

RIO PECOS CORPORATION

110 WEST LOUISIANA, SUITE 460

MIDLAND, TEXAS 79701

(915) 687-0127

LAND

SCOTT E. WILSON

ROBERT ELLIOTT

GEOLOGY

MARK D. WILSON

TODD M. WILSON

HEATHER WILSON ECHOLS

August 10, 1987

New Mexico Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

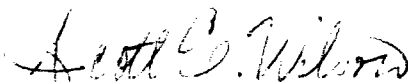
Attn: Mr. William J. Lemay
Division Director

Re: Case No. 9191

Gentlemen:

Rio Pecos Corporation has agreed to pay its share of the cost to drill the Amerind Oil Co. Shipp No. 3 well in the S/2 SE/4 Section 28, T16S, R37E, Lea County, New Mexico, to a depth sufficient to adequately test the Strawn formation. Rio Pecos Corporation's consent to participate was conditioned upon the S/2 SE/4 Section 28 being the proration unit for the Strawn formation. As requested by Amerind Oil Co., Rio Pecos Corporation has prepaid its share of the cost to drill the well to casing point.

Very truly yours,



Scott E. Wilson
Landman

SEW/sh

STUGNER	
BEFORE EXAMINER CATANACH	
OIL CONSERVATION DIVISION	
AMERIND	EXHIBIT NO. <u>1</u>
CASE NO.	<u>9191</u>

CAMPBELL & BLACK, P.A.

LAWYERS

JACK M. CAMPBELL
BRUCE D. BLACK
MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
J. SCOTT HALL
PETER N. IVES
JOHN H. BEMIS
MARTE D. LIGHTSTONE

GUADALUPE PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

July 20, 1987

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Re: Application of Amerind Oil Company for Compulsory
Pooling, Lea County, New Mexico.

Dear Sirs:

This letter is to advise you that Amerind Oil Company has filed an application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests in the Strawn and Atoka formations, Casey-Strawn Pool, in and under a standard spacing unit comprised of the S/2 SE/4 of Section 28, Township 16 South, Range 37 East, N.M.P.M., Lea County, New Mexico. Amerind Oil Company proposes to dedicate the referenced pooled unit to a well to be drilled at a standard location on said pooled unit.

This application has been set for hearing before a Division Examiner on August 12, 1987. You are not required to attend this hearing, but as an owner that has an interest which may be subject to pooling, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later date.

Very truly yours,



WILLIAM F. CARR,
ATTORNEY FOR AMERIND OIL COMPANY

STOGNER
AMERIND
2
CASE NO. 9191

E X H I B I T " A "

AMERIND OIL COMPANY

INTEREST OWNER LIST

Florence M. and Frank B. Balkam
919 North Federal
Mason City, Iowa 50401

Doris Kennedy Baumgartner
Bruce Kennedy Baumgartner
Dexter Kay Baumgartner
Duva Baumgartner Hill
Maida Baumgartner Latvis
Mason City, Iowa 50401

Helen M. Brewer
address unknown

Arthur and Helga Briston
Roland, Iowa 50236

Louis E. and Ana Brooker
Mason City, Iowa 50401

O. H. Brown, Annie I. Brown
H. Frank Forawski
Audrain, Missouri 65232

W. C. Caldwell
address unknown

Nick D. Christakos
c/o Ourania Christakos
1345 - 5th Ave., Apt. #1
Des Moines, Iowa 50314

Evan Christiansen
Lake Mills, Iowa 50450

Clifford Cone
Post Office Box 1509
Lovington, N.M. 88260

Douglas L. Cone
Post Office Box 13612
Albuquerque, N.M. 87123

Kenneth Cone
Post Office Box 11310
Midland, Texas 79702

Conoco, Inc.
200 North Lorraine Street
Midland, Texas 79701
Attn: David Twomey

Elizabeth C. Corbett
Humboldt, Iowa 50548

J. Patrick Corrigan, J. Edward
Corrigan, & Hugh Corrigan IV
c/o Mr. Clem Ware
2500 Castleford Road
Midland, Texas 79705

Ellen A. Crepow
Mason City, Iowa 50401

Floy May & Joel O.
Mawhinney Dennis
8840 Crawford Avenue
Sun Valley, Ca. 91352

Lillian Mabel Drew
address unknown

Alex H. and Maggie Johnson
Duncan
address unknown

Henry R. and Effie M. Elvidge
address unknown

J. D. and Myrtle I. Evans
Madison, Wisconsin 53701

Clifford K. and Hazel Ferguson
Rolland S. and Fay Ferguson
K.L. & Marjorie A. Mendenhall
Pearl L. Brechler
address unknown

Henrietta L. McDermott Fisher
3440 Grand Avenue
Des Moines, Iowa 50312

Frederick M. and Alta Grace
Mason City, Iowa 50401

Clifford and Clara Gray
Mason City, Iowa 50401

Ada L. Grew
address unknown

C. A. & Lillian W. Hansen
Mason City, Iowa 50401

Earl L. and Kathryn Hansen
Swea City, Iowa 50590

Frances M. Heffron, Clara Agnes
Sofranko, Gerald L. Sofranko,
Eleanora Sofranko
Lovila, Iowa 50150

C. F. Hemphill
Mason City, Iowa 50401

Mildred L. Hitchcock
address unknown

F. C. Holmes
Hampton, Iowa 50441

W. A. Horn
630 - 33rd Avenue
San Francisco, Ca. 94121

Fred Kemper
address unknown

Edwin G. LaCoste
3922 Carlton Drive
Cedar Falls, Iowa 50613

Cynthia E. Larson and
Charles B. Larson
Paola, Kansas 66071

Cora I. Lohr Law and G. L. Law
Humboldt, Iowa 50548

Estella Maple
Banning, Ca. 92220

Trust U/W of Eleanor W. McAdoo
Bank of America National Trust and Savings Association
Post Office Drawer EE
Santa Barbara, Ca. 83102

J. R. & Catherine McGinley,
Lanroy, Inc., Cleroy, Inc.
Post Office Box 3405
Tulsa, Oklahoma 74101
Attn: Mr. John Clegg

Arthur J. and Jennie M. Miller
Leonard & Echo Belle Miller
Humboldt, Iowa 50548

Andrew E. and Bessie R. Nelson
Mason City, Iowa 50401

Lorene S. and Hugo W. Nemela
823 Kingsley
Waterloo, Iowa 50701

W. J. and Muriel J. Parrott
Mason City, Iowa 50401

Pennzoil Co.
Post Office Box 2967
Houston, Texas 77252-2967
Attn: K. Stanaland; L. Whitfield

Ethel Armentrout Petersen
Banning, Ca. 92220

Frank O. and Ella M. Peterson
Callendar, Iowa 50523

Blanche L. Probert, Shirley F.
Porter & H. Hewell Probert
6233 - 40th, N.E.
Seattle, Washington 98105

Samson Resources Company
Samson Plaza, 2 W. Second Str.
Tulsa, Oklahoma 74103
Attn: Steve Area

Dorothy J. Van Zant Sanders
Suite 508, Sinclair Building
106 West 5th Street
Fort Worth, Texas 76102

John Satoka
address unknown

Amerett E. Schmitz
Coralee Johnson
Doris Johnson
Daryl Schmitz
Kenneth Schmitz
Forrest Schmitz
Joyce Evans
Glennys Croxton
Patricia Osgood
Jean Stone
Gale Harrington
Phyllis Beaver
Cheryl L. Shader
Bruce Schmitz
Jane Marie Schmitz Webb
Lloyd Schmitz, Jr.
the Heirs and/or Devisees of
Dean Schmitz, deceased
Lois Schmitz Flack
1707 South Massachusetts Avenue
Mason City, Iowa 50401

Harry and Laura C. Schrader
Rudd, Iowa 50471

Flo Schroeder, the unknown
Heir and/or Devisee of
Lola Felvick, deceased
address unknown

Gertrude J. Sproule Scullin
500 West Ocean Avenue
Long Beach, Ca. 90802

Burt R. and Mae Shifflet
320 Sunset Road
Waterloo, Iowa 50701

Francis William Slepicka
120 E. North Street
Manly, Iowa 50456

Rev. Joseph John Slepicka
120 E. North Street
Manly, Iowa 50456

Charles E. and Madge L. Snipps
Mason City, Iowa 50401

Standard Oil Production Co.
2 Lincoln Centre, Suite 1000
5420 LBJ Freeway
Dallas, Texas 75240-6222
Attn: Ms. Diane Tripp

June M. Thieman and
Everett W. Kischer
Newell, Iowa 50568

J. H. Van Zant, II
1730 Commerce Building
307 West 7th
Fort Worth, Texas 76102-5173d

C. E. Werthenbach, Amerett
Schmitz, Individually and as
Executrix of the Estate of
Cora M. Westhenbach
1707 South Massachusetts Ave.
Mason City, Iowa 50450

Cynthia McAdoo Wheatland
33 Branch Street
Boston, Massachusetts 02108

G. L. and Christena B. Whitman
Waterloo, Iowa 50701

Elizabeth H. Woodburn
1194 College Drive
San Bernardino, Ca. 92410

CAMPBELL & BLACK, P.A.

ATTORNEYS

POST OFFICE BOX 6008

SAN ANTONIO, NEW MEXICO 87504-2008

P 456 364 581

RETURN RECEIPT
REQUESTED

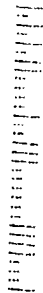
P 456 364 581
RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

See Postmaster

Sent to	
Florence M. & Frank B. Balkam	
Street and No.	
919 North Federal	
P.O., State and ZIP Code	
Mason City, Iowa 50401	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom	
Date and Address of Delivery	
TOTAL Postage and Fees	\$1.67
Postmark or Date	
7/20/87	

Florence M. and Frank B. Balkam
919 North Federal
Mason City, Iowa 50401



☐ Mailed with no postage
☒ NO STICK RETURN
☒ MOVED, NO RETURN
☐ ADDRESS UNKNOWN

POSTAGE

DATE

7-22-87

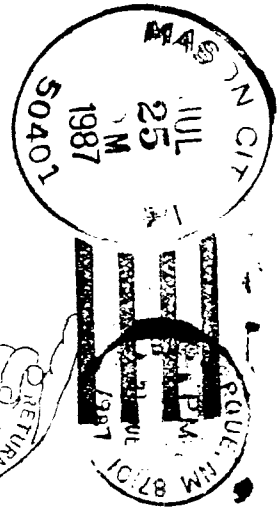
1ST NOTICE

2ND NOTICE

RETURN

WE MEET

Detached from
PS Form 3849-A
Oct. 1980



P 456 364 583
 RECEIPT FOR CERTIFIED MAIL

U.S. AIR MAIL SERVICE POSTAGE AND
 INSURANCE INTERNATIONAL MAIL

(See Reverse)

Sent to	<i>Doris Kennedy Baumgartner et al.</i>
Street and No.	
P.O., State and ZIP Code	<i>Mason City, Iowa 50401</i>
Postage	<i>.22</i>
Certified Fee	<i>.75</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom and Date Delivered	<i>.70</i>
Return Receipt for Certified Mail	
Date and Address of Delivery	
TOTAL Postage and Fees	<i>\$1.67</i>

Postmark or Date

7/20/87

PS Form 3811, Feb. 1986

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. 2. ☐ Restricted Delivery.	
3. Article Addressed to: <i>Doris Kennedy Baumgartner et al. Mason City, Iowa 50401</i>	
5. Signature - Addressee <i>X</i> <i>Doris Kennedy Baumgartner</i>	4. Article Number <i>P456 364 583</i>
6. Signature - Agent <i>X</i>	Type of Service: ☒ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD
7. Date of Delivery <i>7/27/87</i>	8. Addressee's Address (ONLY if requested and fee paid)

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. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Arthur & Helga Briston
Roland,
Iowa 50236

4. Article Number
P 456 364 584

Type of Service:
☒ Registered
☐ Certified
☐ Express Mail
☐ Insured
☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *John Briston*

7. Date of Delivery
7-27-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

P 456 364 584

RECEIPT FOR CERTIFIED MAIL

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to
Arthur & Helga Briston
 Street and no.

P.O., Station and Zip Code
Roland, Iowa 50236

Postage \$ *.22*

Certified Fee *.75*

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to whom and Date Delivered *70*

Return Receipt Showing to whom Date and Address of Delivery

TOTAL Postage and Fees *1.67*

Postmark or Date
7/20/87

CAMPBELL & BLACK, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87501-2208

RETURN TO POSTER
REQUESTED

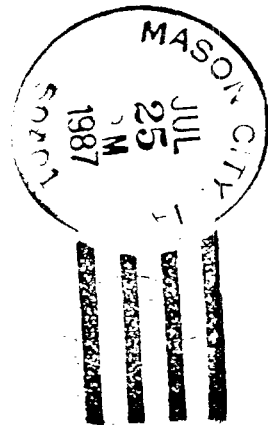
P 456 364 585

P 456 364 585
RECEIPT FOR CERTIFIED MAIL

NO POSTAGE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Louis F. and Ana Brooker
Mason City
Iowa 50401



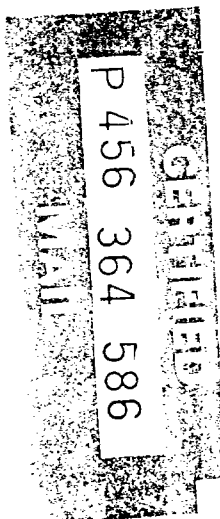
Sent to <i>Louis F. and Ana Brooker</i>	
Street and No.	
P.O., State and ZIP Code <i>Mason City, Iowa 50401</i>	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing Date and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67

Postmark or Date

7/20/87

RETURNED TO POSTER
REQUESTED
NO POSTAGE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2700A
 SANITA IL, NEW MEXICO 87504-2708



RECEIVED
 JUL 20 1987

P 456 364 586

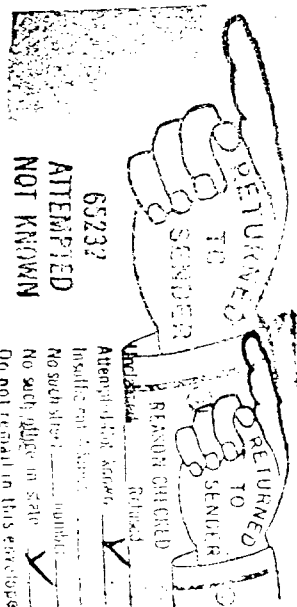
RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
 POSTAGE WILL BE PAID BY ADDRESSEE

(See Reverse)

Sent to	
O. H. Brown, Annie Brown,	
Street and no.	
H. Frank Porawski	
P.O. State or ZIP Code	
Audrain, Missouri 65232	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom Date and Address of Delivery	
TOTAL Postage and Fee	\$ 1.67
Postmark or Date	
7/20/87	

O. H. Brown, Annie I. Brown
 H. Frank Porawski
 Audrain, Missouri 65232
 411 Benton City



65232
 ATTEMPTED
 NOT KNOWN

Attempted at this address
 Insufficient postage
 No such office in state
 Do not return in this envelope

Detached from
 PS Form 3849-A
 Oct. 1980

RETURN

2ND NOTICE

1ST NOTICE

JUL 20 1987

U.S. MAIL

884435

CLARK COUNTY

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

P 456 364 587

RECEIPT FOR CERTIFIED MAIL

P 456 364 587

RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
 NOT FOR INTERNATIONAL MAIL

See Reverse

Sent to	
Nick D. Christakos	
Street and No.	
1345-6th Ave., Apt. #1	
P.O., State and ZIP Code	
Des Moines, Iowa 50314	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.67
Postmark or Date	
7/20/87	

NOT POSTED
 Nick D. Christakos
 c/o Ourania Christakos
 1345 - 6th Avenue, Apt. #1
 Des Moines, Iowa 50314

CHR 45 93283041 FWD 1
 CHRISTAKOS /
 3724 UNIVERSITY AVE
 DES MOINES, IA 50314-3611
 RETURN TO SENDER

Detached from
 PS Form 3826-A
 Oct. 1980

DATE
 16 3 1987

☐ HOLD

CLAIM CHECK
 884647

2ND NOTICE

RETURN

1ST NOTICE

2861 1987 1003 mm 1 SD

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2004

SANITA FL. NW MEXICO 87504-2208

CLAIM CHECK
NO.

7/25/87

13 HOLD

DATE

7/25/87

1ST NOTICE

2ND NOTICE

RETURN

WU

Detached from
PS Form 3849-A
Oct. 1980

RETURN RECEIPT
REQUESTED



REASON CHECKED

Unclaimed ----- Refused

Address unknown

Insufficient Address

No such street number

No such office in state

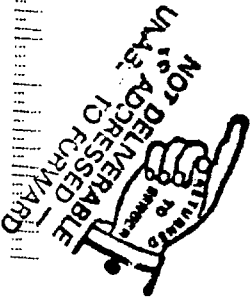
Do not re-mail in this envelope

Evan Christiansen

Lake Mills

Iowa 50450

Deceased



His nephew is Roger
Christiansen at
The Bank in Lake
Park, Iowa.

P 456 364 588

RECEIPT FOR CERTIFIED MAIL

PAID BY WRITER

Postage and Fees

Sent to	
Evan Christiansen	
Street and No.	
Lake Mills	
P.O. Box and ZIP Code	
Iowa 50450	
Postage	.22
Certified Fee	.75
Special Delivery Fee	
First-Class Delivery Fee	
Return Receipt (Delivery to Addressee Only)	
Return Receipt (Delivery to Addressee Only)	.70
Delivery to Addressee Only	
TOTAL Postage and Fees	1.67
Postmark or Date	
7/20/87	

● **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. 2. ☐ Restricted Delivery.

3. Article Addressed to:

4. Article Number

Type of Service:

☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

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

5. Signature — Addressee

6. Signature — Agent

7. Date of Delivery

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 456 364 589
 RECEIPT FOR CERTIFIED MAIL

NO ADDITIONAL POSTAGE REQUIRED
 IF MAILED IN THE UNITED STATES

Sender's Name

Sent to <i>Clifford Cone</i>	
Street <i>P.O. Box 1509</i>	
P.O. State and ZIP Code <i>Livingston, N.M. 88260</i>	
Postage	<i>22</i>
Certified Fee	<i>75</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (only to whom and date delivered)	<i>70</i>
Return Receipt (only to agent)	
Other and Address (if delivery)	
TOTAL Postage and Fees	<i>\$1.67</i>
Postmark or Date	

7/20/87

P 456 364 590

RECEIPT FOR CERTIFIED MAIL

U.S. MAIL AND POSTAL SERVICE PROVIDED BY
POST OFFICE AT NEWARK

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Sent to	
<i>Douglas L. Cone</i>	
Street and No.	
<i>P.O. Box 13612</i>	
City, State and ZIP Code	
<i>Albuquerque, N.M. 87123</i>	
Postage	<i>.22</i>
Carrier Fee	<i>.75</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	<i>.70</i>
Return Receipt (except Air Mail) Date and Address of Delivery	
TOTAL Postage and Fees	<i>1.67</i>
Postmark or Date	

7/30/87

PS Form 3811, Feb. 1986

● 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. 2. ☐ Restricted Delivery.	
3. Article Addressed to:	
<i>Douglas L. Cone</i> <i>P.O. Box 13612</i> <i>Albuquerque, N.M. 87123</i>	
4. Article Number	
<i>P 456 364 590</i>	
Type of Service:	
☒ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee	
<i>[Signature]</i>	
6. Signature — Agent	
<i>[Signature]</i>	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	
DOMESTIC RETURN RECEIPT	

PS Form 3811, Feb. 1986

CAMPBELL & BLACK, P.A.
ATTORNEYS

SAN ANTONIO, NEW MEXICO 87504-2208

CON 10 T00241271 TO CARRIER
TEMP. ORDER EXPIRED

DELIVER TO
OLD ADDRESS

Kenneth Cone
Post Office Box 11310
Midland, Texas 79702

P 456 364 591

Kenneth Cone
PO Box 11310
Midland, Tex 79702

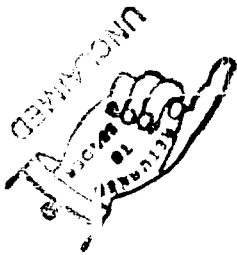
.22

.75

.70

1.67

7/20/87



Claim check No.	099111
Date	7/23
LI Hold	
15 Notice	7/28
2ND Notice	8-10
Return	
Delayed from PS Form 3849-2 Oct 1985	

Detached from
PS Form 3849-2
Oct 1986

RETURN

2ND NOTICE

1ST NOTICE

DATE
AUG 10 1987

POST

085053

P 456 364 592

RECEIPT FOR CERTIFIED MAIL

Sent to Conoco, Inc. Street and No. 200 No. Lorraine St. P.O. State and ZIP Code Midland, Tx 79701	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Registered Mail Fee	
Return Receipt (if any)	
Insurance (if any)	
Postmark or Date	7/20/87
TOTAL Postage and Fees \$1.67	

PS Form 3811, Feb. 1986

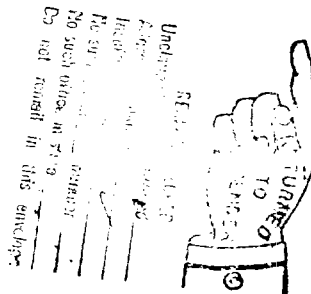
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.	
3. Article Addressed to: Conoco, Inc. 200 No. Lorraine Street Midland, Texas 79701 Attn: David Gurneary	
4. Article Number P456 364 592	Type of Service: ☒ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	6. Signature - Agent X <i>David Gurneary</i>
7. Date of Delivery 7/23/87	
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

RETURN RECEIPT
 REQUESTED

P 456 364 593



Elizabeth C. Corbett
 Humboldt
 Iowa 50548

P 456 364 593
 RECEIPT FOR CERTIFIED MAIL

U.S. GRAND JUROR PAUL PROVERBS
 NOT FOR INTERNATIONAL MAIL

See Reverse

Sent to	
Elizabeth C. Corbett	
Street and No.	
Humboldt	
P.O., State and ZIP Code	
Iowa 50548	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom	
Date and Address of Delivery	
TOTAL Postage and Fees	\$1.67
Postmark or Date	
7/20/87	

PS Form 3800, July 1986

P 456 364 594

RECEIPT FOR CERTIFIED MAIL

U.S. MAIL SERVICE
U.S. POSTAL SERVICE

See reverse

Sent to <i>J. Patrick Corrigan, et al.</i> Street and No. <i>2500 Castleford Road</i> City, State and Zip Code <i>Midland, Tex. 79705</i> Postage <i>\$.22</i> Certified Fee <i>.75</i> Special Delivery Fee Restricted Delivery Fee Return Receipt Show to whom and Date Delivered Return Receipt showing owner Date and Address of Delivery TOTAL Postage and Fees <i>\$ 1.67</i> Postmark or Date <i>7/20/87</i>	
--	--

2501 401 (10-86) 1000-1-50

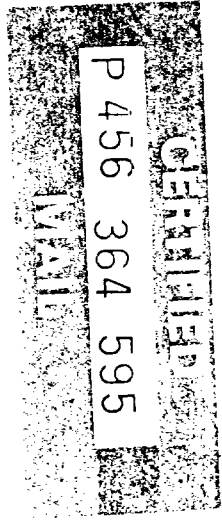
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered 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. 2. ☐ Restricted Delivery.	
3. Article Addressed to: <i>J. Patrick Corrigan, et al.</i> <i>Corrigan, et al.</i> <i>2500 Castleford Road</i> <i>Midland, Texas 79705</i>	4. Article Number <i>P 456 364 594</i> Type of Service: ☒ Registered ☐ Certified ☐ Express Mail ☐ Insured ☐ COD
5. Signature - Addressee <i>X</i> <i>Mr. J. P. Corrigan</i>	8. Addressee's Address (ONLY if requested and fee paid) Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>7-23</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 6206
 SANTA FE, NEW MEXICO 87504-2208

RETURN RECEIPT
 REQUESTED



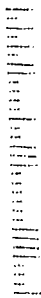
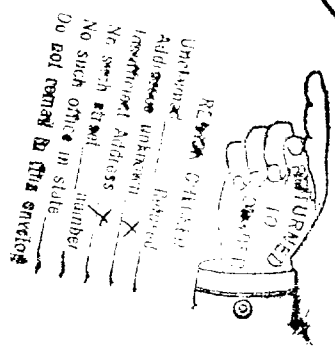
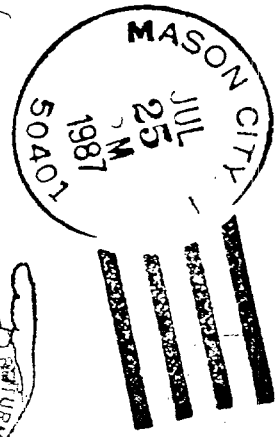
P 456 364 595
 RECEIPT FOR CERTIFIED MAIL

UNITED STATES DEPARTMENT OF JUSTICE
 UNITED STATES INTERNATIONAL MAIL

See Address

Sent to <i>Eileen A. Czapow</i>	
Street and No.	
P.O., State and ZIP Code <i>Mason City, Iowa 50401</i>	
Postage	<i>.22</i>
Certifying Fee	<i>.75</i>
Special Delivery Fee	
Registered Mailers Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom	
Date and Address of Delivery	
TOTAL Postage and Fees	<i>\$1.67</i>
Postmark or Date <i>7/20/87</i>	

~~Eileen A. Czapow
 Mason City
 Iowa 50401~~



2001 1001 1001 1001 1001 1001

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2000
 SANTA FE, NEW MEXICO 87504-2008

RETURN RECEIPT
 REQUESTED

P-573 873 574

Claim Check
 No. 011155

☐ Hold

Date

7/23
 1ST NOTICE

2ND NOTICE

RETURN

Detached from
 PS Form 3849-A
 Oct. 1985

FLOY MAC & JOEL C. MAWHINNEY DENNIS
 8840 CRAWFORD AVENUE
 SUN VALLEY, CA. 91352



[Handwritten signature]

884369

☐ HOLD

LATE
 JUL 27 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from
 PS Form 3849-A
 Oct. 1985

P-573 873 574
 AIR CERTIFIED MAIL
 REGISTERED MAIL
 Registered from
 PS Form 3869-A
 Oct. 1985

FLOY MAC & JOEL MAWHINNEY DENNIS	
8840 CRAWFORD AVE.	
SUN VALLEY, CA. 91352	
Postage	.22
Postage Insurance	.75
Registration Fee	
Postage Insurance Fee	
Postage Insurance Fee	.70
Postage Insurance Fee	
Postage Insurance Fee	1.67
7/20/87	

U.S. POSTAGE

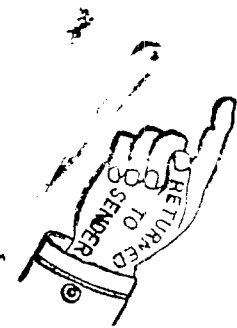
5851-0001-0-0000-1-00

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

P-573 873 575

RECEIVED
 JUL 27 1987

BC



J. D. and Myrtle I. Evans
 Madison
 Wisconsin 53701

Insufficient address

P-573 873 575

RECEIPT FOR CERTIFIED MAIL

U.S. POSTAL SERVICE
 NATIONAL MAIL

U.S.G.P.O. 153-506

J.D. & Myrtle I. Evans
 Madison, Wis. 53701

Postage	.22
Insurance	.75
Registration Fee	
Return Receipt	
Signature	
Postage and Insurance	.70
Postage and Insurance (Total)	1.67

7/20/87

CLAIM CHECK
 8849367

□ HOLD

DATE

JUL 27 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from
 PS Form 3849-A
 Oct. 1980

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2900

SANTA FE, NEW MEXICO 87504-2208

P-573 873 577

RETURN RECEIPT
REQUESTED

NOT DELIVERABLE
NO FORWARDING ORDER ON FILE
RETURNED TO SENDER
FORWARDED ORDER

Henrietta L. McDermott Fisher
3440 Grand Avenue
Des Moines, Iowa 50312



884645

CLAIM CHECK

U.S. POSTAL SERVICE

DATE AUG 3 1987

1ST NOTICE

2ND NOTICE

RETURN

Delivered from
PS Form 3849-A
Oct. 1980

P-573 873 577

U.S. CERTIFIED MAIL
FIRST CLASS PERMIT NO. 100
DES MOINES, IA

Henrietta L. McD. Fisher	
3440 Grand Avenue	
Des Moines, Iowa 50312	
Postage	.22
Insurance	.75
Registration	
Signature	70
Total	1.67

7/20/87

U.S. POSTAL SERVICE

PS Form 3800, June 1985

CAMPBELL & BLACK, P.A.

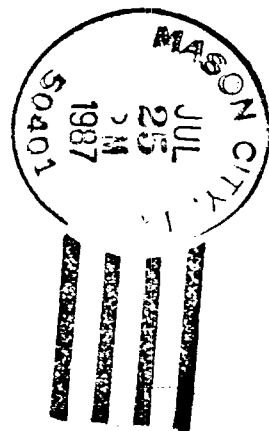
ATTORNEYS

POST OFFICE BOX 2200A

SANTA FE, NEW MEXICO 87204-2208

P-573 873 578

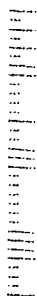
RETURN RECEIPT
REQUESTED



Frederick M. and Alta Graco
Mason City
Iowa 50401

P-573 873 578
RECEIPT FOR CERTIFIED MAIL
U.S. POSTAGE PROVIDED
BY THE ADDRESSEE
Postage

To: <i>Frederick M. & Alta Graco</i>	
From: <i>Mason City, Iowa 50401</i>	
Postage	.22
Postage Due	.75
Postage Due (by First Class)	
Postage Due (by Registered Mail)	
Postage Due (by Insured Mail)	.70
Postage Due (by Signature Required)	
Postage Due (by Return Receipt)	1.67
Total: <i>7/20/87</i>	



XX
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

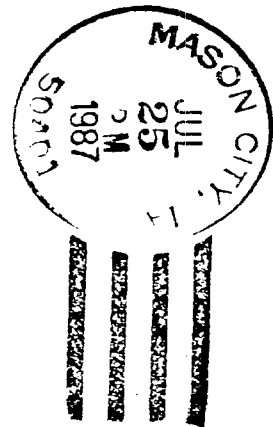
U.S. POSTAGE

PS Form 3800, June 1985

SANTA FE, NEW MEXICO 87504-2708

P-573 873 579

**RETURN RECEIPT
REQUESTED**



CLIFFORD and Clara Gray
Mason City
Iowa 50401

[Handwritten notes:]

- ✓ Additions.
- ✓ Substitutions.
- ✓ Any new?
- Any other?
- Do not mention in this checklist

P-573 873 579

RECEIPT FOR CERTIFIED MAIL

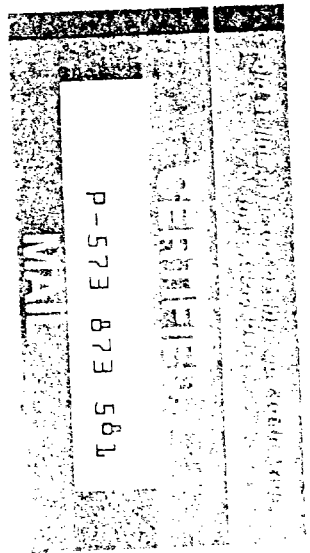
U.S.G.P.O. 153-505

PS Form 3800, June 1985

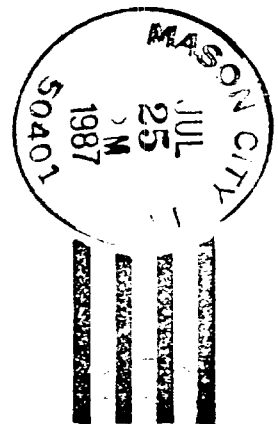
Clifford & Clara Gray	
Mason City Iowa 5040	
Postage	.22
Contract Fee	.75
State & Federal Tax	
County Clerk's Fee	
Notary Public's Fee	
Recorder's Fee	.70
Tax - Attorney's Fee	
Total Postage and Fees	1.67
Total due to us	
7/20/87	

7/20/87

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208



RETURN RECEIPT
 REQUESTED



C. A. and Lillian W. Hanson
 Mason City
 Iowa 50401

P-573 873 581

RECEIPT FOR CERTIFIED MAIL
 U.S. MAIL SERVICE
 U.S. POSTAL SERVICE
 See Reverse

To: <i>CA & Lillian W. Hanson</i>	
City: <i>Mason City, Iowa</i> 50401	
Postage	22
Postage Fee	75
Extra Delivery Fee	
Return Receipt Fee	
Postage Insurance	70
Postage Insurance Fee	
TOTAL Postage and Fees	1.67
Date: <i>7/20/87</i>	

Do not remove this stamp
 No other address
 No return address
 Return address
 Return address
 Return address

PS Form 3800 June 1985

CAMPBELL & BLACK, P.A.
ATTORNEYS
SUITE 100
PO BOX 100
SAN ANTONIO, TEXAS 78201-2208

RECEIPT
REQUESTED

P-573 873 582

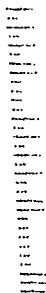
Earl L. and Kathryn Hansen
Swea City
Iowa 50590

P-573 873 582
RECEIPT FOR CERTIFIED MAIL
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

To: <i>Earl L. and Kathryn Hansen</i>	
City, State, and Zip: <i>Swea City, Iowa 50590</i>	
Postage	<i>22</i>
Insurance Fee	<i>75</i>
Signature Required Fee	
Registered Mail Fee	
Return Receipt (hard copy)	<i>70</i>
Return Receipt (electronic)	
Tracking Insurance Fee	<i>1.67</i>
Postmark Date: <i>7/20/87</i>	

U.S.G.P.O. 153-806

PS Form 3800, June 1985



Detached from
PS Form 3849-A
Oct 1980

RETURN

2ND NOTICE

1ST NOTICE

JUL 28 1987

U/HOLD

8847433

P-573 873 583

CERTIFIED MAIL

FIRST CLASS
PERMIT NO. 100
ST. LOUIS, MO 63101

Francis M. Heffron, et al.

Louis, Iowa 50150

22

75

70

1.67

7/20/87

● **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. 2. ☐ Restricted Delivery.

3. Article Addressed to: Francis M. Heffron, et al.

4. Article Number P573-873583

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee X Heald Heffron

6. Signature — Agent X

7. Date of Delivery 7-25-87

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

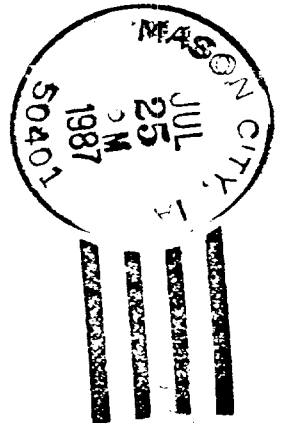
PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

CAMPBELL & BLACK P.A.
 LAWYERS
 800-555-5555
 SANTA FE, NEW MEXICO 87504-2208

P-573 873 584

RETURN RECEIPT
 REQUESTED



C. F. Hemphill
 Mason City
 Iowa 50401



P-573 873 584
 RECEIPT FOR CERTIFIED MAIL
 FIRST CLASS PERMIT NO. 1000 MASON CITY, IA
 PSN 50401

C. F. Hemphill	
Mason City, Iowa 50401	
Postage	22
Insurance Fee	75
Registration Fee	
Return Receipt Fee	
Other Fees	70
Total	1.67
7/20/87	

384844

AUG 3 1987

[] HOLD

1ST NOTICE

2ND NOTICE

RETURN

Detached from
 PS Form 3849-A
 Oct 1980

PS Form 3800, June 1985

5891 eund

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 27004

SANIA FL. NEW MEXICO 87504-2208

P-573 873 587

RETURN RECEIPT
REQUESTED

RETURN TO
MAIL
UNDELIVERABLE AS ADDRESSED
NO RETURNING ORDER ON FILE

F. C. Holmes
Hampton
IOWA 50441

P-573 873 587

RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED
IN THE UNITED STATES

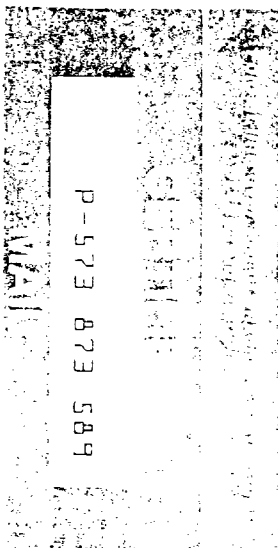
See Reverse

F.C. Holmes	
Postage	
Hampton, Iowa 50441	
Postage	22
Certified Fee	75
Return Receipt Fee	
Insurance Fee	
Return Receipt (showing to whom delivered)	70
Return Receipt (showing to whom delivered) (if different from delivery)	
Total Postage and Fees	1.67
7/20/87	

PS Form 3800 June 1985

PS Form 3800 June 1985

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2708
 SAN JUAN, P.R. 00904-0708



RETURN RECEIPT
 REQUESTED

P-573 873 589

REGISTERED MAIL
 POSTAGE WILL BE PAID BY ADDRESSEE

W. A. Horn	
630 - 33rd Ave.	
San Francisco, CA 94121	
Postage	22
Postage Due	75
Postage Due	70
Postage Due	1.67

7/20/87

905151 O.P.D.S.D.

5851 000P 008E 0004 SD

Not Here

W. A. Horn

630 - 33rd Ave.

San Francisco, Ca. 94121

DATE **JUL 27 1987**

1ST NOTICE

2ND NOTICE

RETURN

Delivered from PS Form 3849-A Oct 1980

CLAIM CHECK
 884372

● **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.		2. ☐ Restricted Delivery.	
3. Article Addressed to: Edwin H. La Crosse 3922 Carlton Drive Cedar Falls, Iowa 50613		4. Article Number P 573 873 624	
5. Signature — Addressee X		Type of Service: ☒ Registered ☒ Certified ☐ Insured ☐ COD ☐ Express Mail	
6. Signature Agent X <i>Edwin H. La Crosse</i>		8. Addressee's Address (ONLY if requested and fee paid) Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery <i>7/20/87</i>			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 624
 RECEIPT FOR CERTIFIED MAIL
 (See Reverse)

Edwin H. La Crosse				
3922 Carlton Drive				
Cedar Falls, Iowa 50613				
	.22			
	.75			
		.70		
		1.67		
7/20/87				

9075-011-000-0000

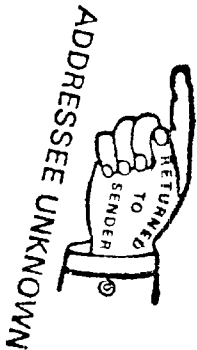
5001-1-000-0000-0000-0000

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANIA HE, NEW MEXICO 87504-2208



Cynthia E. Larson and
Charles B. Larson
Paola, Kansas 66071



RETURN RECEIPT
REQUESTED

P-573 873 590

P-573 873 590

RECEIPT FOR CERTIFIED MAIL

MAIL OFFICE USE ONLY

POST OFFICE

Cynthia & Charles Larson	
Paola, Kansas 66071	
Postage	22
Postage Due	75
Insurance	
Signature of Addressee	
Signature of Sender	70
Post Office	667
7/20/87	

U.S.G.P.O. 153-506

June 1985

PS Form 3800

884371

JUL 27 1986

HOLD

1ST NOTICE

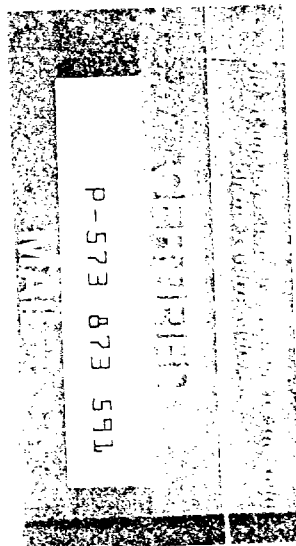
2ND NOTICE

RETURN

Detached from
PS Form 3839-A
Oct. 1980

CAMPBELL & BLACK, P.A.
LAWYERS

POST OFFICE BOX 2708
SANTA FE, NEW MEXICO 87504-2708



RETURN RECEIPT
REQUESTED

Cora I. Lohr Law
G. L. Law
Humboldt,
Iowa 50548

P-573 873 591

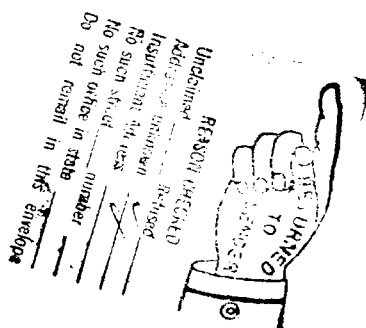
RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED
IN THE UNITED STATES

USGPO 153506

Cora I. Lohr Law	
Street and No.	
Humboldt, Iowa 50548	
Postage	
22	
75	
Total Postage	
70	
Total Postage and Fees	
1.67	
Date of Mailing	
7/20/87	

PS Form 3800, June 1985



● **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 boxes for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: *Estella Maple*

4. Article Number *P573 873 593*

Type of Service: ☒ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Banning, CA 92220

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee *X*

6. Signature — Agent *X W. W. Maple*

7. Date of Delivery *JUL 28 1987*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

9-573 873 593
RECEIPT FOR CERTIFIED MAIL

<i>Estella Maple</i>	
<i>Banning, CA 92220</i>	
<i>22</i>	
<i>75</i>	
<i>70</i>	
<i>1.67</i>	
<i>7/20/87</i>	

105-591 U.S.S.I.

5861 Conf. Out of Use

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. 2. ☐ Restricted Delivery.

3. Article Addressed to: Eleanor W. McAdoo, Just P.O. Drawer EE Santa Barbara, CA 83102

4. Article Number: P573-873-597

Type of Service: ☒ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X

6. Signature - Agent: X *[Signature]*

7. Date of Delivery: 7-27-87

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 597

SLIP FOR CERTIFIED MAIL

Eleanor W. McAdoo
P.O. Drawer EE
Santa Barbara, CA 83102

Post

22	75	70	1.67
----	----	----	------

7/20/87

REMEMBER: 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 the 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 boxes for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: 1. R. Catherine McSmiley
Harvey, Inc, Cleroy, Inc.
P.O. Box 3405
Tulsa, OK 74101

4. Article Number P573873594

Type of Service: ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

5. Signature — Addressee ☒

6. Signature — Agent ☒ 1. R. Catherine McSmiley

7. Date of Delivery JUL 23 1987

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

Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 594
RECEIPT FOR CERTIFIED MAIL
FIRST CLASS PERMIT NO. 1000 TULSA, OK 74101

Harvey, Inc, Cleroy, Inc.
1. R. Catherine McSmiley
P.O. Box 3405
Tulsa, OK 74101

22
75
70
1.67

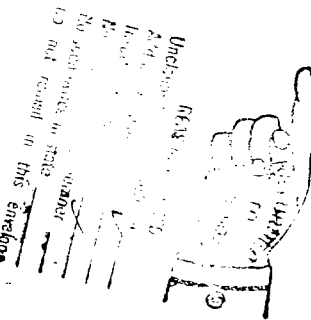
7/20/87

609-591-0450
5861-0000-0088-0000-00

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2004
 SANTA FE, NEW MEXICO 87504-2208

RETURN TO SENDER
 REGISTERED MAIL

P-573 873 595



Arthur J. and Jennie M. Miller
 Leonard & Echo Belle Miller
 Humboldt, Iowa 50548

P-573 873 595

RECEIVED REGISTERED MAIL
 MAY 22 1987
 ALBUQUERQUE, NM

PS Form 3800, June 1985

905-551-153506

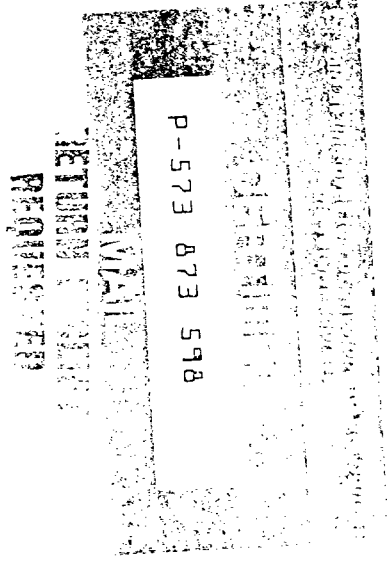
Arthur & Jennie Miller et al.

Humboldt, Iowa 50548

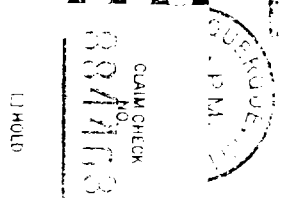
Postage	22
Contract Fee	75
Insurance Fee	
Registered Mail Fee	
Postage and Insurance	70
Postage and Insurance	
Postage and Insurance	1.67
Postage and Insurance	

7/20/87

CAMPBELL & BLACK, P.A.
 LAWYERS
 800-541-2708
 SANIA EL, NEW MEXICO 87501-2708

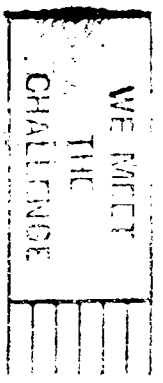


Andrew F. and Bess
 Mason City
 Iowa 50401



JUL 25 1987

[] HOLD



1ST NOTICE ON
 2ND NOTICE
 RETURN
 Delivered from
 PS Form 3849-A
 Oct. 1980

P-573 873 598
 RECEIPTED FIELD MAIL

USGPO 153-506

Andrew F. Bessie Nelson
 Mason City, Iowa 50401

22	75	70	1.67
7/26/87			

PS Form 3849 June 1985

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. 2. ☐ Restricted Delivery.

3. Article Addressed to: *Lorene & Hugo Nemela*
823 Kingsley
Waterloo, Iowa 50701

4. Article Number *P513873599*
 Type of Service: ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

5. Signature — Addressee *[Signature]*
 X

6. Signature — Agent *[Signature]*
 X

7. Date of Delivery *7-30-87*

8. Addressee's Address (ONLY if requested and fee paid)
1900 Park Lane #231
Waterloo, Ia 50702

Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 599

Lorene & Hugo Nemela
823 Kingsley
Waterloo, Iowa 50701

22
75

70

1.67

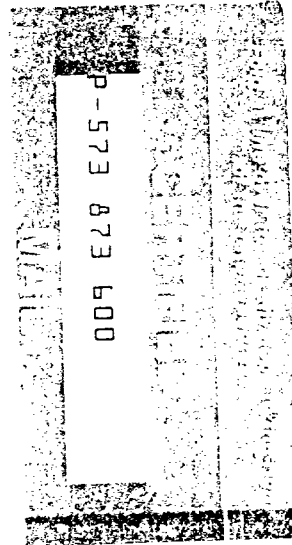
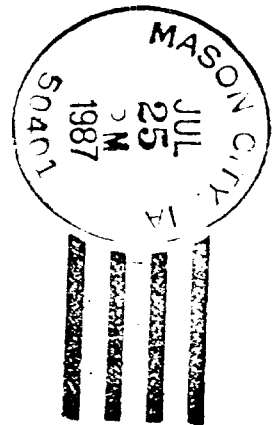
7120187

CAMPBELL & BLACK, P.A.

LAWYERS

FOUNTAIN OFFICE BUILDING

SANTA FE, NEW MEXICO 87504-2208



RETURN RECEIPT
REQUESTED

W. J. and Muriel J. Parrott
Mason City
Iowa 50401



P-573 873 600
RECEIPT FOR CERTIFIED MAIL

W. J. & Muriel Parrott	
Mason City Iowa 50401	
22	75
70	1.67
7, 20/87	

U.S. POST OFFICE

PS Form 3800, June 1985

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 boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

4. Article Number

Type of Service:

☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573-873 601

RECEIPT FOR REGISTERED MAIL

909351 P.O. Form 1985

Pennmail Co.
P.O. Box 2967
Houston, Tex. 77252-2967

Postage Fee .22
Insurance Fee .75
Total .97

7/20/87

PS Form 3811, Feb. 1985

CAMPBELL & BLACK, P.A.
LAWYERS

SANIA FL. NEW MEXICO 8/504-2208

Claim Check

No. 119153

☐ Hold

Date

1-24

1ST Notice

2ND Notice

Return

Detached from
PS Form 3839-A,
Oct. 1985

P-573 873 603

RETURN RECEIPT
REQUESTED

TRY
918 ALLES.

P-573 873 603

RECEIPT FOR CERTIFIED MAIL

U.S. MAIL SERVICE
WASHINGTON, D.C. 20504

Post Receipt

Ethel Armintrout Petersen	
Banning, Ca. 92220	
Postage	.22
Insurance Fee	.75
Registration Fee	
Other Fees	
Total	.70
Postage and Insurance	1.67

7/20/87

ATTEMPTED
TO DELIVER
TO
Ethel Armintrout Petersen
Banning
California 92220
NOT KNOWN

(1) HOLD

JUL 26 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3839-A
Oct. 1985

884434

USPS 151 153 506

5861 June 1986 PS Form 3839

● **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. 2. ☐ Restricted Delivery.

3. Article Addressed to: *Frank O. & Ella M. Peterson*
Callendar, Iowa 50523

4. Article Number: *0573 873 604*

Type of Service: ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: *X*

6. Signature Agent: *X* *W. Peterson*

7. Date of Delivery: *7-27-87*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 604

RECEIPT FOR MAIL

To: <i>Frank O. & Ella M. Peterson</i>	
Address: <i>Callendar, Iowa 50523</i>	
Postage	<i>.22</i>
Insurance	<i>.75</i>
Registered Mail	<i>.70</i>
Express Mail	<i>1.67</i>
Date: <i>7/20/87</i>	

U.S.G.P.O. 153506

\$455 6417 0000 4004 53

P-573 373 605

RECEIPT FOR CERTIFIED MAIL

U.S. POSTAL SERVICE
WASHINGTON, D.C. 20260

Post Office

U.S.G.P.O. 152-5015

Blanche L. Probert

6233- 40th., N.E.

Seattle, Wash. 98105

Postage .22

Insurance .75

Registration Fee

Postage and Insurance

Postage and Insurance

Postage and Insurance

Postage and Insurance

Postage and Insurance

Postage and Insurance

Postage and Insurance

Postage and Insurance

U.S. Form 3800, Jun 2, 1985

7/20/87

1. ☐ Show to whom delivered, date, and addressee's address.

2. ☐ Restricted Delivery:

4. Article Number

Type of Service:

☐ Registered
☒ Certified
☐ Express Mail

☐ Insured
☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

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

6. Signature -- Agent

X.D. Howard 1-24-82

7. Date of Delivery

7/24/87

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL

1. *Staphylococcus aureus* (ATCC 12228)
 2. *Staphylococcus aureus* (ATCC 12228)

[illegible]

Samson Resources Co.
Samson Plaza, 2 W. Second Str
Tulsa, Ok. 74103

22.

75

.70

1.67

7/20/87

U.S. GEO. SURV.

Received 10 June 1985

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. 2. ☐ Restricted Delivery.

3. Article Addressed to: Dorothy J. Van Zant Sanders
Suite 508, Sinclair Bldg.
106 W. 5th Street
Fort Worth, Tex. 76102

4. Article Number: P 573 873 607

Type of Service: ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

5. Signature - Addressee: X

6. Signature - Agent: X *Martina Brown*

7. Date of Delivery: 24 JUL 1987

8. Addressee's Address (ONLY if requested and fee paid): Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 607

RECEIPT FOR MAIL

Dorothy Van Zant Sanders
Suite 508, Sinclair Bldg.
106 W. 5th Street
Fort Worth, Tex. 76102

Postage	.22
Registration Fee	.75
Insurance Fee	.70
Other Fees	1.67
Total	

7/20/87

9861 Comp (0385) 4-87

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. 2. ☐ Restricted Delivery.

3. Article Addressed to:

*Amerett E. Schmitz, et al.
1707 So. Massachusetts Ave.
Mason City, Iowa 50451*

4. Article Number: *P-573 873 627*

Type of Service: ☒ Registered Certified ☐ Insured ☐ Express Mail ☐ COD

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee: *[Signature]*

6. Signature - Agent: *[Signature]*

7. Date of Delivery: *7-25-87*

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

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

P-573 873 627
RECEIPT FOR CERTIFIED MAIL
U.S. POSTAL SERVICE - UNITED STATES
AIR MAIL PERMIT NO. 1000
MASON CITY, IOWA

<i>Amerett E. Schmitz, et al.</i>	
<i>1707 So. Massachusetts Ave.</i>	
<i>Mason City, Iowa 50451</i>	
Postage	.22
Insurance	.75
Registration	
Other	
Total	.70
Net Weight	1.67

7/20/87

5055-591 O.D.G.S.N

5961 (unp) 008E (unp) 54

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 services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Harry & Laura C. Schrader
Rudd
Laura 50471

4. Article Number: P 573 873 608

Type of Service:
☒ Registered
☒ Certified
☐ Insured
☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: *[Signature]*

6. Signature - Agent: *[Signature]*

7. Date of Delivery: 4 52 11/11

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 608
 RECEIPT FOR CERTIFIED MAIL
 RETURN TO POSTAL SERVICE
 1. Reverse

Harry & Laura C. Schrader
 Rudd
 Laura 50471

Postage	22
Registration Fee	75
Insurance Fee	70
Other Fees	1.67

7/20/87

5861 508 0083 0004 5d

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SAN DIEGO, NEW MEXICO 87504-2208

P-573 873 609

RETURN RECEIPT
REQUESTED

Gertude J. Sproule Scullin
500 West Ocean Avenue
Long Beach, Ca. 90802

X
Scullin

P-573 873 609

RECEIPT FOR CERTIFIED MAIL

U.S. POSTAL SERVICE
INTERNATIONAL MAIL
San Francisco

To: <i>Gertude J. Sproule Scullin</i>	
Street and No. <i>500 W. Ocean Avenue</i>	
City, State and Zip <i>Long Beach, Ca. 90802</i>	
Postage	<i>.22</i>
Postage Due	<i>.75</i>
Postage Paid	
Postage Due	
Postage Due	
Postage Due	
Postage Due	<i>.70</i>
Postage Due	
Postage Due	
Postage Due	<i>1.67</i>
Date <i>7/20/87</i>	

|||||

☐ HOLD

JUL 27 1987

1ST NOTICE

2ND NOTICE

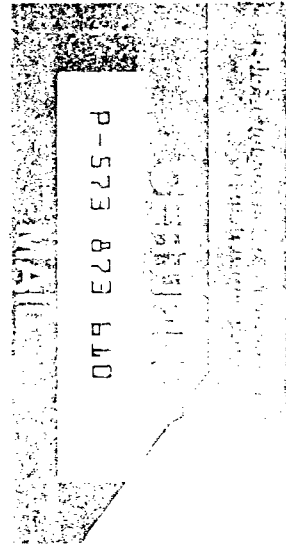
RETURN

Detached from
PS Form 3849-A
Oct. 1980

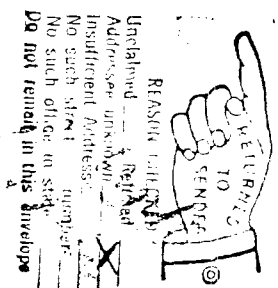
U.S.G.P.O. 153-506

PS Form 3800 June 1985

CAMPBELL & BLACK, P.A.
 ATTORNEYS
 MAILING BOX 2208
 SANIA FL. NEW MEXICO 87504 2208



RETURN RECEIPT
 REQUESTED



Burt R. and Mae Shifflet
 320 Sunset Road
 Waterloo, Iowa 50701

DIRECTORY SERVICE GIVEN

P-573 873 610
 RECEIPT FOR U.S. MAIL

Burt R. & Mae Shifflet	
320 Sunset Road	
Waterloo, Iowa 50701	
Postage	.22
Insurance	.75
Registration	
Other	.70
Total	1.67
7/20/87	

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. 2. ☐ Restricted Delivery.

3. Article Addressed to: Francis William Sleticka
120 East North Street
Manly, Iowa 50456

4. Article Number P 573 873 626

Type of Service: ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee X *Francis W. Sleticka*

6. Signature Agent X

7. Date of Delivery 7-27-87 LC

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 626

REGISTERED MAIL
CERTIFIED MAIL
EXPRESS MAIL

Francis Wm Sleticka
120 East North Street
Manly, Iowa 50456

22
75
70
1.67

7/20/87

50456151 P.O. D.D.S.N.
5861 sum 0380 sum 9 54

● **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. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Rev. Joseph John Stetika
120 East North Street
Marley, Iowa 50456

4. Article Number

P 573-873 625

Type of Service:

☒ Registered
☒ Certified
☐ Insured
☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

X *Rev. J. J. Stetika*

6. Signature - Agent

X

7. Date of Delivery

7-27-87 LC

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 625

RECEIPT FOR CERT

Rev. Joseph John Stetika
120 East North Street
Marley, Iowa 50456

.22

.75

.70

1.67

7/26/87

905641 0-0000

905641 0-0000 and 3-84

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 6609

SANTA FE, NEW MEXICO 87504-2208

P-573 873 612

RETURN RECEIPT
REQUESTED



Charles F. and Madge L. Snipp
Mason City
Iowa 50401



884497

LIHOLD

JUL 30 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

Uninsured
Additional address
No such office in state
Do not return to this office

P-573 873 612

RECEIPT FOR CERTIFIED MAIL

U.S. POSTAGE OFFICE
SANTA FE, NEW MEXICO

Charles E. & Madge Snipp	
Mason City, Iowa 50401	
Postage	.22
Postage and fee	.75
Postage and fee	.70
Postage and fee	1.67
7/20/87	

U.S.G.P.O. 153-506

PS Form 3800, June 1985

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. 2. ☐ Restricted Delivery.

3. Article Addressed to: *Standard Oil Prod. Co.
2 Lincoln Centre Suite 1000
5420 LBJ Freeway
Dallas, Tex. 75240-6222*

4. Article Number *P 573 873 613*

Type of Service: ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*

6. Signature - Agent *[Signature]*

7. Date of Delivery *7-24-87*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 613

RECEIPT FOR CASH MAIL

*Standard Oil Prod. Co.
2 Lincoln Centre Suite 1000
5420 LBJ Freeway
Dallas, Tex. 75240*

22

75

70

1.67

7/20/87

905591 P.O.D.G.S.N

5981 2007 0008 0007 154

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. 2. ☐ Restricted Delivery.

3. Article Addressed to:

June M. Thieman and
Gerritt W. Kuscher
Hewell, Iowa 50568

4. Article Number
P1573 873 616

Type of Service:
☐ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature of Addressee
X June M. Thieman

6. Signature of Agent
X

7. Date of Delivery
7-27-87

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 616
RECEIPT FOR CEN AIR

June M. Thieman and
Gerritt W. Kuscher
Hewell, Iowa 50568

Postage	.22
Insurance	.75
Registration	
Express Mail	
Signature	.70
Other	
Total	1.67

7/20/87

505681 010 506
5051 5007 0000 0003 50

● **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. 2. ☐ Restricted Delivery.

3. Article Addressed to: *J. H. Van Zant, II*
1730 Commerce Bldg.
307 W. 7th
Ft. Worth, Tex. 76102-5173

4. Article Number *P 573 873 617*

Type of Service:
☐ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *J. H. Van Zant* *JH van*

6. Signature - Agent
X

7. Date of Delivery *22 JUL 1987*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 617

FOR CERTIFIED MAIL

J. H. Van Zant, II
1730 Commerce Bldg.
307 W. 7th, Ft. Worth, Tex.

Postage	22
Insurance	75
Registration	70
Other	1.67

7/20/87

5861 CONF 0728 W 09 34

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. 2. ☐ Restricted Delivery.

1. ☐ Show to whom delivered, date, and addressee's address.

2. ☐ Restricted Delivery:

3. Article Addressed to:

John Stone

4. Article Number

~~Elizabeth~~ Elizabeth, Thelma

1573823619

Type of Service:

☐ Registered☐ Insured

☒ Certified
☐ Express Mail

Macon City, Iowa 58450

5. Signature -- Addressee

6. Signature – Agent

7. Date of Delivery

7.27-07

Always obtain signature of addressee on agent and DATE DELIVERED.

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 619

RECEIPT FOR CEF 10

C. E. Worthenbach, et al.
1701 E. Massachusetts Ave.
Mason City, Iowa 50450

22

75

70

1.67

7/20/87

U.S.G.P.O. 155-506

5861-0001, June 1985

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. 2. ☐ Restricted Delivery.

3. Article Addressed to: *Cynthia McAdoo Wheatland
33 Branch Street
Boston, Mass. 02108*

4. Article Number *P 573 873 620*

Type of Service: ☒ Registered Certified Express Mail ☐ Insured COD

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee *X Cynthia McAdoo Wheatland*

6. Signature - Agent *X*

7. Date of Delivery

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-573 873 620
FOR CERTIFIED MAIL
POSTAGE WILL BE PAID BY ADDRESSEE

<i>Cynthia McAdoo Wheatland</i>			
<i>33 Branch Street</i>			
<i>Boston, Mass. 02108</i>			
		<i>.22</i>	
		<i>.75</i>	
		<i>.70</i>	
		<i>1.67</i>	

7/20/87

9551 010 010 010 5851 2076 0082 1003 54

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

P-573 873 622

Do not remove
No such st.
in this
in this
in this

G. L. and Christena B. Whitman
Waterloo
Iowa 50701



884773

CLAIM CHECK

NOV

WE MEET

TUE

(HOLD

JUL 29 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

DIRECTORY SERVI

P-573 873 622

RECEIPT FOR CERT

NOV 21 1987

B.L. & Christena B. Whitman	
Waterloo, Iowa 50701	.22
	.75
	.70
	1.67

7/20/87

903654 OF 511

5491 600P 0380 0002 53

CAMPBELL & BLACK, P.A.
LAWYERS

POST OFFICE BOX 2204
SANTA FE, NEW MEXICO 87504-2208

P-573 873 623

RECEIVED
JUL 23 1987

NO SUCH ADDRESS



Elizabeth H. Woodburn
1194 College Drive
San Bernardino, Ca. 92410

W.S.N.



CLAIM CHECK
884507

UPOD

DATE
JUL 30 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

P-573 873 623

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