

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 next to the article number.

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

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

Consult postmaster for fee.

3. Article Addressed to:
 John W. Richardson
 771 E. Union St. #1
 Pasadena, CA 91101

4a. Article Number
 P 685 520 536

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, October 1990

☆U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:
 John W. Richardson
 711 E. Union St. #1
 Pasadena, CA 91101

4a. Article Number
 P 685 520 534

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, October 1990

☆U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

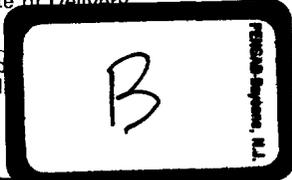
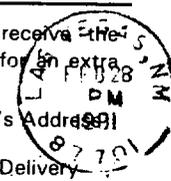
Is your RETURN ADDRESS completed on the reverse side?

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • 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 next to the article number.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Henry Mary Lund 666 Anita Street Laguna Beach, CA 92651		4a. Article Number P 685 520 523	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

Thank you for using Return Receipt Service.

PS Form 3811, October 1990 ☆U.S. GPO: 1990-273-861 DOMESTIC RETURN RECEIPT

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3. Article Addressed to: Meridian Oil Production P.O. Box 4289 Farmington, NM 87499-4289 Kurt Bears		4a. Article Number P 685 520 528	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) S-1-91			



PS Form 3811, October 1990 ☆U.S. GPO: 1990-273-861 DOMESTIC RETURN RECEIPT

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- Complete items 3, and 4a & b.
- 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 next to the article number.

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

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

Consult postmaster for fee.

3. Article Addressed to: **W. P. Carr, Wm. Plack Carr, Jr., Marvin Weatherby Carr, Marvin Weatherby Carr, Trustee; Catherine Carr Nichols; W. P. Carr Trustee for Catherine Carr Nichols, W. Plack Carr Co. c/o C&E Operators Suite 1100, Two Energy Square 4849 Greenville Ave, Dallas, TX 75206**

4a. Article Number
P 685 520 529

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

7. Date of Delivery

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

5. Signature - Addressee
[Signature]

6. Signature (Agent)
[Signature]

PS Form 3811, October 1990 *U.S. G.P.O. 1990-273-861

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
**Jay Bumham, Trustee
601 East Diamond
Farmington, NM 87401**

4. Article Number
P 685 520 518

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
3-1-91

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
**Seventh Day Adventist Assoc.
2520 S. Downing
Denver, CO 80210
Attn: Duwayne Rollins**

4. Article Number
P 685 520 517

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
FEB 27 1990

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

UNIVERSITY PARK CO UNIVERSITY PARK CO

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 next to the article number.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Elliott A. Riggs
Box 711
Farmington, NM 87401

4a. Article Number

P 685 520 533

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, October 1990

☆U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- Show to whom delivered, date, and addressee's address. (Extra charge)
- Restricted Delivery (Extra charge)

3. Article Addressed to:

Vern A. Dentle Estate
% Mildred L. Guiney Executrix
10831 Marion Drive
Garden Grove, CA 92640
Mrs. E. Guiney Executrix

4. Article Number

P 685 520 519

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

PS Form 3811, Apr. 1989

☆U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

C.B. Martin, % Bernice
Martin Taylor
2238 Royal Oak Ave.
Duarte, CA 91010

4a. Article Number

P 685 520 520

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

2-28-91

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, October 1990

☆U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT

SENDER:

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- Write "Return Receipt Requested" on the mailpiece next to the article number.

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mary B. Taylor Hunt
1300 Sierra Madre Blvd.
San Marino, CA 91108

4a. Article Number

P 685 520 525

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

2-8-'91

5. Signature (Addressee)

Mary B Taylor - Hunt

6. Signature (Agent)

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

FEB 28 1991

PS Form 3811, October 1990

☆U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT

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- Write "Return Receipt Requested" on the mailpiece next to the article number.

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Luke House Estate
1639 E. 47th St.
Los Angeles, CA 90011

4a. Article Number

P 685 520 522

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

Mary Ann Jicklin

6. Signature (Agent)

3-6-91

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

PS Form 3811, October 1990

☆U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT