested and fee is paid)	
		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

article to cover First-Class postage, certified mail fee, and optional services (See front).

postmarked, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service rural carrier (no extra charge).

his receipt postmarked, stick the gummed stub to the right of the article, date, detach, and retain the receipt, and mail the article.

n receipt, write the certified mail number and your name and address ard, Form 3811, and attach it to the front of the article by means of ace permits. Otherwise, affix to back of article. Endorse front of article REQUESTED adjacent to the number.

elivery restricted to the addressee, or to an authorized agent of ise RESTRICTED DELIVERY on the front of the article.  
102595-97-B-0145

or the services requested in the appropriate spaces on the front of this n receipt is requested, check the applicable blocks in item 1 of Form 3811.  
receipt and present it if you make an inquiry.

2000 April 1995 (Reverse)

**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.

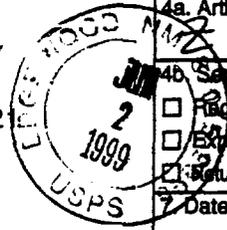
I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

**3. Article Addressed to:**

WILLA KATHRYN KENNEDY  
P. O. BOX 1121  
EDGEWOOD NM 87015-1121



**4a. Article Number**

159 888 492

**4b. Service Type**

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

**7. Date of Delivery**

6/2/99

**5. Received By: (Print Name)**

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

*Willa Kathryn Kennedy*

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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

**ORDER:**

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:**

EHW LLC  
A NM LIMITED LIABILITY COMPANY  
101 S FOURTH STREET  
ARTESIA NM 88210-2177

**4a. Article Number**

2159 888 501

**4b. Service Type**

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

**7. Date of Delivery**

**5. Received By: (Print Name)**

SARA W SIMS

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

X *Sara W Sims*

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

Is your RETURN ADDRESS completed on the reverse of this form?

PS Form 3800, April 1995 (Reverse)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

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or to an authorized agent of the  
the front of the article.  
appropriate spaces on the front of this  
Form 3811.  
102595-97-B-0179  
make an inquiry.

PS Form 3800, April 1995 (Reverse)

Place this form in the return envelope with the mailpiece.

Is your RETURN ADDRESS completed on the reverse of this form?

Check items 1 and/or 2 for additional services.  
Items 3, 4a, and 4b.  
Write your name and address on the reverse of this form so that we can return this 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:  
BRAILLE INSTITUTE OF AMERICA  
INC  
C/O NATIONSBANK OF TEXAS NA  
PO BOX 840738  
DALLAS TX 75248-0738

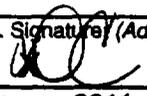
4a. Article Number  
P554 486 116

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)  


Thank you for using 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.

Is your RETURN ADDRESS completed on the reverse of this form?

3. Article Addressed to:

JOHN WALLACE WALLRICH  
2410 W 79TH AVE  
ANCHORAGE AK 99502

4a. Article Number  
**E 238 822 319**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**6-1-99**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
**X John Wallrich**

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

102595-97-B-0145

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 cable blocks in item 1 of Form 3811.  
 102595-97-B-0145  
 PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the

**INSTRUCTIONS:**  
 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:  
 BEVERLY LE TOURNEAU  
 PO BOX 487  
 STOLLWATER MN 55082-0487

4a. Article Number  
 Z 238 822 322  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery  
 6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X Beverly Le Tourneau

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

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 Endorse front of article

**INSTRUCTIONS:**  
 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.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

EUGENE WALLRICH  
 6827 ELIOT VIEW RD  
 MINNEAPOLIS MN 55426-2833

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X Eugene Wallrich*

4a. Article Number  
*P 554 486 689*

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
*6/11/99*

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

Thank you for using Return Receipt Service

PS Form 3811, December 1994  
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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

1. Write item 1 and/or 2 for additional services.  
2. Write item 3, 4a, and 4b.  
3. Write your name and address on the reverse of this form so that we can return this to you.  
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.  
5. Write "Return Receipt Requested" on the mailpiece below the article number.  
6. 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:  
  
JW WALLRICH JR  
416 N ELMHURST AVE  
MT PROSPECT IL 60056-2012

4a. Article Number  
P554 486 698

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

7. Date of Delivery  
6/1/94

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)  
X Paul Wallrich

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Requested.

000, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse side of this form?

- INSTRUCTIONS:**
- 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:

LUCY MCCARLEY  
 4463 SPRINGMOOR CIR  
 RALEIGH NC 27615-5707

4a. Article Number  
 Z 238 822 323

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 6/1/99

5. Received By: (Print Name)  
*Lucy Mc Carley*

6. Signature: (Addressee or Agent)  
 X

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

Thank you for using Return Receipt Service

April 1995 (Reverse)

plus fee  
write  
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Is your RETURN ADDRESS completed on the reverse

**INSTRUCTIONS:**

- 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:

LOFFLAND LIMITED PARTNERSHIP  
6300 RIDGLEA PL STE 717  
FORT WORTH TX 76116-5733

4a. Article Number  
**P554 486 690**

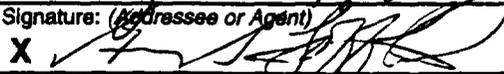
4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**6-7-99**

5. Received By: (Print Name)  
**GARY S. LOFFLAND**

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

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

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

the address of the article

to return services plus fee

is your RETURN ADDRESS completed on the reverse

**REMARKS:**  
 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:  
 FIVE STATES 1994-E LTD  
 4925 GREENVILLE AVE STE 1220  
 DALLAS TX 75206-4020

4a. Article Number  
 P554 486 699

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

7. Date of Delivery  
 6/11/99

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

to cover First-Class postage, certified mail fee, and special services (See front).  
 unmarked, stick the gummed stub to the right of the return attached, and present the article at a post office service carrier (no extra charge).  
 receipt postmarked, stick the gummed stub to the right of the article, date, detach, and retain the receipt, and mail the article.  
 receipt, write the certified mail number and your name and address on Form 3811, and attach it to the front of the article by means of the space permits. Otherwise, affix to back of article. Endorse front of article with **RESTRICTED DELIVERY** on the front of the article.  
 delivery restricted to the addressee, or to an authorized agent of the addressee, check the applicable blocks in item 1 of Form 3811.  
 return receipt is requested, check the applicable blocks in item 1 of Form 3811.  
 this receipt and present it if you make an inquiry.

BUSINESS completed on the reverse side?  
 (as shown) 1995 April 008C with 3811

<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:  FIVE STATES 1995-B LTD 4925 GREENVILLE AVE STE 1220 DALLAS TX 75206-4020	4a. Article Number <b>E159 888 532</b>	
	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 <b>6/11/99</b>	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) <b>X Karen Crow</b>		
Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt

Thank you for using the U.S. Postal Service.

Is your RETURN ADDRESS completed on the reverse?

**INSTRUCTIONS:**  
 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:  
 FIVE STATES 1995-D LTD  
 4925 GREENVILLE AVE STE 1220  
 DALLAS TX 75206-4020

4a. Article Number  
 2159 888 533  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 6/11/99

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

1995 (Reverse)

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is your RETURN ADDRESS completed on the reverse

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:  
  
 PAUL J ANDERSON  
 728 GULL LAKE DR  
 NISSWA NM 56468-9543

4a. Article Number  
 2 238 822 365

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

7. Date of Delivery  
 6-1-99

5. Received By: (Print Name)  
 Paul J Anderson

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

6. Signature: (Addressee or Agent)  
 X Paul J Anderson

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

**ORDER:**

- 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:

THOMAS R HOLLOWAY  
 9993 ARCOLA COURT N  
 STILLWATER MN 55082-9523

4a. Article Number  
 7238 822 325

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 1-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X *Tom Holloway*

Thank you for using Return Receipt Certified

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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse of this form?

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.

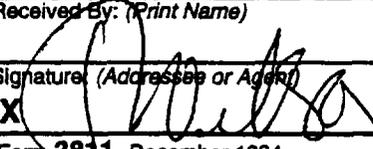
I also wish to receive the following services (for an extra fee):  
1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
  
DEBORAH FEDRIC  
PO BOX 1771  
ROSWELL NM 88202-1771

4a. Article Number  
**238 822 326**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
Date of Delivery

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)  
**X** 

7. Date of Delivery  
8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179 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:

TE BROWN JR  
PO BOX 68  
ARTESIA NM 88211-0068

4a. Article Number

*E 238 822 337*

4b. Service Type

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

7. Date of Delivery

*6-1-99*

5. Received By: (Print Name)

*Herbert R. Spencer*

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

6. Signature: (Addressee or Agent)

*X* *Herbert R. Spencer*

Thank you for using Return Receipt Service

PS Form 3811, December 1994  
102595-97-B-0179

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse

**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:  
ORION PROPERTIES INC  
11776 S 76TH E AVE  
BIXBY OK 74008-2022

4a. Article Number  
**2159 888 478**

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

7. Date of Delivery  
**6/11/95**

5. Received By: (Print Name)

*[Handwritten Signature]*

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

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

Use only for using Return Receipt Service

is your RETURN ADDRESS completed on the reverse

**INSTRUCTIONS:**

- 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:

KING PROPERTIES INC  
PO BOX 10  
BIXBY OK 74008-0010

4a. Article Number

7238 822 327

4b. Service Type

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

7. Date of Delivery

6-01-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Donald W. Stephens*

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

Thank you for using Return Receipt Service.

102595-97-B-0145  
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 PS Form 3800, April 1995 (Reverse)

**FR:**  
 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 article 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:  
 CLIFTON EUGENE SHUMATE JR  
 CUSTODIAL TRTEE  
 FOR THE SHAREHOLDERS OF  
 OIL ROYALTIES CORPORATION  
 PO BOX 2473  
 MIDLAND TX 79702-2473

5. Received By: (Print Name)

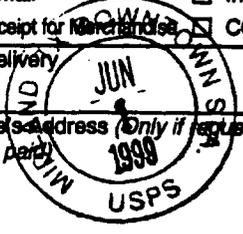
6. Signature: (Addressee or Agent)  
*X Clifton Shumate*

4a. Article Number  
 2238 822 338

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

7. Date of Delivery  
 JUN 1999

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



Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse side of the mailpiece?

**INSTRUCTIONS:**  
 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:

JACK FOLKNER  
 PO BOX 39  
 LOLEETA CA 95551-0039

4a. Article Number  
 2 159 888 479

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
6/2/99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)  
\* Alex Teach

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

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PS Form 3800, April 1995 (Reverse)

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PS Form 3800, April 1995 (Reverse)

1.  Registered  
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6.  COD

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.

is your RETURN ADDRESS completed on the

3. Article Addressed to:  
  
LOUISE FOLKNER LANE  
6206 84TH STREET E  
PUYALLUP WA 98371-6342

4a. Article Number  
**7238 822 329**

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

7. Date of Delivery  
**5/9/99 OS**

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using...

PS Form 3800, April 1995 (Reverse)

102595-97-B-0179

Authorized agent of the  
 carrier. The name and address  
 of the addressee must be  
 clearly legible. The name  
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 printed in the space provided  
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 form. Do not place postage  
 stamps on the front of this  
 form.

Is your RETURN ADDRESS completed on the reverse?

Write in item 1 and/or 2 for additional services.  
 Write items 3, 4a, and 4b.  
 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 L FOLKNER  
 1807 W CANARY WY  
 CHANDLER AZ 85248-3031

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Robert L Folkner*

4a. Article Number  
 2 238 822 339

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

7. Date of Delivery  
 5/29/99

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

Thank you for using Return Receipt Service.

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PS Form 3800, April 1995 (Reverse)

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**INSTRUCTIONS:**

- 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:

MARK RYAN FOLKNER  
7209 ARROYO DE LOSO NE  
ALBUQUERQUE NM 87109-2922

4a. Article Number  
**2159 888 480**

4b. Service Type

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

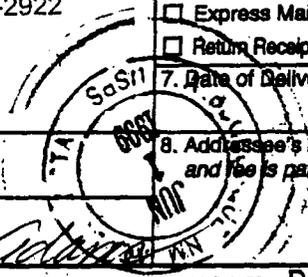
5. Received By: (Print Name)

7. Date of Delivery

6. Signature: (Addressee or Agent)

**X Mary Ann Adams**

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



Thank you for using Return Receipts.

return service of the address of the article of this 3811, R 0145

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

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:
CARL LEWIS FOLKNER JR
9005 NW VOLCANO ROAD, #30
ALBUQUERQUE NM 8712



4a. Article Number
2 238 822 330

- 4b. Service Type
[ ] Registered [x] 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 Carl Folkner

P.O. BOX 53017
PINKS ATOS NM

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt
88053-3017

Thank you for using Return Receipt Service.

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102595-97-B-0145  
PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on

**INSTRUCTIONS:**

1. Complete items 1 and/or 2 for additional services.  
2. Complete items 3, 4a, and 4b.  
3. Print your name and address on the reverse of this form so that we can return this card to you.  
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.  
5. Write "Return Receipt Requested" on the mailpiece below the article number.  
6. 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.

<p>3. Article Addressed to:</p> <p>STEPHEN FRANCIS FOLKNER 213 CAMINO CUATRO SW ALBUQUERQUE NM 87105-7581</p>	<p>4a. Article Number <b>7 238 822 340</b></p>
<p>5. Received By: (Print Name) <b>STEPHEN F. FOLKNER</b></p>	<p>4b. Service Type</p> <p><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</p>
<p>6. Signature: (Addressee or Agent) <b>X</b></p>	<p>7. Date of Delivery <b>6/2/99</b></p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>

Thank you for using Return Receipt Service.

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PS Form 3811.  
102595-97-B-0145  
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is your RETURN ADDRESS completed on the reverse

**INSTRUCTIONS:**

- 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 CHRISTOPHER FOLKNER  
8207 SAN JUAN RD NE  
ALBUQUERQUE NM 87108-2345

4a. Article Number  
E 159 888 481

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

7. Date of Delivery  
MAY 10 1995

5. Received By: (Print Name)  
John C. Folkner

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

6. Signature: (Addressee or Agent)  
X John C. Folkner

Thank you for using Return Receipt Certified

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 the applicable blocks in item 1 of Form 3811.  
 102595-97-B-0145  
 Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

**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:  
  
 DAVID W TWOMEY  
 CONOCO INC  
 10 DESTA DR STE 100W  
 MIDLAND TX 79705

4a. Article Number  
 2 159 888 496

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

7. Date of Delivery  
 6/1

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 x Anita Gonzales

Thank you for using Return Receipt Service



PS Form 3800, April 1995 (Reverse)  
 PS Form 3811, December 1994  
 102595-97-B-0175

Is your RETURN ADDRESS completed on the reverse side of the return office service

**RETURNER:**  
 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:  
 GEORGE SHANNON EXECUTOR  
 OF EST OF GLADYS SHANNON  
 3112 HALLMARK  
 TYLER TX 75701

4a. Article Number  
 7 159 888 485  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X *Jeanette Hoban*

Thank you for using Return Receipt Service.

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PS Form 3800, April 1995 (Rev. 10/95)  
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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.

Is your RETURN ADDRESS completed on the reverse of this form?

3. Article Addressed to:  
NATIONSBANK  
TEXAS NA TRTEE UWO  
DAVID B TRAMMELL (#818)  
PO BOX 848703  
DALLAS TX 75284-8703

4a. Article Number  
2238 822 345  
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)  


Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Rev. 10/25/95)

102595-97-B-0179

appropriate spaces on the front of this form or to an authorized agent of the post office service.

PS Form 3811, December 1994

is your RETURN ADDRESS completed

Items 1 and/or 2 for additional services.  
 Items 3, 4a, and 4b.  
 your name and address on the reverse of this form so that we can return this 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:

CAROL DAVID TRAMMELL  
 PO BOX 5081  
 WALNUT CREEK CA 94596-1081

4a. Article Number  
 2 159 888 486

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

Certified  
 Insured  
 COD

7. Date of Delivery  
 JUN 18 1999

5. Received By: (Print Name)  
 C D TRAMMELL

6. Signature: (Addressee or Agent)  
 X C D Trammell

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

Thank you for using Return Receipt Service

PS Form 3800, April 1995  
102595-97-B-0145

Is your RETURN ADDRESS complete

1. Items 1 and/or 2 for additional services.  
2. Items 3, 4a, and 4b.  
3. Your name and address on the reverse of this form so that we can return this to you.  
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.  
5. 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:  
NATIONSBANK TEXAS NA TRUSTEE  
OF MARGARET RUTH TRAMMELL  
TRUST  
PO BOX 848703  
DALLAS TX 75284-8703

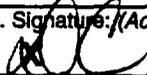
4a. Article Number  
7238 822 336

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)  


Thank you for using Return Receipts

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PS Form 3800, April 1995 (Reverse)

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**INSTRUCTIONS:**

- Write 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:  
 RICHARD BORGAARD  
 8882 NE MEADOW RIDGE ROAD  
 PRINEVILLE OR 97754-9695

4a. Article Number  
 238 822 364

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

7. Date of Delivery  
 6-1-99

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt

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PS Form 3800, April 1995 (Reverse)

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**ORDER:**

- 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:

MARGARET JOHNSON MCCURDY  
TRTEE UTA 9/30/88  
2525 RIDGMAR BLVD STE 300  
FORT WORTH TX 76116-4583

4a. Article Number

2159 888 487

4b. Service Type

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

7. Date of Delivery

6/1/91

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Melba Ellis*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

102595-97-B-0179  
 PS Form 3800, April 1995 (Rev. 10/94)  
 authorized agent of the  
 article.  
 addresses on the front of this  
 articles in item 1 of Form 3811.  
 Endorse front of article  
 our name and address  
 mail the article  
 to the right of the  
 office service  
 right to the return  
 mail letter

Items 1 and/or 2 for additional services.  
 Items 3, 4a, and 4b.  
 our name and address on the reverse of this form so that we can return this  
 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.

is your RETURN ADDRESS completed

3. Article Addressed to:

HARMAC OIL & GAS INC  
 221 E WORTH  
 GRAPEVINE TX 76051

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X

4a. Article Number  
 Z 159 888 500

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

7. Date of Delivery  
 6-3-99

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

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)  
 102595-97-B-0145  
 authorized agent of the  
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 places on the front of this  
 as in item 1 of Form 3811.  
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 by means of the  
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 service

<b>INSTRUCTIONS:</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.
is your RETURN ADDRESS completed on the reverse?	3. Article Addressed to:  DNR OIL & GAS INC 655 BROADWAY DENVER CO 80203	4a. Article Number <b>2159 888 491</b>
		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 <b>5-28</b>
6. Signature: (Addressee or Agent) <b>X C. Utz</b>	8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

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13811  
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address  
of the  
article  
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service

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse side of this form

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:  
  
JIMMIE L CHARLESWORTH  
RT 4 BOX 140B  
HEREFORD TX 79045-9404

4a. Article Number  
**2159 888 482**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**6-1-99**

5. Received By (Print Name)  
*Jimmie L Charlesworth*

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

6. Signature: (Addressee or Agent)  
*Jimmie L Charlesworth*

PS Form 3811, December 1994

102595-97-8-0179 Domestic Return Receipt

Thank you for usin Return Receipt Service

PS Form 3800, April 1995 (Reverse)  
102595-97-B-0145  
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office service  
fee, an  
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complete items 3, 4a, and 4b.  
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to you.  
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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.

Is your RETURN ADDRESS completed on the reverse of this form?

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:  
TOMMYE G EWING  
3130 SAN SEBASTIAN  
CARROLTON TX 75006

4a. Article Number  
Z 238 822 332  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
6/7/99

5. Received By: (Print Name)  
JIM SEWING

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

6. Signature: (Addressee or Agent)  
X JIM SEWING

Thank you for using Return Receipt

PS Form 3811, December 1994  
PS Form 3800, April 1995 (Reverse)

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is your RETURN ADDRESS completed on the reverse

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**INSTRUCTIONS:**

- 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:**

BETTE TAYLOR GARNER  
6118 EDITH NE #152  
ALBUQUERQUE NM 87107

**4a. Article Number**

*E 238 822 342*

**4b. Service Type**

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

**7. Date of Delivery**

*5-29-99*

**5. Received By: (Print Name)**

*Bette T. Garner*

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

*X Bette Garner*

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

Thank you for using Return Receipt Service.

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 or to an authorized agent of the  
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 applicable blocks in item 1 of Form 3811.  
 102595-97-B-0145  
 PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse side of this form?

**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:

ACME LAND COMPANY  
 P. O. BOX 10280  
 MIDLAND TX 79702

4a. Article Number  
 Z 159 888 483

4b. Service Type

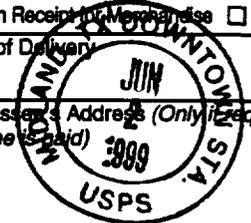
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

5. Received By: (Print Name)

7. Date of Delivery

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

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



Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the

Items 1 and/or 2 for additional services.  
Write items 3, 4a, and 4b.  
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:  
BRANEX RESOURCES INC.  
P. O. BOX 2328  
ROSWELL NM 88202-2328

4a. Article Number  
Z 159 888 502  
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 fees paid)

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

April 1995 (Reverse)

**ORDER:**

- 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.

is your RETURN ADDRESS completed on the reverse

3. Article Addressed to:

OLIN E GROVES  
2507 CIMMARON  
MIDLAND TX 79705

4a. Article Number  
**Z 238 822 333**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2 6-1-99**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
**X** *Olin E Groves*

Thank you for using Return Receipt Service.



fee, and  
 right of the return  
 a post office service  
 summed stub to the right of the  
 receipt, and mail the article.  
 mail number and your name and address  
 to the front of the article by means of the  
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 to the addressee, or to an authorized agent of the  
 on the front of the article.  
 in the appropriate spaces on the front of this  
 Form 3811.  
 102595-97-B-0115  
 PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS complete

**INSTRUCTIONS:**

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:  
 PRIME ENERGY ASSET &  
 INCOME FUND AA-3 & AA-4  
 2900 WILCREST DR STE 475  
 HOUSTON TX 77042-6009

4a. Article Number  
 2159 888 484  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 6-1-99 MB

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

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

6. Signature: (Addressee or Agent)  
 X

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the front of the mailpiece

1. Attach this form to the front of the mailpiece, or on the back if space does not permit.  
2. Write "Return Receipt Requested" on the mailpiece below the article number.  
3. 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:  
SALLY MEADER ROBERTS  
704 DELMAR  
MIDLAND TX 79703-5536

4a. Article Number  
Z 238 822 334  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
JUN - 2 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X Sally Meader - Roberts

PS Form 3800, December 1994

102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse

**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:

VIVIAN C BRUNSON  
 4205 LANKFORD  
 SPRINGDALE AR 72762

4a. Article Number  
 Z238 822 344

4b. Service Type

Registered                       Certified  
 Express Mail                       Insured  
 Return Receipt for Merchandise    COD

7. Date of Delivery  
 5-25-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X Vivian C Brunson

Thank you for using Domestic Return Receipts

**ORDER:**

- 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.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

18-31 INC  
PO BOX 1120  
ROSWELL NM 88202-1120

4a. Article Number

7159 888 536

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

RS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Authorized agent of the  
article.  
name and address  
by means of the  
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Form 3811.  
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11/25/95 OF R-0145

PS Form 3800, April 1995 (Reverse)

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11/25/95 OF R-0145

1.  Registered  
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7.  Insured  
8.  COD

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 MICHAEL FROST  
PO BOX 1120  
ROSWELL NM 88202-1120

4a. Article Number  
2159888545  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
7. Date of Delivery  
6-1-99

5. Received By: (Print Name)  
6. Signature: (Addressee or Agent)  


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

April 1995 (Reverse)

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plus fee

is your RETURN ADDRESS completed on the reverse

**Part:**  
 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.

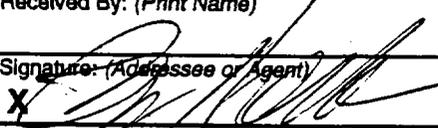
3. Article Addressed to:  
 MARIANNE KEOHANE FROST  
 PO BOX 1120  
 ROSWELL NM 88202-1120

4a. Article Number  
 2159 888 554  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
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Thank you for using Return Receipt Service

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PS Form 3800, April 1995 (Reverse)  
 PS Form 3811, December 1994

Is Your RETURN ADDRESS completed correctly?

If fee, write in the appropriate items 1 and/or 2 for additional services.  
 Write items 3, 4a, and 4b.  
 Write your name and address on the reverse of this form so that we can return this 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.

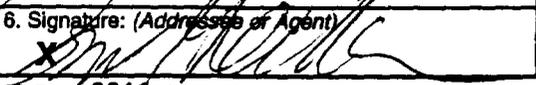
3. Article Addressed to:  
 MARK JAMES FROST  
 PO BOX 1120  
 ROSWELL NM 88202-1120

4a. Article Number  
 2159 888 537  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery  
 6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)



Thank you for using Return Receipts

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PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

**INSTRUCTIONS:**

- 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:  
 THERESA ANN FROST  
 PO BOX 1120  
 ROSWELL NM 88202-1120

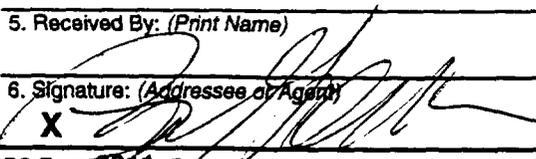
4a. Article Number  
 2159888 546

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

7. Date of Delivery  
 6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X 

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

1. The right of the return of the article.

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PS Form 3811, December 1994

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9. The right of the return of the article.

10. The right of the return of the article.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

PS Form 3800, April 1995 (Reverse)

1. The right of the return of the article.

2. The right of the return of the article.

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9. The right of the return of the article.

10. The right of the return of the article.

3. Article Addressed to:

SUE SAUNDERS GRAHAM  
 PO BOX 987  
 ROSWELL NM 88202-0987

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Sue Saunders Graham*

4a. Article Number  
 2159 888 555

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
 6-1-99

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

is your RETURN ADDRESS completed on this form?

Thank you for using Return Receipt Service

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PS Form 3800, April 1995 (Reverse)

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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:  
DONALD S IVERSON ESTATE  
C/O SUSAN IVERSON  
1 TERRACE MOUNTAIN COVE  
AUSTIN TX 78746

4a. Article Number  
2159 888 538  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name)  
SUSAN IVERSON

7. Date of Delivery  
6-7-95

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

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt.

is your RETURN ADDRESS completed on the reverse

PER:

- 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:  
 IVERSON III INC  
 C/O S IVERSON  
 3454 S ZUNIS  
 TULSA OK 74105

4a. Article Number  
 Z 159 888 547

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

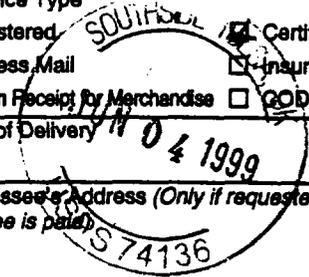
7. Date of Delivery  
 NOV 04 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Handwritten Signature]*



Thank you for using Return Receipt Service

1. If you want this receipt to cover First-Class postage, certified mail fee, and selected optional services (See front), window or hand it to your retail carrier (no extra charge).  
 2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the article at a post office service window or hand it to your retail carrier (no extra charge).  
 3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the address stub on the return receipt. Otherwise affix to back of article. Emburse front of article RETURN RECEIPT REQUESTED adjacent to the number.  
 4. If you want delivery restricted to the addressee or to an authorized agent of the addressee, stub on the return receipt, check the appropriate spaces in item 1 of Form 3811.  
 5. Either fees for the services requested in the appropriate spaces on the front of the article receipt, if return receipt is requested, check the applicable blocks in item 1 of Form 3811.  
 6. Save this receipt and present it if you make an inquiry.

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:  
 PAI INCORPORATED  
 C/O PAUL IVERSON  
 243 WALNUT ST  
 NEWPORT BEACH CA 92663

4a. Article Number  
 Z 159 888 556

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

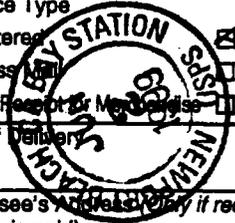
8. Addressee's Address (Print if requested and fee is paid)

Signature (Addressee or Agent)  
*Paul Iverson*

3811, December 1994

102595-97-B-0179

Domestic Return Receipt



Thank you for using Return Receipt Service

PS Form 3811, December 1994  
102595-97-B-0179

PS Form 3800, April 1995 (Reverse)

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:

JEWELL IVERSON INTERVIVOS TRUST  
R SULLIVAN SUCCESSOR  
4870 S LEWIS STE 200  
TULSA OK 74105

4a. Article Number

2159 888 539

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

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

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

Consult postmaster for fee.

is your RETURN ADDRESS completed on the

Thank you for using Return Receipt Service

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PS Form 3800, April 1995 (Reverse)

**ORDER:**

- 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.

Is your RETURN ADDRESS completed on the reverse

3. Article Addressed to:  
 GREG HOLCUMB ~~HOLCUMB~~  
 TRUSTEE  
 SJ IVERSON TRUST  
 PO BOX 830308  
 DALLAS TX 75238

4a. Article Number  
 2159 888 565

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

7. Date of Delivery  
 JUN 04 1994

5. Received By: (Print Name)  
 Chad Miller

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

6. Signature (Addressee's Signature)  
 X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt

To cover First-Class postage, certified mail fee, and optional services (See front).  
 If postmarked, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service of your rural carrier (no extra charge).  
 If not postmarked, write the certified mail number and your name and address on the article, date, detach, and retain the receipt, and mail the article.  
 If you want a return receipt, write the certified mail number and your name and address on the return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article with **RETURN RECEIPT REQUESTED DELIVERY** on the front of the article.  
 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.  
 Save this receipt and present it if you make an inquiry.

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.
<b>3. Article Addressed to:</b>  S J IVERSON JR 2518 SINCLAIR MIDLAND TX 79705		<b>4a. Article Number</b> 2159 888 548
		<b>4b. Service Type</b> <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
		<b>7. Date of Delivery</b> 6-7-99
<b>5. Received By: (Print Name)</b> S J IVERSON JR		<b>8. Addressee's Address (Only if requested and fee is paid)</b>
<b>Signature (Addressee or Agent)</b> X [Signature]		
Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt

102595-97-B-0145

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:

WENDELL WELCH IVERSON  
PO BOX 1343  
MIDLAND TX 79702

4a. Article Number

7159 888 557

4b. Service Type

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

7. Date of Delivery



5. Received By: (Print Name)

Signature: (Addressee or Agent)

*Jam Deuk*

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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

to cover First-Class postage, certified mail fee, and optional services (See front).

Postmarked, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service if to your rural carrier (no extra charge).

Do not want a return receipt? Postmark, stick the gummed stub to the right of the address of the article, date, detach, and mail the article.

If you want delivery restricted to the addressee, or to an authorized agent of the addressee, enclose **RESTRICTED DELIVERY** on the front of the article.

Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

Save this receipt and present it if you make an inquiry.

102595-97-B-0145

Thank you for using Return Receipt Service

PS Form 3811, December 1994  
PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse of this form?

**FR:**  
Write 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:  
  
JEANETTE Y KEOHANE  
13408 CLOUDVIEW NE  
ALBUQUERQUE NM 87123

4a. Article Number  
**2159 888 540**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
7. Date of Delivery  
**6/1/94**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
**X Jeanette Y Keohane**

Thank you for using Return Receipts.

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article RETURN RECEIPT REQUESTED adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
5. Entry fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make an inquiry.

3800, April 1995 (Reverse)

TURN 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:

PETER C IVERSON  
& ALVIN M IVERSON  
EXECUTORS OEO DOROTHY  
MONROE  
206 BELLEMEADE CIRCLE  
EUFAULA OK 74432-2071

4a. Article Number

2159 888 563

4b. Service Type

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

7. Date of Delivery

6-1-99

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

5. Received By: (Print Name)

Signature: (Addressee or Agent)

PETER C IVERSON

3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse of this form?

Items 1 and/or 2 for additional services.  
Items 3, 4a, and 4b.  
Write 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:  
  
PATSY ANN IVERSON PAGE  
1155 MURILAND VISTA WY  
LA JOLLA CA 92037

4a. Article Number  
2159 888 544  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
7. Date of Delivery  
JUN 01 1995

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X *Patsy Page*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Services

PS Form 3811, December 1994

1 of Form 3811

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PS Form 3800, April 1995 (Reverse)

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items 3, 4a, and 4b.

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:

COMMERCE BANK OF KANSAS CITY  
ELYSE S PATTERSON TRT B  
ATTN MARK ROBISON  
PO BOX 419248  
KANSAS CITY MO 64141-6248

4a. Article Number

Z 159 888 558

4b. Service Type

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

7. Date of Delivery

JUN 1 - 1999

5. Received By: (Print Name)

6. Signature: Addressee or Agent

X *MontWargent*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

1. To **cover First-Class postage, certified mail fee, and selected optional services** (See front).

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt and mail the article.

3. If you want a return receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt and mail the article.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of the receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make an inquiry.

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:

PIP 1990 TRUST  
 C/O WENDELL W IVERSON  
 TRUSTEE  
 PO BOX 10508  
 MIDLAND TX 79702

4a. Article Number

2159 888 541

4b. Service Type

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

7. Date of Delivery

1990

5. Received By: (Print Name)

Signature (Addressee or Agent)

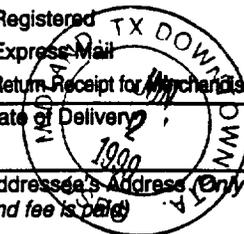
*Tom Duke*

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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt



Thank you for using Return Receipt Service

of the return office service fee, and complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Write your name and address on the reverse of this form so that we can return this 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.

to the right of the mail the article. our name and address article by means of the a. Endorse front of article an authorized agent of the of the article. an authorized agent of the of the article. PS Form 3811, December 1994

**PS Form 3811, April 1995 (Reverse)**

**Is your RETURN ADDRESS completed on the reverse of this form?**

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:  
 SJI JR 1990 TRUST  
 C/O WENDELL W IVERSON  
 TRUSTEE  
 PO BOX 10508  
 MIDLAND TX 79702

4a. Article Number  
**2159 888 550**

4b. Service Type

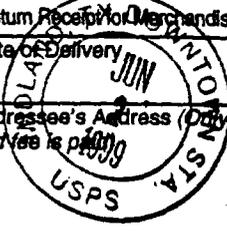
Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name)

7. Date of Delivery

6. Signature: (Addressee or Agent)  
 X *Pam Duko*

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



Thank you for using Return Receipt Service

102595-97-B-0179  
PS Form 3800, April 1995 (Rev. 10/94)  
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all the article.  
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article by means of the  
Endorse front of article

<p>tail fee. of the return office service</p> <p>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.</p>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>
<p>3. Article Addressed to:</p> <p>PHOEBE SHELTON PO BOX 430 AMARILLO TX 79105</p>	<p>4a. Article Number <b>Z159 888 559</b></p> <p>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</p>	<p>7. Date of Delivery <b>JUN 2 1999</b></p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><b>X [Signature]</b></p>		

Is your RETURN ADDRESS completed on

PS Form 3811, December 1994

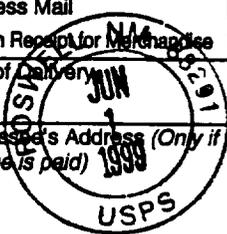
102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

To cover First-Class postage, certified mail fee, and optional services (See front).  
 If you want a return receipt, write the certified mail number and your name and address on the return receipt card, Form 3811, and attach it to the front of the article by means of the appropriate blocks in item 1 of Form 3811.  
 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.  
 Enter fees for the services requested in the appropriate spaces of the receipt if return receipt is requested. Check the applicable blocks in item 1 of Form 3811.  
 Save this receipt and present it if you make an inquiry.

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:  THE TOLES COMPANY PO BOX 1300 ROSWELL NM 88202-1300		4a. Article Number <b>2159 888 542</b>	
		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)  Signature: (Addressee or Agent) <b>X</b> <i>Juanita Bero</i>		7. Date of Delivery 	
Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)  
2505-97-8-0145

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of Form 3811.  
2505-97-8-0145

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is your RETURN ADDRESS completed on the

1. Complete items 1 and/or 2 for additional services.  
2. Complete items 3, 4a, and 4b.  
3. Print your name and address on the reverse of this form so that we can return this card to you.  
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.  
5. Write "Return Receipt Requested" on the mailpiece below the article number.  
6. 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:  
WWI 1990 TRUST  
C/O WENDELL W IVERSON  
TRUSTEE  
PO BOX 10508  
MIDLAND TX 79702

4a. Article Number  
**Z 159 888 551**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name)

7. Date of Delivery  
JUN 2 1999  
ANN ARBOR MI

6. Signature: (Addressee or Agent)  
**X Pamela Burk**

8. Addressee's Address (Only if requested and fee is paid)  
1999  
USFS

PS Form 3800, April 1995 (Reverse)  
 is your RETURN ADDRESS completed on the reverse side of the return office service card to the right of the article.  
 Write your name and address on the article by means of the embossed front of article.  
 Write the name and address of an authorized agent of the sender in the appropriate spaces on the front of this form. Do not write in the addressable blocks in item 1 of Form 3811.  
 For more information, call 1-800-375-3732.

**RETURNER:**

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

is your RETURN ADDRESS completed on the reverse side of the return office service card to the right of the article.

3. Article Addressed to:

NANCY CARTER  
 PO BOX 386  
 LEMON GROVE CA 91946-0386

5. Received By: (Print Name)

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

4a. Article Number  
*0554 486 696*

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

7. Date of Delivery  
*6-4-99*

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

Thank you for using Return Receipt Service.