

State of New Mexico

ENERGY, MINERALS and NAT

1220 South Saint Francis Drive
P.O. Box 6429

Santa Fe, New Mexico 87505

Name

First **2** **Notice**

Second **Notice**

Return

CERTIFIED MAIL

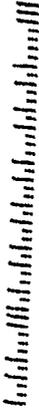


7000 0520 0021 3771 5695

United States Fire Insurance Company
c/o U.S. Insurance Group
ATTN: Surety Bond Department
P.O. Box 2639
Dallas, TX 75221

75221/9595

United States Fire Insurance Company



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.

3. Article Addressed to:

United States Fire Insurance Co.
 c/o U. S. Insurance Group
 ATTN: Surety Bond Department
 P. O. Box 2639
 Dallas, TX 75221

4a. Article Number

7000 0520 0021 3771 5695

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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

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

Consult postmaster for fee.

0CD
715

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102596-97-B-0179

Domestic Return Receipt

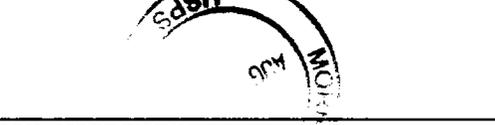
SENDER: COMPLETE THIS SECTION

COMPLETE 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.

A. Signature  Agent
 Addressee
B. Received by (Printed Name) C. Date of Delivery

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

Article Addressed to:
United States Fire Insurance Company
305 Madison Avenue
Morristown, New Jersey 07960

Article Number (Transfer from service label) 7001 1940 0004 7919 4792

S Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2512



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.

Thank you for using Return Receipt Service.

3. Article Addressed to:
Underwriters Indemnity Co.
8 Greenway Plaza
Suite 400
Houston, TX 77048

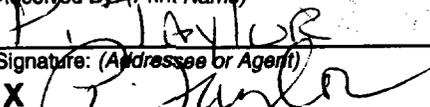
4a. Article Number
7000 0520 0021 3771 5688

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

7. Date of Delivery
7/9/02

5. Received By: (Print Name)
P. Taylor

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

6. Signature: (Addressee or Agent)
 

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

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

7000 0520 0021 3771 5695

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
United States Fire Insurance Company
Insurance Group
ATTN: Surety Bond Department
Dallas, TX 75201
PS Form 3800, February 2000 See Reverse for Instructions

David Brooke Casa

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
United States Fire Insurance Company 305 Madison Avenue Morristown, New Jersey 07960		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7001 1940 0004 7919 4792		<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.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-01-M-2509	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To U.S. Fire Insurance Company Street, Apt. No.; or PO Box No. 305 Madison Ave City, State, ZIP+4 Morristown, NJ 07960	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To U.S. Fire Insurance Company Street, Apt. No.; or PO Box No. 305 Madison Ave City, State, ZIP+4 Morristown, NJ 07960	



7001 1940 0004 7919 4792
PLEASE STICKER TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL



7001 1940 0004 7919 4792
7001 1940 0004 7919 4792

7001 1940 0004 7919 4792