BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF HOME-STAKE OIL & GAS COMPANY FOR AN UNORTHODOX OIL WELL LOCATION, LEA COUNTY, NEW MEXICO. **Case No. 12404**

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by mailing each of them, by certified mail, a copy of the Application. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 3rd day of May, 2000, by James Bruce.

Notary Public

My Commission Expires:
3/14/2001

CONSERVATION DIV.

EXHIBIT 1

CASE NO.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

April 13, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Interest Owners in the S½SE¼ §22-22S-37E

Home-Stake Oil & Gas Company has filed an application with the New Mexico Oil Conservation Division for an unorthodox oil well location for a well with a bottom hole location 150 feet from the north line and 1470 feet from the east line (NW¼NE¼) of Section 27, Township 22 South, Range 37 East, NMPM, Lea County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, May 4, 2000 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an offset interest owner, you have the right to enter an appearance and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Home-Stake
Oil & Gas Company

EXHIBIT
A

WORKING INTEREST OWNERS S/2 SE/4 SECTION 22-22S-37E

Home-Stake Oil & Gas Company
15 East Fifth Street, Suite 2800
Tulsa, OK 74013

John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

Mr. Michael L. Klein
c/o John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

Mr. Dan Veirs
John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

Mr. Ron Westbrook
John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

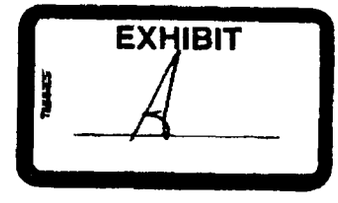
The above owners received their interest by virtue of a Term Assignment from Exxon.

Mr. Paul Keffer
Exxon USA, Inc.
P. O. Box 4697
Houston, TX 77002-4697

WORKING INTEREST OWNERS NE/4 NE/4 SECTION 27-22S-37E

Same owners as above. This interest was received by virtue of a Term Assignment from Texaco.

Mr. Mike Mullins
Texaco Exploration and Production Inc.
P. O. Box 3109
Midland, TX 79702



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

Article Sent To:

Postage	$ .55
Certified Fee	1.10
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.00

Postmark Here

Mr. Dan Veirs
John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

7099 3220 0005 9424 9690

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:
Mr. Ron Westbrook
John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

4a. Article Number
10993220000594249706

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

7. Date of Delivery
4/17/00

5. Received By: *(Print Name)*

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

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.
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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Mr. Ron Westbrook
John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

4a. Article Number
10993220000594249706

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

7. Date of Delivery
4/17/00

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

Article Sent To:

Postage	$ .55
Certified Fee	1.10
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.00

APR Postmark Here

Mr. Ron Westbrook
John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

7099 3220 0005 9424 9706

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (
Street, John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040
City, St...

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9425 0528

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. Mike Mullins
Texaco Exploration and Production Inc.
P. O. Box 3109
Midland, TX 79702

4a. Article Number
7099 3220 0005 9425 0511

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

7. Date of Delivery
APR 19 2000

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Homestake

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

Consult postmaster for fee.

3. Article Addressed to:

John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

4a. Article Number
7099 3220 0005 9425 0528

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

7. Date of Delivery
4/12/00

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Homestake

Thank you for using Return Receipt Service.

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 12 2000 Postmark Here

Na Mr. Mike Mullins
St Texaco Exploration and Production Inc.
P. O. Box 3109
C Midland, TX 79702

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9425 0511

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name: Mr. Michael L. Klein
Street: c/o John H. Hendrix Corporation
City, State: 110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

PS Form 3800, June 1996 — See Reverse for Instructions

7099 3220 0005 9425 0504

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:

Mr. Paul Keffer
Exxon USA, Inc.
P. O. Box 4697
Houston, TX 77002-4697

4a. Article Number: 10993220000594249913

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

7. Date of Delivery: APR 17 2000

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 — GEE — 7179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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.

3. Article Addressed to:

Mr. Michael L. Klein
c/o John H. Hendrix Corporation
110 North Marienfeld Street, Suite 400
Midland, TX 79702-3040

4a. Article Number: 10993220000594250504

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

7. Date of Delivery: 4/12/00

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Rita Henderson
Homemaker

PS Form **3811**, December 1994 — 102595-98-B-0229 — Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here: APR 12 2000

Name (Please Print Clearly) (To be completed by mailer): Mr. Paul Keffer
Street, Apt. No., or PO Box No.: Exxon USA, Inc.
P. O. Box 4697
City, State, ZIP+4: Houston, TX 77002-4697

PS Form 3800, July 1999 — See Reverse for Instructions

7099 3220 0005 9424 9713

RUN DATE: 03/21/2000 — NAME / ADDRESS LIST — PAGE: 48
REPORT ID: D0300 — TIME: 21:53

EFFECTIVE DATE: 02/2000 — REQUESTOR: YSDTJR
PROPERTY NUMBER: 0324720000 00 — PROPERTY NAME: HSOG #2
COUNTY: LEA — OPERATOR: HOME-STAKE OIL & GAS COMPANY
STATE: NM — PRODUCT: NM INT
DESCRIPTION: T-22-S, R-37 E, N.M.P.M.
SECTION 22: ~~S/2 SE/4~~ S½SE¼
LEA COUNTY, NEW MEXICO, CONTAINING 40 ACRES, M/L, AS TO ALL DEPTHS FROM A SUBSURFACE DEPTH OF 4,000 FEET TO THE BASE OF THE FUSSELMAN FORMATION. HSOG NO. 2.

OWNERS	TAX-ID/SSN	NAME & ADDRESS			INTEREST	TYPE	SUSPENSE REASON	TAX EXEMPT REASON
0000389346	75-1531818	[redacted]						
		PO BOX 3040						
		MIDLAND	TEXAS	79702-3040				
0001636430	525-88-6625	RONNIE H WESTBROOK			.00[illegible]60000	WI		
		PO BOX 3171						
		MIDLAND	TEXAS	79[illegible]2-				
0004120044	73-0288030	HOME-STAKE OIL & GAS COMPANY			.3922000000	WI		
		15 E FIFTH ST STE 2800						
		TULSA	OKLAHOMA	74103-4311				
0006598239	344-40-6804	DAN VEIRS			.0139120000	WI		
		1209 W CUMBERT AVE						
		MIDLAND	TEXAS	79701-4121				
0100030964	486-36-4748	MICHAEL L KLEIN			.1634660000	WI		
		500 W TEXAS STE 1230						
0000813915	75-6283397	JAMES N SEEVERS TR #6238758			.0011328300	RI		
		JO ANN SEEVERS SUCC-TTEE						
		~~P O BOX 1680~~ 68 Rock Creek Road						
		~~WICHITA FALLS~~ Corpus Christi, TX	TEXAS	76307-1680 18412				
0000817247	75-6297143	SABINE ROYALTY TRUST			.0937500000	RI		
		BANK OF AMERICA NA AGENT						
		LBX #840887						
		DALLAS	TEXAS	75284-0887				
0001436526	75-1213749	LONG TRUSTS			.0015625000	RI		
		PO BOX 3086						
		KILGORE	TEXAS	75663-1336				

EXHIBIT B

****
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AS TO ITS ACCURACY OR COMPLETION. YOUR USE OF THIS INFORMATION SHALL BE AT YOUR SOLE COST, RISK AND EXPENSE.
****

EFFECTIVE DATE: 02/2000
PROPERTY NUMBER: 0324720000 00 PROPERTY NAME: H50G #2
COUNTY: LEA OPERATOR: HOME-STAKE OIL & GAS COMPANY

OWNERS	TAX-ID/SSN	NAME & ADDRESS	INTEREST	TYPE	SUSPENSE REASON	TAX EXEMPT REASON
0010038867	585-34-1559	CATHIE CONE MCCOWN SEPARATE PROPERTY PO BOX 658 DRIPPING SPRING TEXAS 78620-0658	.0007812500	RI		
0100923879	585-48-2820	KENNETH G CONE SEPARATE PROPERTY P O BOX 11310 MIDLAND TEXAS 79702-1310	.0007812500	RI		
0100923887	464-72-5734	S E CONE JR SEPARATE PROPERTY P O BOX 10321 LUBBOCK TEXAS 79408-3321	.0052083300	RI		
0100923903	428-88-1859	JOHN ALLEN III SEPARATE PROPERTY 4053 BAYSHIRE RD SARASOTA FLORIDA 34234-	.0001395100	RI		
0100923911	255-92-2956	ZULA MOORE SEPARATE PROPERTY P O BOX 658 ZM MILLEDGEVILLE GEORGIA 31061-	.0002790200	RI		
0100923929	239-72-7769	JANE A BURNETT SEPARATE PROPERTY 810 COUNTRY CLUB DR GREENSBORO NORTH CARO 27408-	.0001395100	RI		
0100923937	420-64-5133	NATALIE NIEMUSS KAPLAN SEPARATE PROPERTY 49 CASE MOUNTAIN RD MANCHESTER CONNECTICU 06040-	.0005301300	RI		
0100923945	450-84-0704	CAROL ELLISON HARTMAN SEPARATE PROPERTY BOX 93 608 GUNNISON AVE LAKE CITY COLORADO 81235-	.0003906300	RI		

EFFECTIVE DATE: 02/2000
PROPERTY NUMBER: 0324720000 00
COUNTY: LEA

PROPERTY NAME: HSOG #2
OPERATOR: HOME-STAKE OIL & GAS COMPANY

OWNERS	TAX-ID/SSN	NAME & ADDRESS	INTEREST	TYPE	SUSPENSE REASON	TAX EXEMPT REASON
0100923960	416-62-2677	FERN TREVINO NIEHUSS SEPARATE PROPERTY 2041 N DAYTON CHICAGO ILLINOIS 60614-	.0001395000	RI		
0100924000	343-36-8858	JOHN E COX SEPARATE PROPERTY 1110 S DELPHIA AVE PARK RIDGE ILLINOIS 60060-	.0000930000	RI		
0100924018	334-30-5342	WILLIAM A COX III SEPARATE PROPERTY 1241 INDEPENDENCE AVE SE WASHINGTON DISTRICT O 20003-	.0000930000	RI		
0100924026	353-34-9080	BETTY J COX SEPARATE PROPERTY 203 E BLITHEDALE STE D MILL VALLEY CALIFORNIA 94941-	.0000930000	RI		
0100924034	412-18-2840	LEILA LYNCH SEPARATE PROPERTY 203 FAIRWAY DRIVE PASS CHRISTIAN MISSISSIPP 39571-	.0002790200	RI		
0100924042	535-24-8551	JOHN WAYNE ELLISON JR SEPARATE PROPERTY 211 WOODS ROAD GREER SOUTH CARO 29650-	.0003906300	RI		
0100924059	450-84-0705	CONNIE ELLISON POLSINELLI SEPARATE PROPERTY 3205 HEATHER RD ANN ARBOR MICHIGAN 48108-	.0003906300	RI		
0100924158	456-46-0267	MARJORIE CONE KASTMAN SEPARATE PROPERTY P O BOX 5930 LUBBOCK TEXAS 79408-5930	.0052083300	RI		

RUN DATE: 03/21/2000 NAME / ADDRESS LIST PAGE: 51
REPORT ID: 00300 TIME: 21:53

EFFECTIVE DATE: 02/2000 REQUESTOR: YSOTJR
PROPERTY NUMBER: 0324720000 00 PROPERTY NAME: HSOG #2
COUNTY: LEA OPERATOR: HOME-STAKE OIL & GAS COMPANY

OWNERS	TAX-ID/SSN	NAME & ADDRESS	INTEREST	TYPE	SUSPENSE REASON	TAX EXEMPT REASON
0100924166	464-82-1200	KATHERINE CONE KECK SEPARATE PROPERTY STE 446 1801 AVE OF THE STARS LOS ANGELES CALIFORNIA 90067-5906	.0052083400	RI		
0100924190	450-84-0703	ANN E KINNEY SEPARATE PROPERTY 5 PRISTINE DR GREER SOUTH CARO 29650-	.0003906300	RI		
0100924273	- -	UNION PLANTERS BANK OF NW MS TTEE P O BOX 1059 CLARKSDALE MISSISSIPP 38614-	.0002790200	RI	TITLE REQUIREMENT	
0100924281	- -	CELESTE FASKEN & NW BNK TEXAS SUCCESSOR TTEES OF THE 500 W TEXAS AVE MIDLAND TEXAS 79701-	.0019531200	RI	UNSIGNED DIVISION ORDER	
0100924315	465-56-1096	PAUL STEVENSON OLES SEPARATE PROPERTY ONE GATEWAY CENTER NEWTON MASSACHUSE 02458-	.0011327700	RI		
0100924331	585-24-7526	THOMAS R CONE SEPARATE PROPERTY P O BOX 778 JAY OKLAHOMA 74346-	.0007812500	RI		
0100969641	76-6078796	CELESTE M FASKEN MGMT TRUST NORWEST BANK TTEE PO BOX 5383 DENVER COLORADO 80217-	.0019531300	RI		
0101008944	273-44-9074	DAVID & CAROLLE M COX TTEES DAVID L & CAROLLE M COX 65 HIGH RIDGE RD #666 STAMFORD CONNECTICU 06905-3800	.0002790200	RI		

****
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AS TO ITS ACCURACY OR COMPLETION. YOUR USE OF THIS INFORMATION SHALL BE AT YOUR SOLE COST, RISK AND EXPENSE.
****

RUN DATE: 03/21/2000
REPORT ID: 00300

NAME/ADDRESS LIST

PAGE: 52
TIME: 21:53

EFFECTIVE DATE: 02/2000
PROPERTY NUMBER: 0324720000 00
COUNTY: LEA

PROPERTY NAME: HSOG #2
OPERATOR: HOME-STAKE OIL & GAS COMPANY

REQUESTOR: VSDTJR

OWNERS	TAX-ID/SSN	NAME & ADDRESS	INTEREST	TYPE	SUSPENSE REASON	TAX EXEMPT REASON
0101056620	- -	~~MRS C A KELLY~~ ~~SEPARATE PROPERTY~~	.0005664000	RI	Louella Kelly PO Box 903 Boerne, TX 78006	
0101056638	449-46-5358	ELIZABETH ALYNE FULLER SEPARATE PROPERTY PO BOX 1606 CANYON LAKE TEXAS 78130-	.0001887800	RI		
0101056646	-	R J KELLY III SEPARATE PROPERTY PO BOX 1606 CANYON LAKE TEXAS 78130-	.0000943900	RI	UNSIGNED DIVISION ORDER	
0101056653	- -	MARY BETH PING SEPARATE PROPERTY PO BOX 1606 CANYON LAKE TEXAS 78130-	.0000943900	RI	UNSIGNED DIVISION ORDER	
0101056661	459-42-5975	STEWART BACHMAN JR SEPARATE PROPERTY PO BOX 1680 WICHITA FALLS TEXAS 76307-	.0005078100	RI		
0101056679	- -	T H STRINGER SEPARATE PROPERTY 3609 PARAMOUNT BLVD AMARILLO TEXAS 79109-	.0001887800	RI		
0100190743	13 5409005	[redacted] ACCTS [redacted] OIL [redacted] BOX 951027 [redacted] 75395-1027	.1250000000	OR		
0100924349	526-96-1602	PAUL LEWIS 3501 GULF MIDLAND TEXAS 79707-	.0100000000	OR		
			1.0000000000			

****
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****

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here
APR 2000

Name (Please Print Clearly) (To be completed by mailer)
BETTY J COX .OOC
Street SEPARATE PROPERTY
203 E BLITHEDALE STE D
City, MILL VALLEY CALIFORNIA 94941-

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9836

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:

CELESTE FASKEN + NOR'WEST BANK TRUSTEE SUCCESSOR TRUSTEE'S 500 W TEXAS MIDLAND, TEXAS 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
APR 26 2000

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number (Copy from service label)
7099 3220 0005 9424 9898

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

Homestake

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:

BETTY J COX .OOC
SEPARATE PROPERTY
203 E BLITHEDALE STE D
MILL VALLEY CALIFORNIA 94941-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
BETTY COX 4/21/00

C. Signature
X ☐ Agent ☐ Addressee

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail APR 5 2000 ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7099 3220 0005 9424 9836

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

Homestake

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
C. FASKEN / NOR'WEST BANK SUCCESSOR TRUSTEE
Street, Apt. No.; or PO Box No.
500 W. TEXAS
City, State, ZIP+ 4
MIDLAND, TX 79701

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9898

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
I ELIZABETH ALYNE FULLER .Q
Street, Apt SEPARATE PROPERTY
PO BOX 1606
City, State, CANYON LAKE TEXAS 78130-

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9959

SENDER:
- Complete items 1 a 2
- Complete items 3, 4 d
- 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 al vish to receive the fol. g services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KENNETH G CONE
SEPARATE PROPERTY
P O BOX 11310
MIDLAND TEXAS 79702-1310

4a. Article Number
7099 3220 0005 9424 9944

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER: COMPLETE TH

- 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:

I ELIZABETH ALYNE FULLER .Q
SEPARATE PROPERTY
PO BOX 1606
CANYON LAKE TEXAS 78130-

THIS SECTION ON DELIVERY

d by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X Howard Fuller ☐ Agent ☐ Addressee

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

CANYON LAKE, TX APR 17 2000

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 9424 9959

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

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here APR 17 2000

Name (Please Print Clearly) (To be completed by mailer)
KENNETH G CONE
Street, SEPARATE PROPERTY
P O BOX 11310
City, St MIDLAND TEXAS 79702-1310

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9744

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 12 2000 Postmark Here

7099 3220 0005 9424 9768

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. CAROL ELLISON HARTMAN
SEPARATE PROPERTY
BOX 93 608 GUNNISON AVE

City, State, Z LAKE CITY COLORADO 81235

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE ... ON

- 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:

JANE A BURNETT
SEPARATE PROPERTY
810 COUNTRY CLUB DR
GREENSBORO NORTH CARO 27408

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X J. Burnett ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9874

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

Homestead

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:

CAROL ELLISON HARTMAN
SEPARATE PROPERTY
BOX 93 608 GUNNISON AVE
LAKE CITY COLORADO 81235

4a. Article Number
7099 3220 0005 9424 9768

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

7. Date of Delivery
4-18

5. Received By: *(Print Name)*

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

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

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

Thank you for using Return Receipt Service.

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 12 2000 Postmark Here NM

7099 3220 0005 9424 9874

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. JANE A BURNETT
SEPARATE PROPERTY
810 COUNTRY CLUB DR

City, State, Z GREENSBORO NORTH CARO 27408

PS Form 3800, July 1999 See Reverse for Instructions

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

APR 2000

Name: ZULA MOORE
SEPARATE PROPERTY
Street, P O BOX 658 ZM
City, S: MILLEDGEVILLE GEORGIA 31061

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9881

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:

PAUL LEWIS .01
3501 GULF
MIDLAND TEXAS 79707-

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Cossette Lewis
B. Date of Delivery 4/5/00

C. Signature
X Cossette Lewis ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9904

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

Homestake

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:

ZULA MOORE
SEPARATE PROPERTY
P O BOX 658 ZM
MILLEDGEVILLE GEORGIA 31061

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Zula Moore
B. Date of Delivery 4/5/00

C. Signature
X Zula Moore ☐ Agent ☑ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9881

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

Homestake

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer): PAUL LEWIS .01C
Street, 3501 GULF
City, State, ZIP+4: MIDLAND TEXAS 79707-

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9904

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
NATALIE NIEMUSS KAPLAN
Street, Ap SEPARATE PROPERTY
48 CASE MOUNTAIN RD
City, Stat MANCHESTER CONNECTICU 06040

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9775

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:
S E CONE JR
SEPARATE PROPERTY
P O BOX 10321
LUBBOCK TEXAS 79408

4a. Article Number
7099 3220 0005 9424 9775

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

7. Date of Delivery
APR 17 2000

5. Received By: (Print Name)
Vicki Winegeart

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

6. Signature: (Addressee or Agent)
X Vicki Winegeart

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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:
NATALIE NIEMUSS KAPLAN
SEPARATE PROPERTY
48 CASE MOUNTAIN RD
MANCHESTER CONNECTICU 06040

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) S KAPLAN
B. Date of Delivery 19 Apr 00

C. Signature
X S Kaplan
☒ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number (Copy from service label)
7099 3220 0005 9424 9775

APR 19 2000

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:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 19 2000 Postmark Here

Name S E CONE JR 005201
Street, P O BOX 10321 SEPARATE PROPERTY
LUBBOCK TEXAS 79408-3321
City, State, Zip

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9737

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

7099 3220 0005 9424 9751

Article Sent To:

Postage	$ .55
Certified Fee	1.10
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.00

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
CATHIE CONE MCCOWN
Street, Apt. SEPARATE PROPERTY
PO BOX 658
City, State, DRIPPING SPRING TEXAS 78620-0658

PS Form 3800, July 1999 See Reverse for Instructions

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:

MARJORIE CONE KASTMAN .005
SEPARATE PROPERTY
P O BOX 5930
LUBBOCK TEXAS 79408-59

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Brenda B. Baker ☐ Agent ☐ Addressee

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

LUBBOCK TX 2000 USPS 79408

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 9424 9799

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

Homestake

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:

CATHIE CONE MCCOWN
SEPARATE PROPERTY
PO BOX 658
DRIPPING SPRING TEXAS 78620-0658

4a. Article Number
7099 3220 0005 9424 9751

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

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

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

Thank you for using Return Receipt Service.

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

7099 3220 0005 9424 9799

Article Sent To:

Postage	$ .55
Certified Fee	1.10
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.00

SANTA FE, NM APR 12 2000 Postmark Here USPS

Name (Please Print Clearly) (To be completed by mailer)
MARJORIE CONE KASTMAN .005
Street, Apt. SEPARATE PROPERTY
P O BOX 5930
City, State, LUBBOCK TEXAS 79408-59

PS Form 3800, July 1999 See Reverse for Instructions

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 2000 Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
STEWART BACHMAN JR .00
Street SEPARATE PROPERTY
PO BOX 1680
City, WICHITA FALLS TEXAS 76307-

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9928

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:

DAVID & CAROLLE M COX TTEES .000
DAVID L & CAROLLE M COX
65 HIGH RIDGE RD #666
STAMFORD CONNECTICU 06905-38

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4-7-00

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9928

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

Homestead

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:

STEWART BACHMAN JR .00
SEPARATE PROPERTY
PO BOX 1680
WICHITA FALLS TEXAS 76307-

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery APR 18 2000

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9928

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

Homestead

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 18 2000 Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
DAVID & CAROLLE M COX TTEES .000
Street DAVID L & CAROLLE M COX
65 HIGH RIDGE RD #666
City, STAMFORD CONNECTICU 06905-38

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9973

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

Article Sent To:

Postage	$ 5.53
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here
2000

7099 3220 0005 9424 9935

Name (Please Print Clearly) (To be completed by mailer)

Street, A MARY BETH PING .OC
SEPARATE PROPERTY
PO BOX 1606
City, Stat CANYON LAKE TEXAS 78130-

PS Form 3800, July 1999 See Reverse for Instructions

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:

R J KELLY III .OC
SEPARATE PROPERTY
PO BOX 1606
CANYON LAKE TEXAS 78130-

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Howard Fuller
B. Date of Delivery 4-15-00 pm

C. Signature
X Howard Fuller ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9942

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

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:

MARY BETH PING .OC
SEPARATE PROPERTY
PO BOX 1606
CANYON LAKE TEXAS 78130-

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Howard Fuller
B. Date of Delivery 4-15-00 pm

C. Signature
X Howard Fuller ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9935

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

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here
2000

7099 3220 0005 9424 9942

Name (Plea R J KELLY III
Street, Apt. SEPARATE PROPERTY .OC
PO BOX 1606
City, State, ZIP+ 4 CANYON LAKE TEXAS 78130-

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9911

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. T H STRINGER .OOX
SEPARATE PROPERTY
3609 PARAMOUNT BLVD
City, State, AMARILLO TEXAS 79109-

PS Form 3800, July 1999 See Reverse for Instructions

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:

LELIA LYNCH .OOX
SEPARATE PROPERTY
203 FAIRWAY DRIVE
PASS CHRISTIAN MISSISSIPP 39571-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) LELIA LYNCH B. Date of Delivery 4/17/00

C. Signature
X Lelia Lynch ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number (Copy from service label)
7099 3220 0005 9424 9829

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

Homesteke

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:

T H STRINGER .OOX
SEPARATE PROPERTY
3609 PARAMOUNT BLVD
AMARILLO TEXAS 79109-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) T H STRINGER B. Date of Delivery 4/18/00

C. Signature
X T H Stringer ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number (Copy from service label)
7099 3220 0005 9424 9911

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

Homesteke

7099 3220 0005 9424 9829

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. LELIA LYNCH .OOX
SEPARATE PROPERTY
203 FAIRWAY DRIVE
City, State, PASS CHRISTIAN MISSISSIPP 39571-

PS Form 3800, July 1999 See Reverse for Instructions

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

Article Sent To:

Postage	$ .55
Certified Fee	1.10
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.00

APR 2000

Name (Please Print Clearly) (To be completed by mailer)

Street, A: LONG TRUSTS
PO BOX 3096
City, Stat: KILGORE TEXAS

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9425 0481

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:

CELESTE N FASKEN MGMT TRUST .001
NORWEST BANK TTEE
PO BOX 5383
DENVER COLORADO 80217-

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X C Mamay All Star ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9980

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

Homestead

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:

LONG TRUSTS
PO BOX 3096
KILGORE TEXAS

4a. Article Number
7099 3220 0005 9424 9980

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

7. Date of Delivery 4-17-00

5. Received By: *(Print Name)*

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

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

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Homestead

Thank you for using Return Receipt Service.

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

Article Sent To:

Postage	$ .55
Certified Fee	1.10
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.00

APR 2000

Name (Pl: CELESTE N FASKEN MGMT TRUST .001
NORWEST BANK TTEE
Street, A: PO BOX 5383
City, Sta: DENVER COLORADO 80217-

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9980

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

7099 3220 0005 9425 0498

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
SABINE ROYALTY TRUST
Street, Apt. No. BANK OF AMERICA NA AGENT
LBX #840887
City, State, ZIP+4 DALLAS TEXAS

PS Form 3800, July 1999 See Reverse for Instructions

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:

THOMAS R CONE
SEPARATE PROPERTY
P O BOX 778
JAY OKLAHOMA 74346-.000

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Sue Ray ☒ Agent ☐ Addressee

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

JAY OK 74346
APR 17 2000

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 9424 9997

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

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:

SABINE ROYALTY TRUST
BANK OF AMERICA NA AGENT
LBX #840887
DALLAS TEXAS

4a. Article Number
7099 3220 0005 9425 0498

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

7. Date of Delivery
APR 18 2000

5. Received By: *(Print Name)*

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

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

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

7099 3220 0005 9424 9997

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
THOMAS R CONE
Street, Apt. SEPARATE PROPERTY
P O BOX 778
City, State JAY OKLAHOMA 74345-.000

PS Form 3800, July 1999 See Reverse for Instructions

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

7099 3220 0005 9424 9843

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here
APR 18 2000

Name (Please Print Clearly) (To be completed by mailer)
WILLIAM A COX III .00
Street, Apt. No.; or PO Box No. SEPARATE PROPERTY
1241 INDEPENDENCE AVE SE
City, State, ZIP+4 WASHINGTON DISTRICT O 20003-

PS Form 3800, July 1999 See Reverse for Instructions

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:

UNION PLANTERS BANK OF NW MS .00C
TTEE
P O BOX 1059
CLARKSDALE MISSISSIPP 38614-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
APR 18 2000

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number (Copy from service label)
7099 3220 0005 9424 9843

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

Homestake

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 A COX III
SEPARATE PROPERTY .00
1241 INDEPENDENCE AVE SE
WASHINGTON DISTRICT O 20003-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) W A COX B. Date of Delivery 4-15-00

C. Signature
X William A Cox ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number (Copy from service label)
7099 3220 0005 9424 9843

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

Homestake

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

7099 3220 0005 9425 0047

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here
APR 2000

Name (Please Print Clearly) (To be completed by mailer)
UNION PLANTERS BANK OF NW MS .00
Street, Apt. No.; or PO Box No. TTEE
P O BOX 1059
City, State, ZIP+4 CLARKSDALE MISSISSIPP 38614-

PS Form 3800, July 1999 See Reverse for Instructions

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 2000 Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
James M. Seevers Trust c/o Jo Ann Seevers Trustee
Street, Apt. No.; or PO Box No.
68 Rock Creek Rd
City, State, ZIP+4
Corpus Christi, TX 78412

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9425 0344

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:

KATHERINE CONE KECK .00!
SEPARATE PROPERTY
STE 446
1801 AVE OF THE STARS
LOS ANGELES CALIFORNIA 90067-51

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4-17
C. Signature X [signature] ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9425 9182

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

Homesteads

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:
James M. Seevers Trust
c/o Jo Ann Seevers Trustee
68 Rock Creek Rd
Corpus Christi, TX
78412

4a. Article Number
7099 3220 0005 9425 0344

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

7. Date of Delivery
4-17-00

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Jo Ann Seevers

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Homesteads

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 2000 Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
KATHERINE CONE KECK .OK
Street, Apt. SEPARATE PROPERTY
STE 446
City, State, 1801 AVE OF THE STARS
LOS ANGELES CALIFORNIA 90067-5

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9782

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 2000 Postmark Here

7099 3220 0005 9424 9850

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.: JOHN E COX
SEPARATE PROPERTY
1110 S DELPHIA AVE

City, State, ZIP: PARK RIDGE ILLINOIS 60060-

PS Form 3800, July 1999 — See Reverse for Instructions

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

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

Consult postmaster for fee.

3. Article Addressed to:

JOHN ALLEN III
SEPARATE PROPERTY
4053 BAYSHIRE RD
SARASOTA FLORIDA 34234

4a. Article Number: 7099 3220 0005 9424 9850

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

7. Date of Delivery: 4-17-00

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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 COX
SEPARATE PROPERTY
1110 S DELPHIA AVE
PARK RIDGE ILLINOIS 60060-

COMPLETE THIS SECTION ON DELIVERY

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
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9850

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:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

APR 2000 Postmark Here

7099 3220 0005 9424 9720

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.: JOHN ALLEN III
SEPARATE PROPERTY
4053 BAYSHIRE RD

City, State, ZIP: SARASOTA FLORIDA 34234

PS Form 3800, July 1999 — See Reverse for Instructions

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

7099 3220 0005 9425 0054

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

165TK

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
ANN E KINNEY SEPARATE PROPERTY OOC
Street, Apt. No.; or PO Box No. 5 PRISTINE DR
City, State, ZIP+4 GREER SOUTH CARO 29650-

PS Form 3800, July 1999 See Reverse for Instructions

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 WAYNE ELLISON JR
SEPARATE PROPERTY OOC
211 WOODS ROAD
GREER SOUTH CARO 29650-

COMPLETE THIS SECTION ON DELIVERY

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
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

2. Article Number *(Copy from service label)*
7099 3220 0005 9424 9805

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

Homesteta

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

7099 3220 0005 9424 9805

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Hstc

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
JOHN WAYNE ELLISON JR OOC
Street, Apt. No.; or PO Box No. SEPARATE PROPERTY
211 WOODS ROAD
City, State, ZIP+4 GREER SOUTH CARO 29650-

PS Form 3800, July 1999 See Reverse for Instructions

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
CONNIE ELLISON POLSINELLI .OOC
Street SEPARATE PROPERTY
3205 HEATHER RD
City, S ANN ARBOR MICHIGAN 48108-

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9812

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
FERN TREVINO NIEHUSS .D
Street, Apt SEPARATE PROPERTY
2041 N DAYTON
City, State, CHICAGO ILLINOIS 60614-

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9424 9867

7099 3220 0005 9425 0023

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)

PAUL STEVENSON OLES

Street SEPARATE PROPERTY
ONE GATEWAY CENTER

City, S NEWTON MASSACHUSE 02458-

PS Form 3800, July 1999 See Reverse for Instructions