

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

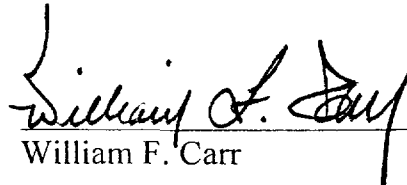
APPLICATION OF YATES PETROLEUM
CORPORATION FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NO. _____

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons 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 me this 1st day of August 2002.



Notary Public

My Commission Expires:

August 23, 2005

HOLLAND & HART^{LLP}
ATTORNEYS AT LAW

DENVER • ASPEN
BOULDER • COLORADO SPRINGS
DENVER TECH CENTER
BILLINGS • BOISE
CHEYENNE • JACKSON HOLE
SALT LAKE CITY • SANTA FE
WASHINGTON, D.C.

P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208
110 NORTH GUADALUPE, SUITE 1
SANTA FE, NEW MEXICO 87501-6525

TELEPHONE (505) 988-4421
FACSIMILE (505) 983-6043

William F. Carr

wcarr@hollandhart.com

August 1, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL AFFECTED INTEREST OWNERS:

Re: Application of Yates Petroleum Corporation for compulsory pooling, Eddy County, New Mexico.

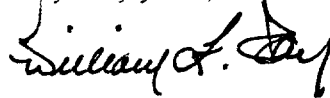
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation have filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all mineral interests in certain spacing and proration units in the S/2 of Section 25, Township 21 South, Range 26 East, NMPM, Eddy County, New Mexico. Said units will be dedicated to Yates Petroleum Corporation's Louise "AYI" Well No. 1 to be drilled at a standard location 1620 feet from the South line and 660 feet from the East line of said Section 25 to test all formations from the surface to the base of the Morrow formation.

This application has been set for hearing before a Division Examiner on August 22, 2002. 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 are required by Division Rule 1208.B to file a Pre-hearing Statement three days in advance of a scheduled hearing at the Division's Santa Fe Office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,



William F. Carr
ATTORNEY YATES
PETROLEUM CORPORATION

Enc.

cc: Janet Richardson
Yates Petroleum Corporation

NOTIFICATION LIST
APPLICATION OF YATES PETROLEUM
CORPORATION FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO

EXHIBIT A

Janet Agnes Tong Revocable Tr.
Carlsbad National Bank
P. O. Box 1359
Carlsbad, NM 88221-1359

Billy G. Hare and Linda Hare
1209 N. Country Club Circle
Carlsbad, NM 88220

Luther D. Reese and Velma L. Reese
1001 S. Country Club Circle
Carlsbad, NM 88220

William W. Ward and Elva M. Ward
1010 W. Orchard Lane
Carlsbad, NM 88220

Scott F. MacDougall and Alberta C.
MacDougall
1911 W. Pierce Street
Carlsbad, NM 88220

Robert C. Yeager and Caroline J. Yeager
1417 Desert Willow Drive
Carlsbad, NM 88220

John Douthit Merchant, III and Mary S.
Merchant
1006 W. Orchard Lane
Carlsbad, NM 88220

Mack E. Earnest (Rose Ann)
P.O. Box 262
Carlsbad, NM 88221-0262

Earl E. Perkowski & Camilla R. Perkowski
and Jack Perkowski & Myralon Perkowski
1414 Bryan Circle
Carlsbad, NM 88220

Bill G. Taylor and Wanda Jane Taylor
1106 N. Country Club Circle
Carlsbad, NM 88220

William F. Skillern
1108 N. Country Club Circle
Carlsbad, NM 88220

Richard Lucian and Ruby Lillian Weldon
1105 S. Country Club Circle
Carlsbad, NM 88220

Samuel I. and Mildred Jo Beason, Trustees
of the Beason Revocable Trust
1108 W. Orchard Lane
Carlsbad, NM 88220

Pearson Estate
2019 N. Pepper Tree Circle
Carlsbad, NM 88220

Phyllis White
1202 W. Orchard Lane
Carlsbad, NM 88220

Margaret Doss Gant Revocable Trust
1204 W. Orchard Lane
Carlsbad, NM 88220

Robert S. Callison and Sharyn Callison
1303 S. Country Club Circle
Carlsbad, NM 88220

Chester R. Baggs and Evelyn B. Baggs
2417 Crown Court
Carlsbad, NM 88220

Billy Alexander and Helen Sue Alexander
1506 Jefferson Drive
Carlsbad, NM 88220

Morgan L. Winans and Peggy I. Winans
1304 S. Country Club Circle
Carlsbad, NM 88220

Ronald C. Smith and Debra E. Smith
1505 Adams
Carlsbad, NM 88220

E. Dean Friesen and Ellen A. Friesen
1508 Samoa Court
Carlsbad, NM 88220

Joan Ann Yelvington Ko, Judith Lea
Yelvington Throgmorton, Mary Ellen
Yelvington Hall
1313 Bryan Circle
Carlsbad, NM 88220

Gary L. Perkowski and Dorothy Perkowski
1710 Loretta Lane
Carlsbad, NM 88220

Michael R. Oliver and Suzanne Oliver
1231 W. 3rd Street
Rifle, CO 81650-2501

Joe S. Smith and Diane H. Smith
1523 Burgandy Avenue
Carlsbad, NM 88220

J.R. and Marjorie Mansfield, Trustees of
the J.R. and Marjorie Mansfield Revocable
Trust
1415 W. Orchard Lane
Carlsbad, NM 88220

Jeng-Neng Peter Chen and Shw-Fen Susan
Chen
1417 S. Country Club Circle
Carlsbad, NM 88220

Earlene Gentry & Valarie Gentry
1107 N. Country Club Circle
Carlsbad, NM 88220

Bob L. Chrisman and Gay G. Chrisman
116 Metz Dr., Ruidoso, NM 88345
Carlsbad, NM 88220

Berylon Darrell Pace and Shirley M. Pace
P. O. Box 454
Carlsbad, NM 88221-0454

Gary W. McKinley
1311 Bryan Circle
Carlsbad, NM 88220

William D. Lyon and Beryl H. Lyon
1405 N. Country Club Circle
Carlsbad, NM 88220

Gary L. Howe, Dennis G. Howe and
Ronald M. Howe
P. O. Box 2096
Carefree, AZ 85377-2096

Donald L. Seba and Barbara G. Seba
18 Kensington Dr.
Bella Vista, AR 72714-5803

Carole Ann Engler
77 Fordham Circle
Pueblo, CO 81005

Betty Diane Lucado
8515 Buttonwood Cove
Germantown, TN 38139

Richard J. Mattson and Geraldine A.
Mattson
1405 Bryan Circle
Carlsbad, NM 88220

Herma D. Highfill
1905 W. Pierce St.
Carlsbad, NM 88220

Marge Page and Gordon Page, Trustees
1419 Bryan Circle
Carlsbad, NM 88220

L. W. McDowell and Virginia McDowell
311 North Mesquite St.
Carlsbad, NM 88220

Charles M. Kubala and Marie Kubala
1205 N. Country Club Circle
Carlsbad, NM 88220

Joseph and Virginia Di Iaconi Family
Trust
1308 N. Country Club Circle
Carlsbad, NM 88220

Barrie F. Hood and Maxine S. Hood
1410 N. Country Club Circle
Carlsbad, NM 88220

Jerome Lee Cathey and Naomi Walton
Cathey
1507 Park
Carlsbad, NM 88220

N. Dean Ricer and Will Anne Ricer
1506 Monroe
Carlsbad, NM 88220

Thomas B. Huff, Jr. and Kathleen Huff
1506 Lincoln Drive

Joel London and Jill Bonge Webb
1408 S. Country Club Circle
Carlsbad, NM 88220

Ella M. Jones, Trust
1407 Bryan Circle
Carlsbad, NM 88220

Jerry R. Sieberg and Joanna G. Sieberg
603 Lakeside Drive
Carlsbad, NM 88220

Jefferson K. Lyon and Janet M. Lyon
P. O. Box 5475
Carlsbad, NM 88221-5475

Charles W. Crooks and Dorothy A. Crooks
1201 N. Country Club Circle
Carlsbad, NM 88220

Evelyn D. Cooksey
P. O. Box 91
Orla, TX 79770

Doris L. Thompson and James Thompson
Trustees of the Thompson Family Trust
1406 N. Country Club Circle
Carlsbad, NM 88220

George T. Dunagan and Constance L.
Dunagan
1407 W. Orchard Lane
Carlsbad, NM 88220

Thomas R. Frachiseur and Elaine C.
Frachiseur
1222 Brighton Ln
Stafford, TX 77477-1633

Sallie Stone McWhiney
1503 Monroe
Carlsbad, NM 88220

Joe P. Harvill and Susan Danette Harvill
1511 Lincoln Drive

Carlsbad, NM 88220

Steven M. Garza and Lindsay F. Garza
1505 Lincoln Drive
Carlsbad, NM 88220

Arthur Lewis Wakeman
423 13th Street NW
Albuquerque, NM 87102

Ruth C. Bivins
414 NE 3rd St
Wagoner, OK 74467

Henry A. Burditt and Ina Faye Burditt
1513 Grant
Carlsbad, NM 88220

Carlsbad, NM 88220

Katheryn E. Smith
1503 Lincoln Drive
Carlsbad, NM 88220

Pamela E. Sutcliffe
1898 Quemado
Santa Fe, NM 87505-5622

Zandon Revocable Trust
Carlsbad National Bank
P. O. Box 1359
Carlsbad, NM 88221-1359

Ramon P. Witt and Karen Elizabeth Witt
2637 Beach Circle
Longmont, CO 80503

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

WFC/Laise Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 8.75
Sent To Billy Alexander and Helen Sue Alexander
1506 Jefferson Drive
Carlsbad, NM 88220
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, July 1999

- 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:

Billy Alexander and Helen Sue Alexander
1506 Jefferson Drive
Carlsbad, NM 88220

A. Received by (Please Print Clearly) B. Date of Delivery 8/7/02

C. Signature X Helen Alexander Agent Address

D. Is delivery address different from item 1? 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) No

2. Article Number (Copy from)

7001 1140 0002 5600 9514

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

- 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:

Chester R. Baggs and Evelyn B. Baggs
2417 Crown Court
Carlsbad, NM 88220

C. Signature X Evelyn Baggs Agent Address

D. Is delivery address different from item 1? 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) No

2. Article Number (Copy from)

7001 1140 0002 5600 9224

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

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

- 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:

Samuel I. and Mildred Jo Beason,
Trustees of the Beason Revocable Trust
1108 W. Orchard Lane
Carlsbad, NM 88220

A. Received by (Please Print Clearly) B. Date of Delivery 8-5-02

C. Signature X S. Beason Agent Address

D. Is delivery address different from item 1? 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) No

2. Article Number (Copy from)

7001 1140 0002 5600 9378

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09

WFC/Laise Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 8.75
Sent To Samuel I. and Mildred Jo Beason, Trustees of the Beason Revocable Trust
1108 W. Orchard Lane
Carlsbad, NM 88220
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, July 1999

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To
 Ruth C. Bivins
 414 NE 3rd St
 Wagoner, OK 74467

PS Form 3800

- 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:

Ruth C. Bivins
 414 NE 3rd St
 Wagoner, OK 74467

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 8/03/99
 C. Signature X Mary L. Bivins ☐ Agent ☐ Addressed
 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

Article Number (Copy from)

7001 1140 0002 5600 9828

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$

Sent To
 Henry A. Burditt and Ina Fayc
 Burditt
 1513 Grant
 Carlsbad, NM 88220

PS Form 3800

SENDE 3811, July 1999

Domestic Return Receipt

102595-00-M-095

- 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:

Henry A. Burditt and Ina Fayc
 Burditt
 1513 Grant
 Carlsbad, NM 88220

A. Received by (Please Print Clearly) B. Date of Delivery 8-5-99
 C. Signature X Stacy Mast ☐ Agent ☐ Addressed
 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)

7001 1140 0002 5600 9798

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$

Sent To
 Robert S. Callison and Sharyn
 Callison
 1303 S. Country Club Circle
 Carlsbad, NM 88220

PS Form 3800

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

WFC/Louse
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Jeng-Neng Peter Chen and Shw-
Fen Susan Chen
1417 S. Country Club Circle
Carlsbad, NM 88220

PS Form 3800

MAIL RETURNED

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

WFC/Louse
Postage \$

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Jerome Lee Cathey and Naomi
Walton Cathey
1507 Park
Carlsbad, NM 88220

PS Form 3800

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:

Jerome Lee Cathey and Naomi
Walton Cathey
1507 Park
Carlsbad, NM 88220

2. Article Number (Copy from service)

7001 1140 0002 5600 9743

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

COMPLETE THIS SECTION ON DELIVERY

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

Naomi Cathey 8-5-02

C. Signature

x Naomi Cathey ☐ A ☐ A

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)

WFC/Louse
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Bob L. Chrisman and Gay G
Chrisman
116 Metz Dr., Ruidoso, NM
88345
Carlsbad, NM 88220

PS Form 3800

- 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:

Bob L. Chrisman and Gay G.
Chrisman
116 Metz Dr., Ruidoso, NM
88345
Carlsbad, NM 88220

2. Article Number (Copy from service)

7001 1140 0002 5600 9484

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-01

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

Bob Chrisman 8-5-02

C. Signature

x Bob Chrisman ☐ Agent ☐ Address

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)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76

Sent To
Evelyn D. Cooksey
P. O. Box 91
Orla, TX 79770

PS Form 3800,

- 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:

Evelyn D. Cooksey
P. O. Box 91
Orla, TX 79770

A. Received by (Please Print Clearly) *JR Carr* B. Date of Delivery 8-5-02
C. Signature *JR Carr* ☒ 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 of)

7001 1140 0002 5600 9552

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

- 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:

Charles W. Crooks and Dorothy A. Crooks
1201 N. Country Club Circle
Carlsbad, NM 88220

A. Received by (Please Print Clearly) B. Date of Delivery 8/5/02
C. Signature *Charles W. Crooks* ☐ 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 of)

7001 1140 0002 5600 9576

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

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

- 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 and Virginia Di Iaconi
Family Trust
1308 N. Country Club Circle
Carlsbad, NM 88220

A. Received by (Please Print Clearly) *J. Di Iaconi* B. Date of Delivery 8-3-02
C. Signature *J. Di Iaconi* ☐ 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 of)

7001 1140 0002 5600 9545

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76

Sent To
Joseph and Virginia Di Iaconi
Family Trust
1308 N. Country Club Circle
Carlsbad, NM 88220

PS Form 3800,

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76

SANTA FE NM
AUG 01 2002
USPS - 87501

Sent To George T. Dunagan and C.
L. Dunagan
1407 W. Orchard Lane
Carlsbad, NM 88220

- 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 T. Dunagan and Constance
L. Dunagan
1407 W. Orchard Lane
Carlsbad, NM 88220

A. Received by (Please Print Clearly) George Dunagan B. Date of Delivery 8-3-

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

2. Article Number (Copy from) 7001 1140 0002 5600 9767

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0932

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

Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76

SANTA FE NM
AUG 01 2002
USPS - 87501

Sent To Mack E. Earnest (Rose Ann)
P.O. Box 262
Carlsbad, NM 88221-0262

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

Postage \$ 2.30
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 11.23

SANTA FE NM
AUG 01 2002
USPS - 87501

Sent To Carole Ann Engler
77 Fordham Circle
Pueblo, CO 81005

- 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:

Carole Ann Engler
77 Fordham Circle
Pueblo, CO 81005

A. Received by (Please Print Clearly) B. Date of Delivery 8/6/02

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

2. Article Number (Copy from) 7001 1140 0002 5600 9521

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

MAIL
RETURNED

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

wf Louise

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

USPS-875

Sent To
Thomas R. Frachiseur and
C. Frachiseur
1222 Brighton Ln
Stafford, TX 77477-1633

PS Form 3800

- 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. Frachiseur and Elaine
C. Frachiseur
1222 Brighton Ln
Stafford, TX 77477-1633

A. Received by (Please Print Clearly)

For [Signature]

C. Signature

X *[Signature]*

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 fr

7001 1140 0002 5600 9736

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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. Dean Friesen and Ellen A.
Friesen
1508 Samoa Court
Carlsbad, NM 88220

A. Received by (Please Print Clearly)

8-3-02

C. Signature

X *Allen Friesen*

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

7001 1140 0002 5600 9453

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Margaret Doss Gant Revocable
Trust
1204 W. Orchard Lane
Carlsbad, NM 88220

A. Received by (Please Print Clearly)

MARSHA DOSS *8-3-02*

C. Signature

X *Marsha Doss*

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 fr

7001 1140 0002 5600 9200

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

wf Louise

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

USPS-875

Sent To
Margaret Doss Gant Revocable
Trust
1204 W. Orchard Lane
Carlsbad, NM 88220

PS Form 3800

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

Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76

1.75 AUG 01 2000
USPS - 8750

Sent To Steven M. Garza and Lindsay F. Garza
Street, Apt. No. or PO Box No. 1505 Lincoln Drive
City, State, ZIP Carlsbad, NM 88220

PS Form 3800

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:

Steven M. Garza and Lindsay F. Garza
1505 Lincoln Drive
Carlsbad, NM 88220

2. Article Number (Copy):

7001 1140 0002 5600 9682

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X Steven Garza ☐ Agent ☐ Address

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

If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.76

1.75 AUG 01 2000
USPS - 8750

Sent To Earlene Gentry & Valarie Gentry
Street, Apt. No. or PO Box No. 1107 N. Country Club Circle
City, State, ZIP Carlsbad, NM 88220

PS Form 3800

- 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:

Earlene Gentry & Valarie Gentry
1107 N. Country Club Circle
Carlsbad, NM 88220

2. Article Number (Copy):

7001 1140 0002 5600 9507

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) Sharon Young B. Date of Delivery 8-5-02

C. Signature X Sharon Young ☐ Agent ☐ Address

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

If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.76

1.75 AUG 01 2000
USPS - 8750

Sent To Billy G. Hare and Linda Hare
Street, Apt. No. or PO Box No. 1209 N. Country Club Circle
City, State, ZIP Carlsbad, NM 88220

PS Form 3800

- 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:

Billy G. Hare and Linda Hare
1209 N. Country Club Circle
Carlsbad, NM 88220

2. Article Number (Copy from)

7001 1140 0002 5600 9262

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) BILL HARE B. Date of Delivery 8-8-02

C. Signature X Bill Hare ☐ Agent ☐ Address

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

If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.76

1.75 AUG 01 2000
USPS - 8750

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

Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.76

Sent To
Joe P. Harvill and Susan Harvill
1511 Lincoln Drive
Carlsbad, NM 88220

Street, Apt. No. or PO Box No.
City, State, ZIP+

PS Form 3800

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:

Joe P. Harvill and Susan Danette Harvill
1511 Lincoln Drive
Carlsbad, NM 88220

2. Article Number (Copy from service)

7001 1140 0002 5600 9699

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Herma D. Highfill
1905 W. Pierce St.
Carlsbad, NM 88220

2. Article Number (Copy from ser

7001 1140 0002 5600 9620

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Barrie F. Hood and Maxine S. Hood
1410 N. Country Club Circle
Carlsbad, NM 88220

2. Article Number (Cop

7001 1140 0002 5600 9774

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

DANETTE HARVILL 8-5-02

C. Signature

X [Signature] Agent Addressee

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

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes No

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

Timothy McCarty 8/5/02

C. Signature

X Timothy McCarty Agent Addressee

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

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes No

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

Maxine Hood 8-3-02

C. Signature

X Maxine Hood Agent Addressee

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

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes No

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

Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.76

Sent To
Herma D. Highfill
1905 W. Pierce St.
Carlsbad, NM 88220

Street, Apt. No. or PO Box No.
City, State, ZIP+

PS Form 3800, January 2001

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

Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.76

Sent To
Barrie F. Hood and Maxine Hood
1410 N. Country Club C
Carlsbad, NM 88220

Street, Apt. No.; or PO Box No.
City, State, ZIP+

PS Form 3800,

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

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

C. Signature

X. Dennis Howe ☐ Agent ☐ Addressee

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

1. Article Addressed to:

Gary L. Howe, Dennis G. Howe
and Ronald M. Howe
P. O. Box 2096
Carefree, AZ 85377-2096

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

7001 1140 0002 5600 9408

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

MAIL
RETURNED

wife Louise Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.83

Sent To Thomas B. Huff, Jr. and Kathleen Huff
1506 Lincoln Drive
Carlsbad, NM 88220

PS Form 3800

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

wife Louise Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.83

Sent To Ella M. Jones, Trust
1407 Bryan Circle
Carlsbad, NM 88220

PS Form 3800

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76

2.30 AUG 01 2002
CARLSBAD, NM 88220
PS - 87501

Sent To Charles M. Kubala and Marie Kubala
1205 N. Country Club Circle
Carlsbad, NM 88220

PS Form 3800

- 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:

Charles M. Kubala and Marie Kubala
1205 N. Country Club Circle
Carlsbad, NM 88220

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

C. Signature X *C. Kubala* ☐ Agent ☐ Address

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)

7001 1140 0002 5600 9569

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Joel London and Jill Bonge Webb
1408 S. Country Club Circle
Carlsbad, NM 88220

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

C. Signature X *Jill Bonge Webb* ☐ Agent ☐ Address

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)

7001 1140 0002 5600 9651

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76

2.30 AUG 01 2002
GERMANTOWN, TN 38139
PS - 87501

Sent To Betty Diane Lucado
8515 Buttonwood Cove
Germantown, TN 38139

PS Form 3800

- 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 Diane Lucado
8515 Buttonwood Cove
Germantown, TN 38139

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

C. Signature X *Betty Lucado* ☐ Agent ☐ Address

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)

7001 1140 0002 5600 9668

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

WFC/Louise
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 8.88

Postmark: SANTA FE NM AUG 01 2002 USPS-87501

Sent To: Jefferson K. Lyon and Janet M. Lyon
P. O. Box 5475
Carlsbad, NM 88221-5475

PS Form 3800, July 1999

Mail Returned

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

WFC/Louise
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 8.88

Postmark: SANTA FE NM AUG 01 2002 USPS-87501

Sent To: William D. Lyon and Beryl H. Lyon
1405 N. Country Club Circle
Carlsbad, NM 88220

PS Form 3800, July 1999

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 D. Lyon and Beryl H. Lyon
1405 N. Country Club Circle
Carlsbad, NM 88220

2. Article Number (Copy)

7001 1140 0002 5600 9422

PS Form 3811, July 1999

Domestic Return Receipt

1025-2

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *R. Baker* B. *8-5*
- C. Signature *R. Baker* ☐ 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)

WFC/Louise
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 8.88

Postmark: SANTA FE NM AUG 01 2002 USPS-87501

Sent To: Scott F. MacDougall and Alberta C. MacDougall
1911 W. Pierce Street
Carlsbad, NM 88220

PS Form 3800, July 1999

MAIL
RETURNED

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

wf/louis
 Postage \$.83
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) 4.88
 Total Postage & Fees \$ 9.76

SANTA FE NM
AUG 01 2002
SPS - 87501

Sent To L. W. McDowell and Virginia McDowell
Street, Apt. No., or PO Box No. 311 North Mesquite St.
City, State, ZIP+ Carlsbad, NM 88220

PS Form 3800, J

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:

Gary W. McKinley
 1311 Bryan Circle
 Carlsbad, NM 88220

2. Article Number (Copy from:

7001 1140 0002 5600 9446

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-093

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Gary W. McKinley* B. Date of *8-5-02*
 C. Signature *Gary W. McKinley* ☐ Agent ☐ Address
 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)

wf/louis
 Postage \$.83
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) 4.88
 Total Postage & Fees \$ 9.76

SANTA FE NM
AUG 01 2002
SPS - 87501

Sent To Gary W. McKinley
Street, Apt. No., or PO Box No. 1311 Bryan Circle
City, State, ZIP+ Carlsbad, NM 88220

PS Form 3800, J

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

wf/louis
 Postage \$.83
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) 4.88
 Total Postage & Fees \$ 9.76

SANTA FE NM
AUG 01 2002
SPS - 87501

Sent To Sallie Stone McWhiney
Street, Apt. No., or PO Box No. 1503 Monroe
City, State, ZIP+ Carlsbad, NM 88220

PS Form 3800, J

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

wife Louise

Postage	\$.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees	\$ 9.76

Sent To
J.R. and Marjorie Mansfield
Trustees of the J.R. and M
Mansfield Revocable Trust
1415 W. Orchard Lane
Carlsbad, NM 88220

Street, Apt. No. or PO Box No.
City, State, ZIP+

- 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:

J.R. and Marjorie Mansfield
Trustees of the J.R. and Marjorie
Mansfield Revocable Trust
1415 W. Orchard Lane
Carlsbad, NM 88220

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

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Agent
☐ Address
☐ Yes
☐ 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 sender)

7001 1140 0002 5600 9750

PS Form 3811, July 1999

Domestic Return Receipt

102535-00-M-095

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

wife Louise

Postage	\$.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees	\$ 9.76

Sent To
Richard J. Mattson and Ge.
A. Mattson
1405 Bryan Circle
Carlsbad, NM 88220

Street, Apt. No. or PO Box No.
City, State, ZIP+

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

1. Article Addressed to:

Richard J. Mattson and Ge.
A. Mattson
1405 Bryan Circle
Carlsbad, NM 88220

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

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Agent
☐ Address
☐ Yes
☐ 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 sender)

7001 1140 0002 5600 9644

PS Form 3811, July 1999

Domestic Return Receipt

102535-00-M-095

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

wife Louise

Postage	\$.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees	\$ 9.76

Sent To
John Douthit Merchant, III and
Mary S. Merchant
1006 W. Orchard Lane
Carlsbad, NM 88220

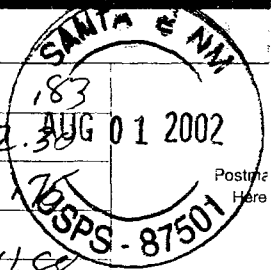
Street, Apt. No. or PO Box No.
City, State, ZIP+

Mail
Returned

PS Form 3800, J

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

WFC/Louise
Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76



Sent To Michael R. Oliver and Suzanne Oliver
Street, Apt. No. or PO Box No. 1231 W. 3rd Street
City, State, ZIP Rifle, CO 81650-2501

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael R. Oliver and Suzanne Oliver
1231 W. 3rd Street
Rifle, CO 81650-2501

2. Article Number (Copy from series)

7001 1140 0002 5600 9392

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09

- 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:

Berylton Darrell Pace and Shirley M. Pace
P. O. Box 454
Carlsbad, NM 88221-0454

2. Article Number (Copy from series)

7001 1140 0002 5600 9460

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09

- 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:

Marge Page and Gordon Page
Trustees
1419 Bryan Circle
Carlsbad, NM 88220

2. Article Number (Copy from series)

7001 1140 0002 5600 9606

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) M R Oliver B. Date of Delivery 8-5-02

C. Signature X M R OLIVER ☐ Agent ☐ Address

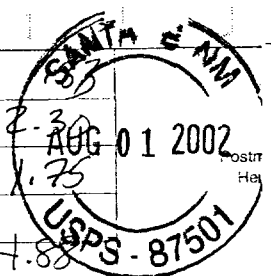
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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)

WFC/Louise
Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76



Sent To Berylton Darrell Pace and Shirley M. Pace
Street, Apt. No. or PO Box No. P. O. Box 454
City, State, ZIP Carlsbad, NM 88221-0454

PS Form 3800

- 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:

Marge Page and Gordon Page
Trustees
1419 Bryan Circle
Carlsbad, NM 88220

2. Article Number (Copy from series)

7001 1140 0002 5600 9606

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09

MARGE PAGE 8-5-02

C. Signature X Mrs. Marge Page ☐ Agent ☐ Address

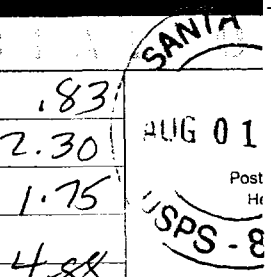
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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)

WFC/Louise
Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 10.76



Sent To Marge Page and Gordon Page
Street, Apt. No. or PO Box No. 1419 Bryan Circle
City, State, ZIP Carlsbad, NM 88220

PS Form 3800

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

WFC/LOUISE
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

AUG 01 2002
SANTA FE
USPS-8

- 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:

Pearson Estate
2019 N. Pepper Tree Circle
Carlsbad, NM 88220

A. Received by (Please Print Clearly) B. Date of Delivery 8/7/02
C. Signature X William Pearson ☐ Agent ☐ Addressed
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below: ☐ No

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Pearson Estate
2019 N. Pepper Tree Cir
Carlsbad, NM 88220

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

PS Form 3800, July 1999

2. Article Number (Copy from service label)

7001 1140 0002 5600 9187

PS Form 3811, July 1999

Domestic Return Receipt

102535-00-M-095

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

WFC/LOUISE
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

AUG 01 2002
SANTA FE NM
USPS-87501

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Perkowski and Jack Perkowski &
Myralon Perkowski
1414 Bryan Circle
Carlsbad, NM 88220

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

WFC/LOUISE
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

AUG 01 2002
SANTA FE NM
USPS-87501

- 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:

Gary L. Perkowski and Dorothy Perkowski
1710 Loretta Lane
Carlsbad, NM 88220

A. Received by (Please Print Clearly) B. Date of Delivery 8-5-02
C. Signature X Gary Perkowski ☐ Agent ☐ Addressed
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below: ☐ No

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Gary L. Perkowski and Dorothy Perkowski
1710 Loretta Lane
Carlsbad, NM 88220

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

PS Form 3800, July 1999

2. Article Number (Copy from service label)

7001 1140 0002 5600 9415

PS Form 3811, July 1999

Domestic Return Receipt

102535-00-M-095

PA:1
Returned

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

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:

Luther D. Reese and Velma L. Reese
1001 S. Country Club Circle
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X *Velma L. Reese* ☐ 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

7001 1140 0002 5600 9255

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

N. Dean Ricer and Will Anne Ricer
1506 Monroe
Carlsbad, NM 88220

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

N. Dean Ricer *8-5-01*

C. Signature

X *N. Dean Ricer* ☐ 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

7001 1140 0002 5600 9729

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Donald L. Seba and Barbara Seba
7515 Kensington Dr.
Bella Vista, AR 72714-5803

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

Cissy Seba *8-8-02*

C. Signature

X *Cissy Seba* ☐ 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 serv

7001 1140 0002 5600 9385

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

WFC/Louise Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No. or PO Box No

City, State, ZIP

PS Form 3800

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

WFC/Louise Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No. or PO Box No

City, State, ZIP

PS Form 3800

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

WFC/Louise Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No. or PO Box No

City, State, ZIP

PS Form 3800

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.76

Sent To
Jerry R. Sieberg and Joanna G. Sieberg
603 Lakeside Drive
Carlsbad, NM 88220

PS Form 3800

- 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:

Jerry R. Sieberg and Joanna G. Sieberg
603 Lakeside Drive
Carlsbad, NM 88220

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

C. Signature

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) 7001 1140 0002 5600 9613

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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 F. Skillern
1108 N. Country Club Circle
Carlsbad, NM 88220

C. Signature

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) 7001 1140 0002 5600 9316

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Joe S. Smith and Diane H. Smith
1523 Burgandy Avenue
Carlsbad, NM 88220

C. Signature

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) 7001 1140 0002 5600 9354

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 9.76

Sent To
Joe S. Smith and Diane H. Smith
1523 Burgandy Avenue
Carlsbad, NM 88220

PS Form 3800

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

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Postmark Here

SANTA FE NM
AUG 01 2002
USPS - 87501

Sent To
Katheryn E. Smith
1503 Lincoln Drive
Carlsbad, NM 88220

City, State, ZIP

PS Form 3800

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

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Postmark Here

SANTA FE NM
AUG 01 2002
USPS - 87501

Sent To
Ronald C. Smith and Debra E. Smith
1505 Adams
Carlsbad, NM 88220

City, State, ZIP

PS Form 3800

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:

Ronald C. Smith and Debra E. Smith
1505 Adams
Carlsbad, NM 88220

2. Article Number (Copy from reverse)

2246 0095 2000 0477 7002

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Brittney Smith B. Date of Delivery 8/3/02
- C. Signature Brittney Smith ☐ 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)

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Postmark Here

SANTA FE NM
AUG 01 2002
USPS - 87501

Sent To
Pamela E. Sutcliffe
1898 Quemado
Santa Fe, NM 87505-5622

City, State, ZIP

PS Form 3800

- 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:

Pamela E. Sutcliffe
1898 Quemado
Santa Fe, NM 87505-5622

2. Article Number (Copy from reverse)

7001 1140 0002 5600 9835

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

- C. Signature Pamela E. Sutcliffe ☐ 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)

WFC/Louise
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 8.88

Sent To Bill G. Taylor and Wanda Jane Taylor
1106 N. Country Club Circle
Carlsbad, NM 88220

PS Form 3800, January 1999

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:

Bill G. Taylor and Wanda Jane Taylor
1106 N. Country Club Circle
Carlsbad, NM 88220

2. Article Number (Copy

7001 1140 0002 5600 9323

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Doris L. Tompson and James Tompson, Trustees of the Tompson Family Trust
1406 N. Country Club Circle
Carlsbad, NM 88220

2. Article Number (Copy

7001 1140 0002 5600 9538

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Janet Agnes Tong Revocable Trust
Carlsbad National Bank
P. O. Box 1359
Carlsbad, NM 88221-1359

2. Article Number (Copy from

7001 1140 0002 5600 9279

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

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

WFC/Louise
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 8.88

Sent To Doris L. Tompson and James Tompson, Trustees of the Tompson Family Trust
1406 N. Country Club Circle
Carlsbad, NM 88220

PS Form 3800, January 1999

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

WFC/Louise
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.88
Total Postage & Fees \$ 8.88

Sent To Janet Agnes Tong Revocable Trust
Carlsbad National Bank
P. O. Box 1359
Carlsbad, NM 88221-1359

PS Form 3800, January 1999

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

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

Postage	\$ 1.88
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees	\$ 10.81

Sent To
Arthur Lewis Wakeman
423 13th Street NW
Albuquerque, NM 87102

PS Form 3800

MAIL
RETURNED

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

Postage	\$ 1.88
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees	\$ 10.81

Sent To
William W. Ward and Elva M. Ward
1010 W. Orchard Lane
Carlsbad, NM 88220

PS Form

MAIL
RETURNED

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

Postage	\$ 1.88
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees	\$ 10.81

Sent To
Richard Lucian and Ruby Lillian Weldon
1105 S. Country Club Circle
Carlsbad, NM 88220

PS Form 3800

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 mail piece, or on the front if space permits.

1. Article Addressed to:

Richard Lucian and Ruby Lillian Weldon
1105 S. Country Club Circle
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

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

Signature: *Richard Weldon*
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)

7001 1140 0002 5600 9309

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09f

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

WFC/Louise Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

2.30 AUG 01 2002
USPS - 87501

Sent To Phyllis White
1202 W. Orchard Lane
Carlsbad, NM 88220

City, State, ZIP

PS Form 3800

- 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:

Phyllis White
1202 W. Orchard Lane
Carlsbad, NM 88220

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

C. Signature

X *Phyllis White* ☐ Agent ☐ Address

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

7001 1140 0002 5600 9194

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

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

WFC/Louise Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

2.30 AUG 01 2002
USPS - 87501

Sent To Morgan L. Winans and Peggy I. Winans
1304 S. Country Club Circle
Carlsbad, NM 88220

City, State, ZIP

PS Form 3800

- 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:

Morgan L. Winans and Peggy I. Winans
1304 S. Country Club Circle
Carlsbad, NM 88220

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

C. Signature

X *P. Baker* ☐ Agent ☐ Address

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)

7001 1140 0002 5600 9491

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09

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

WFC/Louise Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

2.30 AUG 01 2002
USPS - 87501

Sent To Ramon P. Witt and Karen Elizabeth Witt
2637 Beach Circle
Longmont, CO 80503

City, State, ZIP

PS Form 3800

- 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:

Ramon P. Witt and Karen Elizabeth Witt
2637 Beach Circle
Longmont, CO 80503

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

C. Signature

X *Ramon Witt* ☐ Agent ☐ Address

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)

7001 1140 0002 5600 9781

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

WFC/Louise
Postage \$ 2.30
Certified Fee 1.75
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

- 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 X [Signature] ☐ Agent ☐ Addressee

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

Sent To Robert C. Yeager and Caroline J. Yeager
Street, Apt. No. or PO Box No. 1417 Desert Willow Dr.
City, State, ZIP Carlsbad, NM 88220

1. Article Addressed to:

Robert C. Yeager and Caroline J. Yeager
1417 Desert Willow Drive
Carlsbad, NM 88220

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3800

2. Article Number (Copy from serv

7001 1140 0002 5600 9293

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

WFC/Louise
Postage \$ 2.30
Certified Fee 1.75
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

MAIL
RETURNED

Sent To Joan Ann Yelvington NO, Judith Lea Yelvington Throgmorton, Mary Ellen Yelvington Hall
Street, Apt. No. or PO Box No. 1313 Bryan Circle
City, State, ZIP+ Carlsbad, NM 88220

PS Form 3800

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

WFC/Louise
Postage \$ 2.30
Certified Fee 1.75
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

- 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 X [Signature] ☐ Agent ☐ Addressee

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

Sent To Zandon Revocable Trust
Street, Apt. No. or PO Box No. Carlsbad National Bank P. O. Box 1359
City, State, ZIP Carlsbad, NM 88221-1359

1. Article Addressed to:

Zandon Revocable Trust
Carlsbad National Bank
P. O. Box 1359
Carlsbad, NM 88221-1359

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3800

2. Article Number (Copy from s

7001 1140 0002 5600 9811

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0