

**BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY
MINERALS AND NATURAL RESOURCES**

**IN THE MATTER OF THE APPLICATION
OF McELVAIN OIL & GAS PROPERTIES, INC.
FOR COMPULSORY POOLING,
RIO ARRIBA COUNTY, NEW MEXICO.**

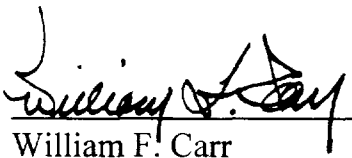
57

CASE NO. 12412

AFFIDAVIT

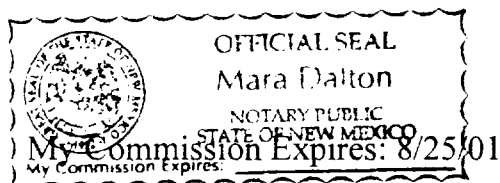
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)


William F. Carr, attorney in fact and authorized representative of McElvain Oil & Gas Properties, Inc., the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before this 30th, day of May, 2000 by William F. Carr.





Mara Dalton, Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12412 Exhibit No. 5
Submitted by:
McElvain Oil & Gas Properties
Hearing Date: June 1, 2000

EXHIBIT A

Kindermac Partners
650 South Cherry, Suite #1225
Denver, CO 80222

David S. Lawrence
29 N. Waxberry Road
Spring, TX 77381

Robert E. Levy, Jr.
c/o Norwest Trust
P.O. Box 2626
Waco, TX 76702

Elizabeth B. Loring
c/o F. Ballou
230 Congress St.
Boston, MA 02110

Fraser & Helen Macvicar
78 Birchwood Road
Coram, NY 11727

George & Theodora Mourry
9281 Shord Rd.
Brooklyn, NY 11209

M.A.P., Inc.
P.O. Box 686
Solana Beach, CA 92075

NM&O Operating Co.
6 E. Fifth Street, Suite #200
Tulsa, OK 74103

M. Zajac, Personal Representative
of the Estate of H. Reton
1827 Laurel Lane
Lake Clark Shore, FL 33406

James F. Rosborough
Personal Representative
14429 Pettit Way
Potomac, MD 20854

Roddy Sanger
3600 McArthur Drive
Waco, TX 76078

Erin White Shaefer
5836 Stadium Street
San Diego, CA 92122

Hazel D. Schmedes
1333 Birch Hill Lane
Mamaroneck, NY 10543

Schonwald Co., F.P.
16 N. W. 63rd St., Suite 302
Oklahoma City, OK 73116

Shear, Inc.
P.O. Box 2665
Grand Junction, CO 81502

John Francis Spellman
56 Lathrop Road
Quaker Hill, CT 06375

Marcelle Stratton
66 Summit Drive
Mnhasset, Long Island, NY 11030

Tri-Star Minerals
P.O. Box 3086
Minot, ND 58702

James W. Trudell
412 N. E. 4th Street
Fort Lauderdale, FL 33301

William & Elizabeth Trumbell
333 Tigertail Road
Los Angeles, CA 90049

Ken Aultschuld
8400 E. Prentiss, #1035
Englewood, CO 80111

E. L. Ames
1250 N.E. Loop #410
San Antonio, TX 78209

George J. Ames
1250 N.E. Loop #410
San Antonio, TX 78209

Brooks J. Boedecker
2708 First Avenue North #425-A
Billings, MT 59101

Joseph & Martha L. Brooks
Estate of Marcella Brooks
P.O. Box 1154
Frederickburg, TX 78624

H.B. Brown
1710 South Bay Front
Balboa Island, CA 92662

Ruth Borrows
47 Stoneridge
Ponca City, OK 74601

Marcheta Calson
P.O. Box 475
Templeton, CA 93465

Davis Family, L.L.C.
4906 Laguna Ave.
Sierra Vista, AZ 85650

Morgan & Carolyn C. Epes, Jr.
751 Bird Avenue
Buffalo, NY 14209

David H. Eslick
71 Highland Ave.
Buffalo, NY 14222

James and Barbara Fullerton
1656 Court Place, #406
Denver, CO 80202

C.J. Gallant
274 Del Mesa Carmel
Carmel, CA 93921

Rev. James H. Gardner Trust
6018 S. 92nd East Avenue
Tulsa, OK 74145

Kathleen M. & Horace N. Gibson
7089 N. 24th Street
St. Paul, MN 55128

Edward E. Giess
26 Pearl Street
Noank, CT 06340

Florence Gleason
4212 W. Soundview
Tacoma, WA 98466

Lillian Habeeb
100 Marine Avenue
Brooklyn, NY 11209

Halco Oil Company
4733 Creighton
Dallas, TX 75214

Mary Beth Harkins
5826 Hefner Village Ct.
Oklahoma City, OK 73132

Mercedes B. Hawkins
2525 South Delaware
Tulsa, OK 74114

Hunnington and Carol Walker
2961 S. Fillmore Way
Denver, CO 80210

Mary W. Waugh
P.O. Box 1231
Norman, OK 73070

Dorothy E. Weaver
285 Riverside Drive, #13C
New York, NY 10025

James N. Whitsell and/or Myrtis
Crow
P.O. Box 348
Morganfield, KY 42437

George Zarou
8423 Ridge Blvd.
Brooklyn, NY 11209

Sophie H. Spellman
P.O. Box 368
Colfax, WI 54730

Gladys H. Campbell
117 S. Los Robles Ave.
Pasadena, CA 91101

John B. Shaw
1917 Forth Union Drive
Santa Fe, NM 87501

Frederick M. & Edna M. Jost
34 Marlborough Road
West Hempstead, NY 11552

Jake R. Schwartz
P.O. Box 7950
Waco, TX 76714

M.F. Branscum, Ind. Exec. For the Estate of
H. L. Branscum
c/o Lanigan, Ryan, Malcom and Cox, P.C.
1355 Piccard Drive, Suite 300
Rockville, MD 20850

Philip Sanger c/o Roddy Sanger
5424 Edinburgh
Waco, TX 76710

M.S. Brooks, Jr. Estate
P.O. Box 1154
Fredericksburg, TX 78624

Helen M. McCaughey Test Trust
P.O. Box 12546
Oklahoma City, OK 73157

James H. Gardner, Jr.
6018 South 92nd, East Avenue
Tulsa, OK 74145

Hermine Luria, Exec. of Estate of
Herbert B. Luria
530 Park Avenue
New York, NY 10016

Robert I. Levey
P.O. Box 1555
Waco, TX 76703

Leota Jones Trust
2400 North Dustin Road, #117
Farmington, NM 87401

W. H. Hammer
530 North Bristol
Los Angeles, CA 90049

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

May 11, 2000

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: Application of McElvain Oil & Gas, Inc. for Compulsory Pooling, Rio Arriba
County, New Mexico

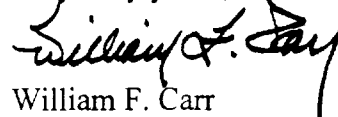
Gentlemen:

This letter is to advise you that McElvain Oil & Gas Properties, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests from the base of the Pictured Cliffs formation to the base of the Mesaverde formation in certain spacing and proration units in the S/2 of Section 10, Township 25 North, Range 2 West, N.M.P.M., Rio Arriba County, New Mexico. McElvain proposes to dedicate the referenced pooled unit to its Badger Com 10 Well No. 1 which it proposes to drill to a depth sufficient to test all pooled formations to the base of the Mesaverde formation, Blanco- Mesaverde Gas Pool, at a standard location in the NE/4 SW/4 of said Section 10.

This application has been set for hearing before a Division Examiner on June 1, 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,



William F. Carr
ATTORNEY FOR McELVAIN
OIL & GAS PROPERTIES, INC.

WFC/md
Enclosure

cc: Mr. Steve Jordan, Land Manager
McElvain Oil & Gas Properties, Inc.

**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

Mary Beth Harkins
5826 Hefner Village Ct.
Oklahoma City, OK 73132

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 Harkins
5826 Hefner Village Ct.
Oklahoma City, OK 73132

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mary Beth Harkins B. Date of Delivery 5-15-00
C. Signature Mary Beth Harkins ☐ 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 9419 8653

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

Lillian Habeeb
100 Marine Avenue
Brooklyn, NY 11209

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:

Lillian Habeeb
100 Marine Avenue
Brooklyn, NY 11209

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Lillian Habeeb B. Date of Delivery MAY 15 2000
C. Signature Lillian Habeeb ☐ 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 9419 8639

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

Robert E. Levy, Jr.
c/o Norwest Trust
P.O. Box 2626
Waco, TX 76702

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:

Robert E. Levy, Jr.
c/o Norwest Trust
P.O. Box 2626
Waco, TX 76702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Robert E. Levy, Jr. B. Date of Delivery MAY 15 2000
C. Signature Robert E. Levy, Jr. ☐ 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 9419 8295

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9419 8325

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

Article Sent To: WFC 190

| | |
|--|----------------|
| Postage | \$ <u>1.55</u> |
| Certified Fee | <u>1.40</u> |
| Return Receipt Fee (Endorsement Required) | <u>1.25</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>3.20</u> |

George & Theodora Mourry
9281 Shord Rd.
Brooklyn, NY 11209

or Instructions

7099 3220 0005 9419 8479

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

Article Sent To: WFC 190

Postage \$ 1.55
Certified Fee 1.40
Return Receipt Fee (Endorsement Required) 1.25
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 3.20

Ken Aultschuld
8400 E. Prentiss, #1035
Englewood, CO 80111

Ken Aultschuld
8400 E. Prentiss, #1035
Englewood, CO 80111

1. Article Addressed to:

2. Article Number (Copy from service label) 7099 3220 0005 9419 8479

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-11789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 5-15-00

C. Signature [Signature] ☐ Agent ☐ Addressee

☒ 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 9419 8868

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

Article Sent To: WFC 190

| | |
|--|----------------|
| Postage | \$ <u>1.55</u> |
| Certified Fee | <u>1.40</u> |
| Return Receipt Fee (Endorsement Required) | <u>1.25</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>3.20</u> |

Edward E. Giess
26 Pearl Street
Noank, CT 06340

or Instructions

Returned - not delivered

WF

COMPLETE THIS SECTION ON DELIVERY

102595-99-M. 1993

WFC 190

or instructions

W

COMPLETE THIS SECTION ON DELIVERY

02595-99-M-1789

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

Article Sent To:

WFC 190

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

Hermine Luria, Exec. of Estate of
 Herbert B. Luria
 530 Park Avenue
 New York, NY 10016

or Instructions

7099 3220 0005 9419 8820

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

Article Sent To:

SE

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS.
 FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

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

- 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:

Robert I. Levey
 P.O. Box 1555
 Waco, TX 76703

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Agent
☐ Addressee

☐ 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

PS For



8837

595-99-M-1789

7099 3220 0005 9419 8837

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

Article Sent To:

WFC 190

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

Fraser & Helen Macvicar
 78 Birchwood Road
 Coram, NY 11727

or Instructions

7099 3220 0005 9419 8318

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

Article Sent To:

WFC 190

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

Dorothy E. Weaver
 285 Riverside Drive, #13C
 New York, NY 10025

or Instructions

7099 3220 0005 9419 8691

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

Article Sent To:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

- 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.

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

C. Signature ☐ Agent ☐ Addressee

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

Marcheta Calson
 P.O. Box 475
 Templeton, CA 93465

Marcheta Calson
 P.O. Box 475
 Templeton, CA 93465

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 9419 8547

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:

WF

SENDER

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

CTION ON DELIVERY

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

- 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.

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

C. Signature ☐ Agent ☐ Addressee

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

Davis Family, L.L.C.
 4906 Laguna Ave.
 Sierra Vista, AZ 85650

Davis Family, L.L.C.
 4906 Laguna Ave.
 Sierra Vista, AZ 85650

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 9419 8554

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9419 8554

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

Article Sent To:

WFC 190

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

James W. Trudell
 412 N. E. 4th Street
 Fort Lauderdale, FL 33301

for Instructions

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

Article Sent To:

WF

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

- 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:

Schonwald Co., F.P.
 16 N. W. 63rd St., Suite 302
 Oklahoma City, OK 73116

A. Received by (Please Print Clearly) B. Date of Delivery
 John A. Wolf 5/15

C. Signature
 [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 9419 8410

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 190

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

Mary W. Waugh
 P.O. Box 1231
 Norman, OK 73070

for Instructions

7099 3220 0005 9419 8738

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

Article Sent To: [Redacted]

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

Gladys H. Campbell
117 S. Los Robles Ave.
Pasadena, CA 91101

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

- 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:

Gladys H. Campbell
117 S. Los Robles Ave.
Pasadena, CA 91101

THIS SECTION ON DELIVERY

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

C. Signature
X Mary Pilonis
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 9419 8738

7099 3220 0005 9419 8769

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

Article Sent To: WFC 190

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

Jake R. Schwartz
P.O. Box 7950
Waco, TX 76714

Postmark Here

or Instructions

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

Article Sent To: [Redacted]

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

M.S. Brooks, Jr. Estate
P.O. Box 1154
Fredericksburg, TX 78624

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

- 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:

M.S. Brooks, Jr. Estate
P.O. Box 1154
Fredericksburg, TX 78624

THIS SECTION ON DELIVERY

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

C. Signature
X M.S. Brooks, Jr.
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 9419 8790

7099 3220 0005 9419 8776

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

Article Sent To: WFC 190

| | |
|--|----------------|
| 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

M.F. Branscum, Ind. Exec. For the Estate of
 H. L. Branscum
 c/o Lanigan, Ryan, Malcom and Cox, P.C.
 1355 Piccard Drive, Suite 300
 Rockville, MD 20850

or Instructions

returned - not delivered

7099 3220 0005 9419 8745

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

Article Sent To: WFC 190

| | |
|--|----------------|
| 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

John B. Shaw
 1917 Forth Union Drive
 Santa Fe, NM 87501

or Instructions

returned - not delivered

7099 3220 0005 9419 8462

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

Article Sent To: WFC

SENDE

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

1. Article Addressed to:

William & Elizabeth Trumbell
 333 Tigertail Road
 Los Angeles, CA 90049

2. Article Number (Copy from service label) 7099 3220 0005 9419 8462

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

C. Signature X W. Trumbell ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No

E. Enter delivery address below:

LOS ANGELES, CA 90049 MAY 15 2000

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

Article Sent To:

WFC 190

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

Roddy Sanger
 3600 McArthur Drive
 Waco, TX 76078

Instructions

7099 3220 0005 9419 8370

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

Article Sent To:

WF

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

- 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:

Erin White Shaefer
 5836 Stadium Street
 San Diego, CA 92122

SECTION ON DELIVERY

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

Erin White Shaefer

C. Signature

X Erin White Shaefer ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No

enter delivery address below:

Service Type ☐ Registered ☐ Express Mail ☐ 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 9419 8387

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1795

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

Article Sent To:

WFC 190

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

W. H. Hammer
 530 North Bristol
 Los Angeles, CA 90049

Instructions

7099 3220 0005 9419 8851

7099 3220 0005 9419 8394

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

Article Sent To:

WFC 190

| | |
|---|----------------|
| 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

Hazel D. Schmedes
1333 Birch Hill Lane
Mamaroneck, NY 10543

For Instructions

7099 3220 0005 9419 8721

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

Article Sent To:

WFC 190

| | |
|---|----------------|
| 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

Sophie H. Spellman
P.O. Box 368
Colfax, WI 54730

For Instructions

Returned - not delivered.

7099 3220 0005 9419 8752

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

Article Sent To:

WFC 190

| | |
|---|----------------|
| 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

Frederick M. & Edna M. Jost
34 Marlborough Road
West Hempstead, NY 11552

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

George Zarou
8423 Ridge Blvd.
Brooklyn, NY 11209

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:

George Zarou
8423 Ridge Blvd.
Brooklyn, NY 11209

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) GEORGE ZAROU B. Date of Delivery 5/15/99

C. Signature [Signature]
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 9419 8714

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

Kathleen M. & Horace N. Gibson
7089 N. 24th Street
St. Paul, MN 55128

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:

Kathleen M. & Horace N. Gibson
7089 N. 24th Street
St. Paul, MN 55128

SECTION ON DELIVERY

A. Received by (Please Print Clearly) HORACE N. GIBSON JR B. Date of Delivery 5/15/99

C. Signature [Signature]
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 9419 8615

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

Hunnington and Carol Walker
2961 S. Fillmore Way
Denver, CO 80210

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:

Hunnington and Carol Walker
2961 S. Fillmore Way
Denver, CO 80210

SECTION ON DELIVERY

A. Received by (Please Print Clearly) J.J. #1004 B. Date of Delivery 5/15/00

C. Signature [Signature]
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 9419 8677

PS Form 3811, July 1999

Domestic Return Receipt

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

Article Sent To:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Postage \$ 1.55
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$3.20

- 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:

Mercedes B. Hawkins
 2525 South Delaware
 Tulsa, OK 74114

Mercedes B. Hawkins
 2525 South Delaware
 Tulsa, OK 74114

A. Received by (Please Print Clearly) B. Date of Delivery
5-16-00

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

2. Article Number (Copy from service label)

7099 3220 0005 9419 8660

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 190

Postage \$ 1.55
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$3.20

Postmark
 Here

John Francis Spellman
 56 Lathrop Road
 Quaker Hill, CT 06375

or Instructions

returned - not delivered

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

Article Sent To:

WFC 190

Postage \$ 1.55
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$3.20

Postmark
 Here

Shear, Inc.
 P.O. Box 2665
 Grand Junction, CO 81502

or Instructions

returned - not delivered

7099 3220 0005 9419 8783

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

Article Sent To:
WF

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

Philip Sanger c/o Roddy Sanger
5424 Edinburgh
Waco, TX 76710

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

- 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:

Philip Sanger c/o Roddy Sanger
5424 Edinburgh
Waco, TX 76710

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|--|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| | 5-13-00 |
| C. Signature | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| X <u>W. Sanger</u> | |
| D. Is delivery address different from item 1? If YES, enter delivery address below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Service Type | <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| 4. Restricted Delivery? (Extra Fee) | <input type="checkbox"/> Yes |

2. Article Number (Copy from service label) 7099 3220 0005 9419 8783
PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-1789

7099 3220 0005 9419 8844

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

Article Sent To:
WFC 190

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

Leota Jones Trust
2400 North Dustin Road, #117
Farmington, NM 87401

Postmark Here

or Instructions

7099 3220 0005 9419 8707

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

Article Sent To:
WFC 190

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

James N. Whitsell and/or Myrtis Crow
P.O. Box 348
Morganfield, KY 42437

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 N. Whitsell and/or Myrtis Crow
P.O. Box 348
Morganfield, KY 42437

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|--|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| EVE WHITSELL | 5-18-00 |
| C. Signature | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| X <u>Eve Whitsell</u> | |
| D. Is delivery address different from item 1? If YES, enter delivery address below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Service Type | <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| 4. Restricted Delivery? (Extra Fee) | <input type="checkbox"/> Yes |

2. Article Number (Copy from service label) 7099 3220 0005 9419 8707
PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-1789

7099 3220 0005 9419 8608

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

Article Sent To:

WF

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

Rev. James H. Gardner Trust
6018 S. 92nd East Avenue
Tulsa, OK 74145

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:

Rev. James H. Gardner Trust
6018 S. 92nd East Avenue
Tulsa, OK 74145

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

5-20-00

C. Signature

X *[Signature]* ☐ Agent ☐ AddresseeD. 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 9419 8608

PS Form 3811, July 1999

Domestic Return Receipt

10255-99-M-1789

7099 3220 0005 9419 8486

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

Article Sent To:

W

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

E. L. Ames
1250 N.E. Loop #410
San Antonio, TX 78209

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:

E. L. Ames
1250 N.E. Loop #410
San Antonio, TX 78209

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

5/15/00

C. Signature

X *[Signature]* ☐ Agent ☐ AddresseeD. 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 9419 8486

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9419 8448

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

Article Sent To:

WF

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

Tri-Star Minerals
P.O. Box 3086
Minot, ND 58702

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:

Tri-Star Minerals
P.O. Box 3086
Minot, ND 58702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Diane Stracher 15 MAY 2000

C. Signature

X *[Signature]* ☐ Agent ☐ AddresseeD. 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 9419 8448

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:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

- 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:

A. Received by (Please Print Clearly) David Borrow B. Date of Delivery 5-8-99
 C. Signature [Signature] ☐ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

Ruth Borrow
 47 Stoneridge
 Ponca City, OK 74601

Ruth Borrow
 47 Stoneridge
 Ponca City, OK 74601

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 9419 8530

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1739

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

Article Sent To:

WFC 190

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

Brooks J. Boedecker
 2708 First Avenue North #425-A
 Billings, MT 59101

or Instructions

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

Article Sent To:

SENDER: COMPLETE THIS SECTION
 TO THE RIGHT OF RETURN ADDRESS
 PLACE STICKER AT TOP OF ENVELOPE

COMPLETE THIS SECTION ON DELIVERY

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

- 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:

A. Received by (Please Print Clearly) PATRICIA A. BROWN 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:

H.B. Brown
 1710 South Bay Front
 Balboa Island, CA 92662

H.B. Brown
 1710 South Bay Front
 Balboa Island, CA 92662

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 9419 8523

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1739

7099 3220 0005 9419 8493

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

George J. Ames
 1250 N.E. Loop #410
 San Antonio, TX 78209

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:
 George J. Ames
 1250 N.E. Loop #410
 San Antonio, TX 78209

2. Article Number (Copy from service label) 7099 3220 0005 9419 8493

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

SECTION ON DELIVERY

A. Received by (Please Print Clearly) C. Cooper B. Date of Delivery 6/15/00
 C. Signature C. Cooper ☒ 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 9419 8516

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) 1.20
 Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ 3.20

Joseph & Martha L. Brooks
 Estate of Marcella Brooks
 P.O. Box 1154
 Fredericksburg, TX 78624

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:
 Joseph & Martha L. Brooks
 Estate of Marcella Brooks
 P.O. Box 1154
 Fredericksburg, TX 78624

2. Article Number (Copy from service label) 7099 3220 0005 9419 8516

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

SECTION ON DELIVERY

A. Received by (Please Print Clearly) 5/16/00 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 9419 8806

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

Helen M. McCaughey Test Trust
 P.O. Box 12546
 Oklahoma City, OK 73157

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:
 Helen M. McCaughey Test Trust
 P.O. Box 12546
 Oklahoma City, OK 73157

2. Article Number (Copy from service label) 7099 3220 0005 9419 8806

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

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Royal A. Faw B. Date of Delivery
 C. Signature Royal A. Faw ☐ 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: <u>U</u> | |
| Postage | \$ <u>1.55</u> |
| Certified Fee | <u>1.40</u> |
| Return Receipt Fee (Endorsement Required) | <u>1.25</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>3.20</u> |
| NM&O Operating Co. 6 E. Fifth Street, Suite #200 Tulsa, OK 74103 | |
| 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: NM&O Operating Co. 6 E. Fifth Street, Suite #200 Tulsa, OK 74103 | |
| COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>5/15/00</u> C. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Copy from service label) <u>7099 3220 0005 9419 8349</u> | |
| PS Form 3811, July 1999 Domestic Return Receipt 10295-10-M-1799 | |

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided) | |
|--|----------------|
| Article Sent To: <u>WFC 190</u> | |
| Postage | \$ <u>1.55</u> |
| Certified Fee | <u>1.40</u> |
| Return Receipt Fee (Endorsement Required) | <u>1.25</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>3.20</u> |
| M. Zajac, Personal Representative of the Estate of H. Reton 1827 Laurel Lane Lake Clark Shore, FL 33406 | |
| Postmark Here _____ Instructions _____ | |

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided) | |
|--|----------------|
| Article Sent To: <u>WFC 100</u> | |
| Postage | \$ <u>1.55</u> |
| Certified Fee | <u>1.40</u> |
| Return Receipt Fee (Endorsement Required) | <u>1.25</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>3.20</u> |
| James F. Rosborough Personal Representative 14429 Pettit Way Potomac, MD 20854 | |
| 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 F. Rosborough Personal Representative 14429 Pettit Way Potomac, MD 20854 | |
| COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>5.22.00</u> C. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Copy from service label) <u>7099 3220 0005 9419 8363</u> | |
| PS Form 3811, July 1999 Domestic Return Receipt 10295-10-M-1799 | |

| U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | | Article Sent To: <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">WFC</div> | |
|---|--|--|--|
| Postage \$ <u>1.55</u> Certified Fee <u>1.40</u> Return Receipt Fee (Endorsement Required) <u>1.25</u> Restricted Delivery Fee (Endorsement Required) <u>3.20</u> Total Postage & Fees \$ 3.20 | 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. | COMPLETE THIS SECTION ON DELIVERY <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Received by (Please Print Clearly) _____ C. Signature X <u>[Signature]</u> </div> <div style="width: 45%;"> B. Date of Delivery <u>5-15-20</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </div> </div> <div style="margin-top: 10px;"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </div> | |
| M.A.P., Inc. P.O. Box 686 Solana Beach, CA 92075 | | M.A.P., Inc. P.O. Box 686 Solana Beach, CA 92075 | |
| 2. Article Number (Copy from service label) <u>7099 3220 0005 9419 8332</u> | | | |

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

| U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | | Article Sent To: <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">SEN</div> | |
|--|--|---|--|
| Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____ | 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. | COMPLETE THIS SECTION ON DELIVERY <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Received by (Please Print Clearly) _____ C. Signature X <u>[Signature]</u> </div> <div style="width: 45%;"> B. Date of Delivery _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </div> </div> <div style="margin-top: 10px;"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </div> | |
| James H. Gardner, Jr. 6018 South 92 nd , East Avenue Tulsa, OK 74145 | | James H. Gardner, Jr. 6018 South 92 nd , East Avenue Tulsa, OK 74145 | |
| 2. Article Number (Copy from service label) <u>7099 3220 0005 9419 8813</u> | | | |

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

| U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | | Article Sent To: <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">WFC 190</div> | |
|---|--|--|--|
| Postage \$ <u>1.55</u> Certified Fee <u>1.40</u> Return Receipt Fee (Endorsement Required) <u>1.25</u> Restricted Delivery Fee (Endorsement Required) <u>3.20</u> Total Postage & Fees \$ 3.20 | 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. | COMPLETE THIS SECTION ON DELIVERY <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Received by (Please Print Clearly) _____ C. Signature X _____ </div> <div style="width: 45%;"> B. Date of Delivery _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </div> </div> <div style="margin-top: 10px;"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </div> | |
| Marcelle Stratton 66 Summit Drive Mnhasset, Long Island, NY 11030 | | Marcelle Stratton 66 Summit Drive Mnhasset, Long Island, NY 11030 | |
| 2. Article Number (Copy from service label) _____ | | | |

or Instructions

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

Article Sent To:

SENDER

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

SECTION ON DELIVERY

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

C.J. Gallant
 274 Del Mesa Carmel
 Carmel, CA 93921

- 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:

C.J. Gallant
 274 Del Mesa Carmel
 Carmel, CA 93921

A. Received by (Please Print Clearly) C.J. Gallant B. Date of Delivery 5-19-00

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 ☒ No

2. Article Number (Copy from service label)

7099 3220 0005 9419 8592

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:

SENDER

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

SECTION ON DELIVERY

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

Elizabeth B. Loring
 c/o F. Ballou
 230 Congress St.
 Boston, MA 02110

- 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:

Elizabeth B. Loring
 c/o F. Ballou
 230 Congress St.
 Boston, MA 02110

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 5-16-00

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 ☒ No

2. Article Number (Copy from service label)

7099 3220 0005 9419 8301

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1799

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

Article Sent To:

SENDER

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

SECTION ON DELIVERY

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

Halco Oil Company
 4733 Creighton
 Dallas, TX 75214

- 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:

Halco Oil Company
 4733 Creighton
 Dallas, TX 75214

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

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 ☒ No

2. Article Number (Copy from service label)

7099 3220 0005 9419 8646

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9419 8622

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

Article Sent To:

WFC 190

| | |
|---|----------------|
| 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

Florence Gleason
 4212 W. Soundview
 Tacoma, WA 98466

or Instructions

7099 3220 0005 9419 8288

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

Article Sent To:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

- 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 S. Lawrence
 29 N. Waxberry Road
 Spring, TX 77381

A. Received by (Please Print Clearly)

B. Date of Delivery

5/5/00

C. 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 9419 8288

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1783

SENDER'S USE ONLY
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

SECTION ON DELIVERY

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

C. 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

1. Article Addressed to:
Edward E. Giess
26 Pearl Street
Noank, CT 06340

2. Article Number (Copy from service label) 7099 3220 0005 9419 8868
PS Form 3811, July 1999 Domestic Return Receipt 102595 99-M-1789

SENDER'S USE ONLY
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

SECTION ON DELIVERY

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

C. 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

1. Article Addressed to:
David H. Eslick
71 Highland Ave.
Buffalo, NY 14222

2. Article Number (Copy from service label) 7099 3220 0005 9419 8578
PS Form 3811, July 1999 Domestic Return Receipt 102595 99-M-1789

CERTIFIED MAIL

THIS SECTION ON DELIVERY

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

Received by (Please Print Clearly) B Date of Delivery

C. Signature

☒ Agent

☐ Addressee

☐ Yes

☐ No

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

1. Article Addressed to

M.F. Branscum, Ind. Exec. For the Estate of
H.L. Branscum
c/o Lanigan, Ryan, Malcolm and Cox, P.C.
1355 Piccard Drive, Suite 300
Rockville, MD 20850

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Restricted Delivery? (Extra Fee)

☐ Yes

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

☐ Yes

☐ No

2. Article Number (Copy from service label) 7099 3220 0005 9419 8776

PS Form 3811, July 1999

Domestic Return Receipt

102595-99 M 1789

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

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

C. Signature

☒ Agent

☐ Addressee

☐ Yes

☐ No

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

1. Article Addressed to:

John B. Shaw
1917 Forth Union Drive
Santa Fe, NM 87501

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Restricted Delivery? (Extra Fee)

☐ Yes

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

☐ Yes

☐ No

2. Article Number (Copy from service label) 7099 3220 0005 9419 8745

PS Form 3811, July 1999

Domestic Return Receipt

102595-99 M 1789

SI

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

THIS 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:

Sophie H. Spellman
P.O. Box 368
Colfax, WI 54730

2. Article Number (Copy from service label) 7099 3220 0005 9419 8417

PS Form 3811, July 1989

Domestic Return Receipt

102595-99-M-1789

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

THIS 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:

Shear, Inc.
P.O. Box 2665
Grand Junction, CO 81502

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

C. Signature

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
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 9419 8417

PS Form 3811, July 1989

Domestic Return Receipt

102595-99-M-1789

SEND

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

☒ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

☒ No

1. Article Addressed to:

John Francis Spellman
56 Lathrop Road
Quaker Hill, CT 06375

Out

2. Article Number (Copy from service label)

7099 3220 0005 9419 5424

PS Form 3811, July 1999

Domestic Return Receipt

102595 99 M 1789