



## EXHIBIT A

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

James R. McWhorter, AIF for  
Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321

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

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

Davis A. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081

James T. Coppedge  
P.O. Box 43  
Spencer, IN 47460

Brent W. McWhorter  
Trustee - McW Family Trust 2/89  
6140 East Voltaire  
Scottsdale, AZ 85254

Russell Trust  
First National Bank of Artesia  
P.O. Box AA  
Artesia, NM 88211-7526

Betty Lou Price  
5210 Churubusco Drive  
Austin, TX 78759

David H. Arrington  
David H. Arrington Oil & Gas  
P.O. Box 2071  
Midland, TX 79702

Balwick Limited Partnership  
2516 Lockheed  
Midland, TX 79701

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

Tom B. Moore  
P.O. Box 3389  
Sherman, TX 75091-3389

Barbara Ann Kurz  
8727 Point Park Drive, Apt. #414  
Houston, TX 77095

Trust of John Olaf Larsaard and  
Sharon Larue Lasaard  
7627 146<sup>th</sup> Ave., East  
Sumner, WA 98390

Zanaida Ruth Griffen  
2808 Abingdon Parkway  
Birmingham, AL 35243

Fredric Charles Griffin  
P.O. Box 44941  
Phoenix, AZ 86064

Vicki Lynn Owens  
P.O. Box 696  
Eunice, NM 88231

Scott Charles Henson  
7143 Paladin Way  
Rio Linda, CA 95673

Steven Mark Henson  
7143 Paladin Way  
Rio Linda, CA 95673

Laura Patricia Lodewick  
511 Newell  
Dallas, TX 75223

John Widney Lodewick  
3305 Wentwood  
Dallas, TX 75225

Lillian O'Haco McNally  
2801 N. Kentucky Ave., Apt #249  
Roswell, NM 88201

William Richard Ballard  
11651 E. Calle Javelina  
Tucson, AZ 85748

Janice Gettys  
803 Smith Stratton Street  
Decatur, TX 76234

Elizabeth T. Greene  
200 East 22<sup>nd</sup>, Apt. #12  
Roswell, NM 88201

Conrad & Josephine Keyes  
Revocable Trust  
P.O. Box 156  
Ruidoso, NM 88345

David W. Thorne  
151 Johnarbor Drive, West  
Rochester, NY 14620-3628

Henry F. Thorne  
P.O. Box 36  
Long Pine, NE 69217-0036

John E. Thorne  
4575 Braungate Drive  
St. Louis, MO 63128

Larue White  
1776 Larch Ave., #303  
Cincinnati, OH 45224

Yates Brothers  
105 South Fourth Street  
Artesia, NM 88210

Joan A. Hudson  
8053 San Vista Circle  
Naples, FL 34109

Joan Ann Hudson Davis  
6770 Wolf Creek Court  
Rio Rancho, NM 87124

Robert Grant Keyes & Alerta N. Keyes  
H/w JTWROS, in Life Estate Remaindermen:  
Marsha A. Keyes (1/2) c/o Norwest Bank NM,  
Acct. #2213451  
400 N. Pennsylvania Ave.  
Roswell, NM 88201

Minerals Management Service  
Royalty Management Program  
Box 5810 TA  
Denver, CO 80217

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
ANTHONY F. MEDEIROS  
  
JACK M. CAMPBELL  
1916-1999

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: law@westofpecos.com

April 13, 2000

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

**TO AFFECTED INTEREST OWNERS:**

***Re: Application of ARCO Permian for amendment of surface commingling  
Order PLC-143, Eddy County, New Mexico.***

Ladies and Gentlemen:

This letter is to advise you that ARCO Permian has filed an application with the New Mexico Oil Conservation Division seeking an order amending Division Order PLC-143 to permit surface commingling of production based on well tests for wells located on the following leases located in Township 18 South, Range 27 East, NMPM, Eddy County, New Mexico:

Red Lake "3" Federal Lease (Federal lease No. LC-028805-B) located in the SW/4 NW/4 of Section 3;

Vermillion "3" Federal Lease (Federal lease No. LC-055465-B) located in the SE/4 NW/4 of Section 3;

West Red Lake "4" Federal Lease (Federal lease No. LC-065478-A) located in the N/2 NW/4 of Section 4; and

Lago Rosa "4" Federal Lease (Federal lease No. NMNM-29280) located in the NW/4 SW/4 of Section 4.

April 13, 2000  
Page 2

This application has been set for hearing before a Division Examiner on May 4, 2000. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,

*Original Signed by*  
*William F. Carr*  
William F. Carr  
ATTORNEY FOR ARCO PERMIAN

WFC/md

Enclosure

cc: Lee Scarborough  
ARCO Permian

7099 3220 0005 9425 1846

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

Article Sent To:  
WFC 352

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Conrad & Josephine Keyes  
Revocable Trust  
P.O. Box 156  
Ruidoso, NM 88345

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Conrad & Josephine Keyes  
Revocable Trust  
P.O. Box 156  
Ruidoso, NM 88345

2. Article Number (Copy from service label)  
7099 3220 0005 9425 1846

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature  
X Adr  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

APR 15 2000  
RUIDOSO NM 88345

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9417 5074

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

Article Sent To:  
WFC 352

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

John E. Thorne  
4575 Braungate Drive  
St. Louis, MO 63128

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
John E. Thorne  
4575 Braungate Drive  
St. Louis, MO 63128

2. Article Number (Copy from service label)  
7099 3220 0005 9417 5074

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) John E. Thorne B. Date of Delivery \_\_\_\_\_

C. Signature  
X John E. Thorne  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

APR 21 2000

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9420 0554

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

Article Sent To:  
WFC 352

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Tom B. Moore  
P.O. Box 3389  
Sherman, TX 75091-3389

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Tom B. Moore  
P.O. Box 3389  
Sherman, TX 75091-3389

2. Article Number (Copy from service label)  
7099 3220 0005 9420 0554

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery A-17-00

C. Signature  
X Tom B. Moore  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

Article Sent To:  
**WFC 352**

Postage	\$ .33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark: APR 13 2005

Joan A. Hudson  
 8053 San Vista Circle  
 Naples, FL 34109

7099 3220 0005 9425 1587

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

Article Sent To:  
**WFC 352**

Postage	\$ .33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Yates Brothers  
 105 South Fourth Street  
 Artesia, NM 88210

7099 3220 0005 9417 5098

SENDER: [REDACTED] PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. **ON DELIVERY**

1. Article Addressed to:  
 Yates Brothers  
 105 South Fourth Street  
 Artesia, NM 88210

2. Article Number (Copy from service label) **7099 3220 0005 9417 5098**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **JOANN GRIGGS** B. Date of Delivery **4-17-00**

C. Signature *Joann Griggs*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

Article Sent To:  
**WFC 352**

Postage	\$ .33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Henry F. Thorne  
 P.O. Box 36  
 Long Pine, NE 69217-0036

7099 3220 0005 9417 5067

SENDER: [REDACTED] PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. **ON DELIVERY**

1. Article Addressed to:  
 Henry F. Thorne  
 P.O. Box 36  
 Long Pine, NE 69217-0036

2. Article Number (Copy from service label) **7099 3220 0005 9417 5067**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **Henry Thorne** B. Date of Delivery **4-17-00**

C. Signature *Henry F. Thorne*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7099 3220 0005 9426 1135

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Robert Grant Keyes & Alerta N. Keyes  
H/w JTWROS, in Life Estate Remaindermen;  
Marsha A. Keyes (1/2) c/o Norwest Bank NM,  
Acct. #2213451  
400 N. Pennsylvania Ave.  
Roswell, NM 88201

**SENDER:**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:  
  
Robert Grant Keyes & Alerta N. Keyes  
H/w JTWROS, in Life Estate Remaindermen;  
Marsha A. Keyes (1/2) c/o Norwest Bank NM,  
Acct. #2213451  
400 N. Pennsylvania Ave.  
Roswell, NM 88201

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery  
**4-17-00**

C. Signature  
**X** *[Signature]*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**7099 3220 0005 9426 1135**

7099 3220 0005 9426 1128

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Minerals Management Service  
Royalty Management Program  
Box 5810 TA  
Denver, CO 80217

**SENDER: C**

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

1. Article Addressed to:  
  
Minerals Management Service  
Royalty Management Program  
Box 5810 TA  
Denver, CO 80217

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
**X** *[Signature]*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**7099 3220 0005 9426 1128**

7099 3220 0005 9417 5050

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

David W. Thorne  
151 Johnarbor Drive, West  
Rochester, NY 14620-3628

**SENDER:**

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

1. Article Addressed to:  
  
David W. Thorne  
151 Johnarbor Drive, West  
Rochester, NY 14620-3628

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery  
**David W. Thorne 4/15/00**

C. Signature  
**X** *[Signature]*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**7099 3220 0005 9417 5050**

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

Article Sent To: **WFC 352R**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here: **APR 13 2003**

Charles Griffin  
44941  
AZ 86064

1. Article Addressed to: Charles Griffin, 44941, AZ 86064

2. Article Number (Copy from service label): **7099 3220 0005 9420 0592**

3. Service Type:  Certified Mail,  Express Mail,  Registered,  Return Receipt for Merchandise,  Insured Mail,  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

Article Sent To: **WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here: **APR 13 2003**

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

1. Article Addressed to: Ann D. Allison, P.O. box 64035, Lubbock, TX 79464

2. Article Number (Copy from service label): **7099 3220 0005 9420 0462**

3. Service Type:  Certified Mail,  Express Mail,  Registered,  Return Receipt for Merchandise,  Insured Mail,  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

Article Sent To: **WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here: **APR 13 2003**

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

1. Article Addressed to: Edith C. Wheeler Estate, P.O. Box 64035, Lubbock, TX 79464

2. Article Number (Copy from service label): **7099 3220 0005 9420 0431**

3. Service Type:  Certified Mail,  Express Mail,  Registered,  Return Receipt for Merchandise,  Insured Mail,  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here  
APR 13 2007

Barbara Ann Kurz  
8727 Point Park Drive, Apt. #414  
Houston, TX 77095

or Instructions

7099 3220 0005 9420 0561

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here  
APR 13 2007

Trust of John Olaf Larsaard and Sharon Larue Lasaard  
7627 146<sup>th</sup> Ave., East  
Sumner, WA 98390

7099 3220 0005 9420 0578

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Trust of John Olaf Larsaard and Sharon Larue Lasaard  
7627 146<sup>th</sup> Ave., East  
Sumner, WA 98390

2. Article Number (Copy from service label) **7099 3220 0005 9420 0578**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Sharon Larue Lasaard** B. Date of Delivery **4/17/07**

C. Signature **[Signature]**  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here  
APR 13 2007

Zanaida Ruth Griffen  
2808 Abingdon Parkway  
Birmingham, AL 35243

7099 3220 0005 9420 0585

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

Zanaida Ruth Griffen  
2808 Abingdon Parkway  
Birmingham, AL 35243

2. Article Number (Copy from service label) **7099 3220 0005 9420 0585**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **ZANAI DA GRIF FEN** B. Date of Delivery **APR 18 2007**

C. Signature **[Signature]**  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

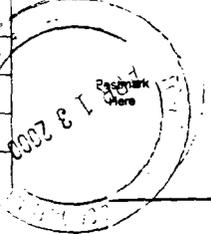
4. Restricted Delivery? (Extra Fee)  Yes

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

7099 3220 0005 9420 0509

Article Sent To: WFC 352

Postage \$ 1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 2.98



Russell Trust  
 First National Bank of Artesia  
 P.O. Box AA  
 Artesia, NM 88211-7526

**COMPLETE THIS SECTION**

1, 2, and 3. Also complete Delivery is desired.  
 and address on the reverse return the card to you.  
 to the back of the mailpiece, if space permits.

to:  
 First National Bank of Artesia  
 P.O. Box AA  
 M 88211-7526

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Phillip Lawson B. Date of Delivery 4-17-00

C. Signature Phillip Lawson  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

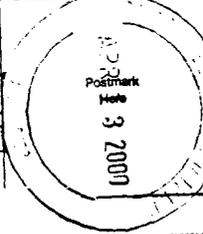
2. Article Number (Copy from service label) 7099 3220 0005 9420 0509  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7099 3220 0005 9420 0523

Article Sent To: WFC 352

Postage \$ 1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 2.98



Betty Lou Price  
 5210 Churubusco Drive  
 Austin, TX 78759

for instructions

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

7099 3220 0005 9420 0516

Article Sent To: WFC 352

Postage \$ 1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 2.98

SENDER: COM

1. Article Addressed to:  
 David H. Arrington  
 David H. Arrington Oil & Gas  
 P.O. Box 2071  
 Midland, TX 79702

A. Received by (Please Print Clearly) Shauna Slough B. Date of Delivery 4-18-00

C. Signature Shauna Slough  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Copy from service label) 7099 3220 0005 9420 0523  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9420 0486

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

James T. Coppedge  
P.O. Box 43  
Spencer, IN 47460

**SENDER:** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**ACTION ON DELIVERY**

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

1. Article Addressed to:  
  
James T. Coppedge  
P.O. Box 43  
Spencer, IN 47460

2. Article Number (Copy from service label) **7099 3220 0005 9420 0486**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **4-17-00**

C. Signature **[Signature]**  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7099 3220 0005 9420 0653

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Lillian O'Haco McNally  
2801 N. Kentucky Ave., Apt #2  
Roswell, NM 88201

**SENDER:** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**ACTION ON DELIVERY**

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

1. Article Addressed to:  
  
Lillian O'Haco McNally  
2801 N. Kentucky Ave., Apt #249  
Roswell, NM 88201

2. Article Number (Copy from service label) **7099 3220 0005 9420 0653**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature **[Signature]**  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7099 3220 0005 9420 0622

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Steven Mark Henson  
7143 Paladin Way  
Rio Linda, CA 95673

**SENDER:** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**ACTION ON DELIVERY**

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

1. Article Addressed to:  
  
Steven Mark Henson  
7143 Paladin Way  
Rio Linda, CA 95673

2. Article Number (Copy from service label) **7099 3220 0005 9420 0622**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **Devon Wale** B. Date of Delivery **4/17**

C. Signature **[Signature]**  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

7099 3220 0005 9420 0479

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Davis A. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081

**SEND**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SECTION ON DELIVERY

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

1. Article Addressed to:  
Davis A. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081

2. Article Number (Copy from service label) **7099 3220 0005 9420 0479**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **DAVIS A. COPPEDGE** B. Date of Delivery **4-17-00**

C. Signature *[Signature]*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

7099 3220 0005 9420 0547

Article Sent To:  
**WFC 352**

Postage	\$ .33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

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

APR 13 2001

**SENDER:**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SECTION ON DELIVERY

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

1. Article Addressed to:  
Richard K. Davidson  
P.O. Box 387  
La Jara, CO 81140-0387

2. Article Number (Copy from service label) **7099 3220 0005 9420 0547**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **RICHARD K DAVIDSON** B. Date of Delivery **4-21-00**

C. Signature *[Signature]*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

7099 3220 0005 9417 5081

Article Sent To:  
**WFC 352**

Postage	\$ .33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Larue White  
1776 Larch Ave., #303  
Cincinnati, OH 45224

**SENDER:**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SECTION ON DELIVERY

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

1. Article Addressed to:  
Larue White  
1776 Larch Ave., #303  
Cincinnati, OH 45224

2. Article Number (Copy from service label) **7099 3220 0005 9417 5081**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **LARUE WHITE** B. Date of Delivery **4/17/00**

C. Signature *[Signature]*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7099 3220 0005 9420 0455

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

Article Sent To:  
**WFC 352**

Postage	\$ .33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Michael H. Moore  
P.O. Box 3389  
Sherman, TX 75091

2. Article Number (Copy from service label) **7099 3220 0005 9420 0455**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **4-17-00**

C. Signature  
*Michael H. Moore*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7099 3220 0005 9420 0639

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

Article Sent To:  
**WFC 352**

Postage	\$ .33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Laura Patricia Lodewick  
511 Newell  
Dallas, TX 75223

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Laura Patricia Lodewick  
511 Newell  
Dallas, TX 75223

2. Article Number (Copy from service label) **7099 3220 0005 9420 0639**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature  
*Laura Patricia Lodewick*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7099 3220 0005 9420 0448

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

James R. McWhorter, AIF for  
Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
James R. McWhorter, AIF for  
Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321

2. Article Number (Copy from service label) **7099 3220 0005 9420 0448**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature  
*James R. McWhorter*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

Article Sent To:  
**WFO 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here  
 APR 13 2007

Janice Gettys  
 803 Smith Stratton Street  
 Decatur, TX 76234

or Instructions

7099 3220 0005 9425 1622

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

Article Sent To:  
**WFO 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

APR 13 2007

John Widney Lodewick  
 3305 Wentwood  
 Dallas, TX 75225

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 John Widney Lodewick  
 3305 Wentwood  
 Dallas, TX 75225

2. Article Number (Copy from service label)  
 7099 3220 0005 9420 0646

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **John Lodewick** B. Date of Delivery **4-24-07**

C. Signature **[Signature]**  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-178

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

Article Sent To:  
**WFO 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

APR 13 2007

William Richard Ballard  
 11651 E. Calle Javelina  
 Tucson, AZ 85748

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 William Richard Ballard  
 11651 E. Calle Javelina  
 Tucson, AZ 85748

2. Article Number (Copy from service label)  
 7099 3220 0005 9420 0660

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **m. Ballard** B. Date of Delivery **4-17-07**

C. Signature **[Signature]**  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

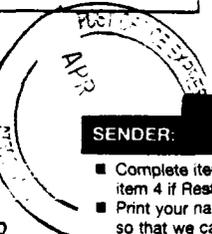
PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-178

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

7099 3220 0005 9420 0530

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>



Balwick Limited Partnership  
2516 Lockheed  
Midland, TX 79701

**SENDER:**

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

1. Article Addressed to:

Balwick Limited Partnership  
2516 Lockheed  
Midland, TX 79701

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Vicki Owens** B. Date of Delivery **4/15/00**

C. Signature **Vicki Owens**  Agent  Addressee

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

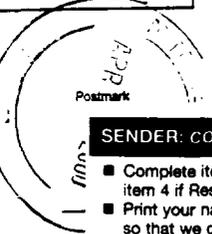
3. Service Type
- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

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

7099 3220 0005 9420 0530

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>



Brent W. McWhorter  
Trustee - McW Family Trust 2/89  
6140 East Voltaire  
Scottsdale, AZ 85254

**SENDER: COM**

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

1. Article Addressed to:

Brent W. McWhorter  
Trustee - McW Family Trust 2/89  
6140 East Voltaire  
Scottsdale, AZ 85254

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Vicki Owens** B. Date of Delivery **4/15/00**

C. Signature **Vicki Owens**  Agent  Addressee

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

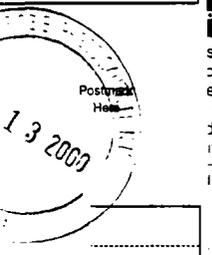
3. Service Type
- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

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

7099 3220 0005 9420 0608

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>



Vicki Lynn Owens  
P.O. Box 696  
Eunice, NM 88231

**COMPLETE THIS SECTION**

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

1. Article Addressed to:

Vicki Lynn Owens  
P.O. Box 696  
Eunice, NM 88231

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Vicki Owens** B. Date of Delivery **4/15/00**

C. Signature **Vicki Owens**  Agent  Addressee

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

3. Service Type
- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

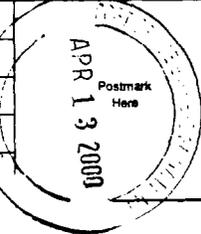
2. Article Number (Copy from service label) **7099 3220 0005 9420 0608**

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

7099 3220 0005 9426 0615

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>



Scott Charles Henson  
 7143 Paladin Way  
 Rio Linda, CA 95673

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

1. Article Addressed to:  
 Charles Henson  
 Paladin Way  
 Rio Linda, CA 95673

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Devin Wolery* B. Date of Delivery *4/15/00*

C. Signature *Devin Wolery*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

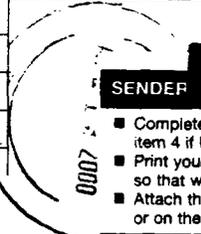
2. Article Number (Copy from service label) *7099 3220 0005 9426 0615*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-178

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

7099 3220 0005 9426 1142

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>



Joan Ann Hudson Davis  
 6770 Wolf Creek Court  
 Rio Rancho, NM 87124

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

1. Article Addressed to:  
 Joan Ann Hudson Davis  
 6770 Wolf Creek Court  
 Rio Rancho, NM 87124

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Lawrence P. Davis*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

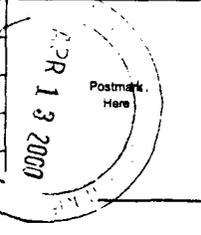
2. Article Number (Copy from service label) *7099 3220 0005 9426 1142*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-178

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

7099 3220 0005 9426 1839

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>



Elizabeth T. Greene  
 200 East 22<sup>nd</sup>, Apt. #12  
 Roswell, NM 88201

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

1. Article Addressed to:  
 T. Greene  
 2<sup>nd</sup>, Apt. #12  
 Roswell, NM 88201

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Elizabeth Johnson*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *7099 3220 0005 9426 1839*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-178