SENDER: Complete items 1 and 2 when additions 3 and 4.	services are desired, and complete items	SENDER: Complete items 1 and 2 when additions 3 and 4.	
ut your address in the "RETURN TO" Space on the revers om being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following services of the control of th	e side. Failure to do this will prevent this card is you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide the date of gelivery. For additional fees the following serving the Check boxish for additional services.	e side. Failure to do this will prevent this card te you the name of the person delivered to and
nd check boxies) for additional service(s) requested. Show to whom delivered, date, and addressee's a	ses are evallable. Consult postmaster for fees		
(Zina charge)	(Extra charge)	Show to whom delivered, date, and addressee's (Exira charge)	eddress. 2. Restricted Delivery (Extra charge)
Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
Amoco Production Co.	Type of Service:	Bureau of Land Management	1-684-788-182 Type of Service:
P. O. Box 65111	Registered Insured	P. O. Box 1397	Registered Insured
Charlotte, NC 28265-0111	Cortified COD Express Mail Return Receipt for Merchandise	Roswell, NM 88201	Certified COD
20205-0111	Aiways obtain signature of addressee		Express Mail Return Receipt for Merchandise
	or agent and DATE DELIVERED.	SHEL	or or and DATE DELIVERED.
Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee	10 A d 24
Signature -/Apent	-	6. Signature – Agent	_1 [
		X le on William	ן יי
Date of Defivery		7. Date of Delivery	50x /
APR 2 9 1991			
rorm 38 11, Apr. 1989 +US.G.RO. 1989-216-81	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +us.a.g.o. 1889-238-6	DOMESTIC RETURN RECEIP
SENDER: Complete items 1 and 2 when additional 3 and 4.		SENDER: Complete store 2 and 2 and	
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am being returned to you. The return region fee with provide e date of delivery. For additional fees the following service of check boxies) for additional service or requested.	es are available. Geneur postmaster for lees	Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the injurience services.	e side. Failure to do this will prevent this card e you the name of the person delivered to and
Show to whom delivered, date; and activessee's ac (Eura charge) 1991	ddress. 2. Bastricted Delivery	the date of delivery. For additional fees the following service and check boxies: for additional services: requested. Show to whom delivered, date, and addressee's a	es are available. Consuit postmaster for fees
Article Addressed to:	4. Article Number	(Extra enarge)	ddress. 2. Restricted Delivery (Extra charge)
	P-684-788-178	3. Article Addressed to:	4. Article Number
Bureau of Land Management	Type of Service:	Claydesta National Bank	P-684-788-183 Type of Service:
P. O. Box 1778 Carlsbad, NM 88221	Registered Insured	A/C Mike Roberts	Registered Insured
Catisbad, 14141 86221	Express Mail Return Receipt for Merchandise	P. O. Box 3090	Certified COD
	Aiways obtain signature of addressee	Midland, TX 79702	Express Mail Return Receipt for Merchandise
Signature - Addressee	B. Addressee's Address (ONLY if		Always obtain signature of addressee or agent and DATE DELIVERED.
	requested and fee paid)	5. Signature — Addressee	8. Addressee's Address (ONLY if
Signature - Agent		6. Signature – Agent	requested and fee paid)
Date of Delivery	¶ <i>}</i>	× //a-	
S NOTHING	<i>V</i> 1	7. Bate of Delivery	1
Form 3811, Apr. 1989 +US.G.P.O. 1889-238-815	DOMESTIC RETURN RECEIPT	APR 29 1991	
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ut your address in the "RETURN TO" Space on the reverse rom being returned to you. The return receipt fee will provide indicate delivery, for additional feet she following service indicates box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's a (Euro charge)	e you the name of the person delivered to and es are available. Consult postmaster for fees	trom being returned to you. The return receipt fee will provide date of delivery. For additional fees the following service and check boxies? for additional service(s) requested. 1. Show to whom delivered, date, and addressee's a (Extra charge) 3. Article Addressed to:	es are available. Consult postmaster for fees iddress. 2. Restricted Delivery (Extra charge)
Article Addressed to:	4. Article Number		P-684-788 184
	<i>P-684-788-179</i> Type of Service:	Explorers Petroleum Corp.	Type of Service:
Dekalb Energy Company	Registered Insured	P. O. Box 1933	Certified COD
Department 155	Cortified COD Express Mail Return Receipt for Merchandise	Roswell, NM 88202-1933	Express Mail Return Receipt for Merchandise
Denver, CO 80291-0155	Always obtain signature of addresses		Always obtain signature of addresses
	or agent and DATE DELIVERED.	5. Signature - Addressee	8. Addressee's Address (ONLY if
5. Signature - Massaway 57	8. Addressee's Address (ONLY if requested and fee paid)	x / ^	requested and fee paid)
X GINTED BANK OF DENVER	requisite due per party	6. Signature - Agent	-
Agent 28 81 -415 RE		7. Date of Delivery	4
2. Date of Delivery	7	4-29-91	
		PS Form 3811, Apr. 1989 +U.S.G.RO. 1988-238-	DOMESTIC RETURN RECEIP
S Form 3811, Apr. 1989 +u.s.a.Ro. 1989-238-8	DOMESTIC RETURN RECEIPT	- CENDER C	
SENDER: Complete stems 1 and 2 when additional	services are desired, and complete items	SENDER: Complete items 1 and 2 when addition 3 and 4.	
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and check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's a (Extra charge)	address. 2. Restricted Delivery	(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number P-684-788-185
D Co	P-684-788-180	TV:	Type of Service:
Hanson-McBride Petro Co.	Type of Service:	Hinkle, R. R., Co., Inc.	Registered Insured
P. O. Box 1515	Registered Insured	1213 W. 3rd St. Roswell, NM 88201	Certified COD Express Mail PReturn Receipt for Merchandise
Roswell, NM 88202-1515	Express Mail Return Receipt for Merchandise	NM 8820	Always obtain signature of addressee
	Always obtain signature of addressee		or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature Addieses	8. Addressee's Address (ONLY if requested and fee paid)
X	requested and fee paid)	6. Signature – Agent	
6. Signature Agent	1	X Signature - Agent	1
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7. Date of Delivery	1		
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-239-8	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-23	DOMESTIC RETURN RECEI
3 TOTAL GO 1 1, Apr. 1707 \$0.5.0.00. 1989-238-8	JOHESTIC RETURN RECEIFT		
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BEFORE EXAMINER
OIL CONSERVATION DIVISION

EXHIBIT NO 9

CASE NO 10306

Submitted by Conoco Inc.

Hearing Date 5-16-91

SENDER: Complete steme 1 and 2 when additional is 3 and 4. 3 and 4. The second stems in the "RETURN TO" Space on the reverse is no being returned to you. The return receipt fee will provide a date of delivery. For additional sees the following services ad check box(es) for additional services) requested. Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and are evailable. Consuit postmaster for fees dress. 2. Restricted Delivery	Mail Receipt Mail Receipt Marathon Oil Company Marathon Oil Company	
Lea Corporation P. O. Box 451 Midland, TX 79702-0451	(Extra charge) 4. Article Number - 684-788 - /8/ Type of Service: Registered Insured Contilied COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee	Dallas, TX 75388 Dallas, TX 75388	
Signature — Addressee	or egent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Date of Delivery			PS Form 3800 June 1990
Form 3811, Apr. 1989 *U.S.G.RO. 1989-238-815	DOMESTIC RETURN RECEIPT	- 1	
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Article Addressed to: Marshall & Winston Inc. P. O. Box 50880	4. Article Number P-684-788-187 Type of Service: Registered Insured Cortified COD	McQuiddy Communications Energy Inc. P. O. Box 2072 Roswell, NM 88201	F-684-788-192 vpe of Service: ☐ Registered ☐ Insured X Certified ☐ COD ☐ Express Mell
Midland, TX 79710-0880	Express Mail Return Receipt for Merchandise Always obtain signature of addresses or agent and DATE DELIVERED.		or agent and DATE DELIVERED. B. Addressee's Address (ONLY if
Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	X CONTROL AGENT	requested and fee paid)
Date of Delivery J 29	5 DOMESTIC RETURN RECEIPT	7. Date of Delivery 9-97	DOMESTIC RETURN RECEIPT
Total Co. 17, 1911			
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Midland American Bank A/C W. T. Probands P. O. Box 11156 Midland, TX 7970	4. Article Number P-684-78-188 Type of Service: Registered Insured Certified COD Express Meil Return Receipt Always Obtain signature of addressee	Minerals Mgt. Service Onshore Federal #17555 P. O. Box 5810 Denver, CO 80217	4. Article Number - (84 - 768 - 799
Signature - Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)	5. Signature — Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
Signature - Agers Line - Agers Date of Delivery	-	CHAMPION MESSENGER 6. Signature TP. O. BOX 6954 X DENVER CO 80206 7. Date of Line Pals MGT. SERVICE	
Form 3811, Apr. 1989 • U.S.Q.P.O. 1986-238-8	DOMESTIC RETURN RECEIP	J . L	DOMESTIC RETURN RECEIPT
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Northern Trust Company Executor, Estate of	4. Article Number P - L84 - 788 - 189 Type of Service: □ Registered □ Insured	OXY USA Inc.	4. Article Number P-684-788 - 194 Type of Service: Registered Insured
Lucy Withers Armour, Dec'd Suite 3025, 11 Greenway Plaza Houston, TX 77046-1105	Certified COD Express Mail Return Receipt for Merchandise Afrana Obtain signature of addressee or agent and DATE DELIVERED.	P. O. Box 845541 Dallas, TX 75284-5541	Express Mail PReturn Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Aucusasses X 6. Signature — Agent	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature — Addressee Y 6. Signature — Agent	.8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery G/29/8(-	7. Date of Delivery 4 - 29 - 91	
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-	015 DOMESTIC RETURN RECEI	PS Form 3811, Apr. 1989 +us.g.po. 1989-238-819	DOMESTIC RETURN RECEIPT
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: Article Addressed to	4. Article Number 684-788-150 Type of Service:	3. Article Addressed to: Phllips, Don, & Assoc. A Ltd Partnership	4. Article Number
Ozark Exploration Inc. 2521 2 Türtle Creek Village, Suite 18 Dallas, TX 75219-4605	Respiritured Certified COD Express Mail Resurn Receipt for Merchandise Always obtain signature of addressee	Suite 111, 222 E. Carrillo St. Santa Barbara, CA 93101	Registered Insured COD Contribed Return Receipt for Merchandise
Signature - Addressee	or agent and DATE DELIVERED. 8. Addressee's Address ONLY if requested and fee paid:	5. Signature — Addressee	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid)
Signature Agent X Date of Delivery	- Compared Catabana	6. Signature - Agent X Kith Con Till III 7. Date of Delivery A 2 2 4	
√-29-5/ S Form 3811, Apr. 1989 +U.S.G.RO. 1980-220	ans DOMESTIC RETURN RECE	PT PS Form 3811, Apr. 1989 /- US.ARO. 1989-41	DOMESTIC RETURN RECEIPT

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(Extra charge) 3. Article Addressed to:	(Extre charge) 4. Article Number	(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number
	P-684-788-191		8-684-788-196
Quetico Superior Foundation	Type of Segrice:	Spiral, Inc.	Type of Service:
2200 First Bank Pl E	Extensified Cop	P. O. Box 1933	D con
Minneapolis, MN 55402	Express Mail Return Receipt for Merchandise	Roswell, NM 88202-1933	Express Mail Return Receipt for Merchandise
_	Always obtain signature of addressee		Always obtain signature of addressee
5. Signature — Addressee	8. Addressee's Address (ONLY if	5. Signature — Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
X	requested and fee paid)	X	requested and fee paid)
6. Signature - Agent		6. Signature - Agent	7
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7. Bete of Delivery		7. 'Date of Delivery 4-2-9-9-1	
28 Form 3811, Apr. 1989 +U.S.G.RO. 1988-228-815	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT
- 3 голи 30 гг, др. 1909	DOMESTIC RETURN RECEIPT	To talk do 11/1/101	DOMESTIC RETORIC RECEIP
SENDER: Complete items 1 and 2 when additional	services are desired, and complete items	SENDER: Complete items 1 and 2 when addition	al 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	SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the rever	se side. Failure to do this will prevent this card
trom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service	s are available. Consuit postmaster for fees	from being returned to you. The return receipt fee will prov the date of delivery. For additional fees the following serv	ide you the name of the person delivered to and ices are available. Consult postmaster for fees
and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ad (Extra charge)	dress. 2. 🗆 Restricted Delivery (Extra charge)	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	(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number
I	P-6.8.4-788-197	3. Atticle Addressed to.	8-684-788 -202
State of New Mexico	Type of Service:	Yates Brothers	Type of Service:
Commissioner of Public Lands	- Contined COD	A Partnership	Registered Insured
P. O. Box 1148	Express Mail Return Receipt for Merchandise	207 S. 4th St.	Express Mail Return Receipt
Santa Fe, NM 87540	Always obtain signature of addressee or agent and DATE DELIVERED.	Artesia, NM 88210	Always obtain signature of addresses
5. Signature, Addressee	8. Addressee's Address (ONLY if	E Signature Addresses	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
× YYING X	requested and fee paid)	5. Signature — Addressee X	requested and fee paid)
6. Signature - Agent	100	6: Sippetule - Asent	
7. Date of Delivery	(\$\ \frac{\partial \text{T}}{\partial \text{T}} \rightarrow \frac{\partial \text{T}}{\	x MiseBuil	_
7. Date of Delegry	1001	7. Date of Delivery 4 - 29 - 9/	
PS Form 3811, Apr. 1989 ±U.S.G.P.O. 1989-238-81	OODESTIO RETURN RECEIPT	2011 Am 1080 +US.G.P.O. 1999-23	Bass DOMESTIC RETURN RECEI
	USPS		·
SENDER: Complete items 1 and 2 when additional	services are desired, and complete items	SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
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1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	P-684-788-199	Vates Potroloum Com	1-684-788-198
Yates Drilling Co.	/pe of Service:	Yates Petroleum Corp. 105 S. 4th St.	Type of Service:
207 S. 4th Street	Registered Insured	Artesia, NM 88210	Certified COD
Artesia, NM 88210	Express Mail Return Receipt for Merchandise	32.0	Express Mail Return Receipt for Merchandise
	ways obtain signature of addressee		Always obtain signature of addressee or agent and DATE DELIVERED.
5 5	r agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	5. Signature — Addressee	8. Addressee's Address (ONLY if
i b. Signature Addressee			
5. Signature ~ Addressee X	requested and fee paid)	6. Signature - Agent	requested and fee paid)
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X 6Sensotute - Apont X W2E Dur		6. Signature – Agent X 7. Date of Delivery	requestea and fee paid)
X 6Separtike - Apont X 122 Bury 7. Date of Delivery		6. Signature - Agent. X Due 7. Date of Delivery -29-91	
X 6Sensotute - Apont X W2E Dur	requested and fee paid)	6. Signature – Agent X 7. Date of Delivery	
X 6Sensetuke - Agent X 1-22	requested and fee paid) DOMESTIC RETURN RECEIPT	6. Signature - Agent. X 7. Date of Delivery -29-91 PS Form 3811, Apr. 1989 *US.G.RO. 1989-238-815	DOMESTIC RETURN RECEIPT
X 6Sensetuke - Agent X 1-20 7. Date of Delivery 4-29-9/ PS Form 3811, Apr. 1989 +U.S.Q.P.O. 1989-238-811 SENDER: Complete items 1 and 2 when additional 3 and 4.	requested and fee paid) DOMESTIC RETURN RECEIPT Services are desired, and complete items	6. Signatur - Agent X 7. Date of Delivery 4-29-91 PS Form 3811, Apr. 1989 *U.S.Q.RO. 1989-238-815	DOMESTIC RETURN RECEIPT
X 6Sensetuke - Agent X 1-20 7. Date of Delivery 4-29-9/ PS Form 3811, Apr. 1989 +U.S.Q.P.O. 1989-238-811 SENDER: Complete items 1 and 2 when additional 3 and 4.	requested and fee paid) DOMESTIC RETURN RECEIPT Services are desired, and complete items	6. Signatur - Agent X 7. Date of Delivery 4-29-91 PS Form 3811, Apr. 1989 *U.S.Q.RO. 1989-238-815	DOMESTIC RETURN RECEIPT
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X 6Senature - Agent X 22 7. Date of Delivery 4-29-9/ PS Form 3811, Apr. 1989 *U.S.Q.R.O. 1989-298-91 SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery, for additional least the following service and check box/less for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ac (Eura charge)	requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees lidress. 2. Extra charge:	7. Date of Delivery 4-29-91 PS Form 3811, Apr. 1989 *US.G.RO. 1989-238-815 SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the rever from being returned to you. The return receipt fee will provide date of delivery. For additional service(s) requested. 1. Show to whom delivered to a characteristic state, and addressee's	DOMESTIC RETURN RECEIPT
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. Article Addressed to:	P-684-788-204		P-684-788 206
Ray Hall Beck	Type of Service:	Beulah Ben Bort	ype of Service: Registered Insured
1804 Booker	Certified COD Express Mail Return Receipt for Merchandise		Certified COD Return Receipt for Merchandise
Artesia, NM 88210	Always obtain signature of addressee or agent and DATE DELIVERED.	A	iways obtain signature of addressee ragent and DATE DELIVERED.
. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee 8	Addressee's Address (ONLY if requested and fee paid)
Signature – Agent	геунезнен ана јес раш)	6. Signature - Agent	- y
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7. Date of Delivery 1/-29-9/		4-29-91	
Form 3811, Apr. 1989 +US.G.P.O. 1989-258-818	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 *U.S.G.PO. 1988-238-815	DOMESTIC RETURN RECEIPT
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B. Article Addressed to:	4. Article Number P-684-788 207	3. Article Addressed to:	D-684-788-212
Robbie Faye Butts	Type of Service:		ype of Service:
904 Wilmeth Spearman, TX 79081-3640	Cortified COD Express Mail Pletum Receipt for Merchandise	1021 Plaza Dr.	Certified CO Certified CO Constitution Receipt For Merchandise
opeannan, 17. 12001-2040	Always obtain signature of addresses	Grandary, 1x 70048	liways obtain signature of addressee
o. Siereture - Addressée	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if		r agent and DATE DELIVERED. 3. Addressee's Address (ONLY if
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ö. Signature – (Agenti X		6. Signature — Agent	
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S Form 3811, Apr. 1989 +U.S.Q.R.O. 1986-238-81	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT
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3. Article Addressed to:	4. Article Number		4. Article Number P-687-788-2/3
Sterline Mark Carter	P-684-788 208 Type of Service:	George W. Casabonne Personal Representative of	Type of Service: Registered Insured
P. O. Box 97	Registered Insured Contified COD	Madlyn Cauhape Daboll, HC	Certified COD Acturn Receipt for Merchandise
Winston, NM 87943	Express Mail Return Receipt for Marchandise	Hope, NM 88250	Always obtain signature of addressee
· · · · · · · · · · · · · · · · · · ·	Always obtain signature of addressee or agent and DATE DELIVERED.		or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
5. Signature - Addressee X Merling, Carta	8: Addressee's Address (ONLY if requested and fee paid)	6. Signeture - Agent	requested and fee paid)
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507-91 Kblinderen Phil S Form 3811, Apr. 1989 *48. G.P.O. 1988-238-8	15 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 *u.s.q.Po. 1999-238-815	DOMESTIC RETURN RECEIPT
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		Sand 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide.	side. Failure to do this will prevent this card
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Madlyn Cauhape Star Rt. Hope. NM 88250		1. U Show to whom delivered, date, and addressee's ad (Extra charge)	(Extra charge)
Madlyn Cauhape Star Rt.	6	3. Article Addressed to:	4. Article Number P-684-788-214
		R. E. Chambers	Type of Service:
ried 7		2413 Clayton Lane	Certified COD Return Receipt for Merchandise
		Wichita Falls, TX 76308	Always obtain signature of addressee
_ Š 2	or Dair	5. Signature - Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Pagir (8) - 17 17 17	Aes	6. Signature - Agent)	requested and fee paid)
Salar	29 Fg Fg Fg Fg Fg Fg Fg Fg	x	
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		PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-819	DOMESTIC RETURN RECEIP
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Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
Floyd Childress II	P-684-788-2/0 Type of Service:	01 712-000	Type of Service:
712 N. Lea St.	Registered Insured Cartified COD	James W. Childress P. O. Box 209	Registered Insured
Roswell, NM 88201	Express Mail For Merchandise	Roswell, NM 88201	Express Mail Return Receipt tor Merchandise
-	Aiways obtain signature of addressee or agent and DATE DELIVERED.	© APK 29	Iways obtain signature of addressee of agent and DATE DELIVERED.
Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Septure - Addressee x 1991	8 Addressee's Address (ONLY if requested and fee paid)
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5 Form 3811, Apr. 1989 ±US.G.P.O. 1988-838-	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +us.g.po. 1999-238-8	DOMESTIC RETURN RECEIP

DOMESTIC RETURN RECEIPT

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Article Addressed to:	4. Article Number		P-684-788-216
	P-684-788-211 Type of Service:	D. L. Coma	Type of Service:
Tom R. Cone	Registered Insured	Douglas Cone P. O. Box 64244	Registered Insured
P. O. Box 778	Certified COD	P. O. Box 04244	COD Certified COD Return Receipt
	Express Mail Return Receipt for Merchandise	Lubbock, TX 79474	Express Mail for Merchandise
Jay, OK 74346	Always obtain signature of addressee		Always obtain signature of addressee
	or agent and DATE DELIVERED.	E.C.	or agent and DATE DELIVERED.
Signaturé – Addresse	8. Addressee's Address (ONLY if	5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
loss lose	requested and fee paid)	×///	requestea una jee pata)
Signature - Agen	-	6. Signature - Agent	
-		[×['M\/\\\P\] /\V\\7\]	
Date of Delivery		7. Date of Delivery	
4.29-91		1 00 4.29-91	
rm 3811, Apr. 1989 +u.s.c.P.O. 1989-238-8	DOMESTIC PETUDA PECCIÓN	PS Form 3811, Apr. 1989 +u.s.G.P.O. 1989-238-0	DOMESTIC RETURN RECEIPT
m 3811, Apr. 1989 +us.c.Ro. 1988-238-8	15 DOMESTIC RETURN RECEIPT	· —	
	Total desired and applications		
SENDER: Complete items 1 and 2 when additions 3 and 4.		 SENDER: Complete items 1 and 2 when additions 3 and 4. 	
your address in the "RETURN TO" Space on the revers in being returned to you. The return receipt fee will provide		Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide the delivery. For additional fees the following page 1999.	se side. Failure to do this will prevent this card
date of delivery. For additional fees the following servi-	ces are available. Consult postmaster for fees	THE GOLD OF GENTLE ! OF BOOKHOMAN TEES THE TOHOMAN SELVIN	ces are available. Consult postmaster for fees
check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's	address. 2. 🗆 Restricted Delivery	and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's	
(Extra charge)	(Extra charge)	(Extra charge)	(Extra charge)
Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
	P-684-788-217		P-684-788-222
Marilum C	Type of Service:	V	Type of Service:
Marilyn Cone Trustee	Registered Insured	Kenneth G. Cone	Registered Insured
of D. C. Truer	Certified COD	P. O. Box 11310	Dat Certified COD
P. O. Box 64244	Tor Merchandise	Midland, TX 79702	Express Mail Return Receipt for Merchandise
Lubbock, TX 79464	Always obtain signature of addressee	, === 13/02	Always obtain signature of addressee
, / / 	or agent and DATE DELIVERED.	<u> </u>	or agent and DATE DELIVERED.
Signature - Addresses	8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY if
$\Lambda \Lambda$	requested and fee paid)	x fenneth A. Come	requested and fee paid)
Significant of Agents	コート	6. Signature - Agent	
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Date of Delivery	7 1	7. Date of Delivery	┪
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orm 3811, Apr. 1989 +u.s.g.po. 1989-238-	815 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +u.s.G.P.O. 1969-238-1	DOMESTIC DESCRIPTION
OITH OO 1 1, Apr. 1707 #45.0.FU. 1989-238		PS Form 38 1 1, Apr. 1989 +u.s.G.P.O. 1969-238-1	DOMESTIC RETURN RECEIPT
		1	
SENDER: Complete items 1 and 2 when additional and 4.	ional services are desired, and complete items	SENDER: Complete items 1 and 2 when addition 3 and 4.	Dal convince
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rom being returned to you. The return receipt fee will printed the date of delivery. For additional fees the following so	ovide you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will provide date of delivery. For additional fees the following services.	rise side. Failure to do this will prevent this card
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. Article Addressed to:	4. Article Number	(Extra charge) 3. Article Addressed to:	(Extra charge)
	P-684-788-218	I I I I I I I I I I I I I I I I I I I	4. Article Number
	Type of Service:	4 11	P-684-788-223 Type of Service:
Valle O	Registered Insured	Clifford Cone	
Kathleen Cone	Certified COD	P. O. Box 6010	Registered Insured
P. O. Box 1509	Express Mail Return Receipt for Merchandise	1. O. BOX 6010	Certified COD
Lovington, NM 88260		Lubbock, TX 79493-6010	Express Mail Receipt for Merchandise
	Always obtain signature of addresses		Always obtain signature of addresses
. Signature — Addressee	or agent and DATE DELIVERED.	51A.	gent and DATE DELIVERED.
Karry O	8. Addressee's Address (ONLY if requested and fee paid)	16.7	dressee's Address (ONLY if
. Signature - Agent		X OF THE THE	uested and fee paid)
confinition - ngent try Cherocher		6. Signature gent	
Date of Delivery		X D 19	91/4/
- Date of Deback	l .	7. Date of Delivery	PB
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4-29-91		DC F 2011	
4-29-91	19-815 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +US.G.PO 1949-228	POMEOTIC CO
4.29.9/	DOMESTIC RETURN RECEIPT	+U.S.G.P.O. 1989 +U.S.G.P.O. 1989-238-	BIS DOMESTIC RETURN RECEIPT
4.29-9/	DOMESTIC RETURN RECEIPT	+U.S.G.R.O. 1989 +U.S.G.R.O. 1989-238	BIS DOMESTIC RETURN RECEIPT
Form 3811, Apr. 1989 *U.S.Q.R.O. 1989-2:	Towns Accept	SENDER: Complete Items 1 and 2 when additional services of the	SOMESTIC RETURN RECEIPT
Form 3811, Apr. 1989 *U.S.G.R.O. 1989-2: SENDER: Complete items 1 and 2 when adding 3 and 4.	tional services are desired, and complete items	SENDER: Complete Items 1 and 2 when addits 3 and 4. Put your address in the "RETURN TO" Space on the re-	onal services are desired, and complete items
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Article Addressed to:	4. Article Number P-684-788-22/	NOTA TO	P-684-788-226
Tall Ellie	Type of Service:	James H. Essman	ype of Service: Registered Insured
Esther Fell Ellis 227 Beechwood Rd.	☑ Certified ☐ COD		Certified COD Express Mail Return Receipt for Merchandise
New Wilmington, PA 16142	Express Mail Return Receipt for Merchandise		tiways obtain signature of addressee
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Always withtain signature of addressee or agent and DATE DELIVERED.		r agent and DATE DELIVERED.
Signature - Addresses	8. Addressee's Address (ONLY if	5. Signature - Addressee H Ol A MARIA	3. Addressee's Address (ONLY if requested and fee paid)
Ester Fell Reis	requested and fee paid;	6./Signature - Agent	
. Signature — Agent			
. Date of Delivery	-{	7. Pate of Delivery	
Date of Delivery		PS Form 3811, Apr. 1989 +u.s.g.Ro. 1989-238-815	DOMESTIC RETURN RECEIPT
FOFD 3811, Apr. 1989 +US.G.P.O. 1989-238-81	15 DOMESTIC RETURN RECEIPT	Total Co. 17 7pt. 1202	
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3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
Minneapolis Foundation Legatec	1-684-788-227 Type of Service:	A	Type of Service:
Est. Frances E. Andrews, Dec'd	Registered Insured	Ann F. Freeman	Registered Insured
c/o 1st Nat'l Bank Minn.	Certified COD Express Mail Return Receipt for Merchandise	F. U Boy 4140	Certified COD Express Mail Receipt for Merchandise
P. O. Box A700	Always obtain signature of addressee	Wichita Falls, TX 76308	Always obtain signature of addressee
Minneapolis, MN 55480	or agent and DATE DELIVERED.		or agent and DATE DELIVERED
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressee X	8. Addressee's Address (ONLY if inequested and fee paid)
S. Signature - Agent TBU E. 5th ST.	<u>"</u>	6. Signature - Agent	
ST. PAUL, MN 55101		× Sorde XIIIIS	
7. Date of Delivery MAY 3 1991	7	7. Date of Delivery	
	915 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +us.g.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT
Form 3811, Apr. MEGISTERED WAIT DEPT 238-	DOMESTIC RETURN RECEIFT		-
		SENDER: Complete items 1 and 2 when additional	services are desired, and complete items
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(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number	3. Article Addressed to:	4. Article Number
	1-684-788-228		P-684-788-223
John & Jean Gates S. Trustees	Type of Service:	Dr. Roy E. Glass	Type of Service:
John W. & Jean M. Gates Rev. Trust 706 W. Grand	☐Registered ← ☐ Insured ☐ COD	2303 Douglas Drive	Certified COD
Artesia, NM 88210	Express Mail; Return Receipt for Merchandise	San Angelo, TX 76904	Express Mail Return Receipt for Merchandise
Historia, 1412 CO214	Always obtain signature of addressee	}	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY if
X	requested and fee paid)	6. Signature - Agent	requested and fee paid)
6. Signature - Agent	\ \ \	6. Signature — Agent	
7. Date of Delivery	_	7. Pate of Delivery	1
4-27-9/	•	4-31-91	
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIF
		SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete item
SENDER: Complete items 1 and 2 when additions 3 and 4.	·	Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will prevent this care
rut your address in the "RETURN TO" Space on the rever- from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following servi-	ide you the name of the person delivered to and	from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check boxles) for additional servicets requested.	e you the name of the person delivered to and es are available. Consult postmaster for fee:
and chack box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's		1. Show to whom delivered, date, and addressee's a (Euro charge)	ddress. 2. GRestricted Delivery (Extra charge)
(Extra charge)	(Extra charge)	3. Article Addressed to:	4. Article Number
3. Article Addressed to:	4. Article Number P-684-788-230		f-684-788-234
Mary Milner Glass	Type of Service:	Elsie G. Gorman	Type of Service:
517 S. Adams	Registered Insured Certified COD	P. O. Box 96	Certified COD
San Angelo, TX 76901	Express Mail Return Receipt for Merchandise	Artesia, NM 88211	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee	Dadate.	Always obtain signature of addressee or agent and DATE DELIVERED.
. Signature - Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY if
Many Alacs Dr. Vac	requested and fee paid)	6. Signature - Agent	requested and fee paid)
: Signature - Agent	7	X Signature — Agent	
Ocea of Delivery		7. Date of Delivery	1
Date of Delivery		5-2-91 DC	<u> </u>
Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-	-815 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.RO. 1989-238-81	DOMESTIC RETURN RECEI
			-
SENDER: Complete items 1 and 2 when addition	onal services are desired, and complete item:	SENDER: Complete items 1 and 2 when addition 3 and 4.	nal services are desired, and complete ite
3 and 4.	verse side. Failure to do this will prevent this card	_ Put your address in the "RETURN TO" Space on the rever	rse side. Failure to do this will prevent this ca
from being returned to you. The return receipt fee will pro		the date of delivery. For additional fees the following serving and check box(es) for additional service(s) requested	
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 (Extra charge)	eddress. 2. = Restricted Delivery (Extra charge)
(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number	3. Article Addressed to:	4. Article Number
	8-684-788-229		1-684-788-23+
	Type of Service:	Shirley Marlene Watts Haller	Type of Service:
Martha Jane Ownbey Grubbs	K Certified COD	P. O. Box 1072	Certified COD
	Express Mail Return Receipt for Merchandise	Tucumcari, NM 88401-1072	Express Mail Return Receipt for Merchandise
Graham, TX 76046-4329	Always obtain signature of addressee or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
5. Signature Addressee	8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Address (ONLY if
× don't Klaute	requested and fee paid)	MILL THINK WALD THE	reguested and fee paid)
o. Signature - Agent		6. Signature Agent	1997
7. Date of Delivery	, 	7. Date of Delivery	
1-19.4/			
PS Form 3811, Apr. 1989 +US.G.RO. 1989-5	DOMESTIC RETURN RECEI	PT PS Form 3811, Apr. 1989 +U.S.G.RO. 1989-234	HEIS DOMESTIC BETHINN PER

**************************************	services are desired, and complete items	SENDER: Complete items 1 and 2 when additional	services are desired, and complete items
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. Article Addressed to:	4. Article Number	(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number
	P-684-788-23/ Type of Service:	1	P-684-788-236
B. W. Harper 501 Dallas	Registered Insured	B. W. Harper & Ruthe Harper J. T.	Type of Service:
Artesia, NM 88210	Express Mail Return Receipt for Merchandise	501 Dallas Artesia, NM 88210-2001	Certified COD Express Mail Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.	Artesia, NW 60210-2001	Always obtain signature of addressee
. Signature - Addressee/	8. Addressee's Address (ONLY if	5. Signature — Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Signature — Agent	requested and fee paid)	x Dw farper	requested and fee paid;
Signature 7		6. Signature — Agent X	
. Date of Delivery 4-19-91		7. Date of Delivery 4-19-9/	
Form 3811, Apr. 1989 +u.s.g.po. 1989-238-81	15 DOMESTIC RETURN RECEIPT	4-17-1/	DOMESTIC BET IN STORIGH
		SENDER: Complete items 1 and 2 when addition	
SENDER: Complete items 1 and 2 when additions 3 and 4.	i services are desired, and complete items	SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reverse	se side. Failure to do this will prevent this card
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provid	le you the name of the person delivered to and - i	from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following servi and check box(es) for additional service(s) requested.	
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(Extra charge)	(Extra charge)	3. Article Addressed to:	4. Article Number
3. Article Addressed to:	4. Article Number 188-23		P-684-788-24/ Type of Service:
Clarence E. Hinkle	Type of Service:	Lillian T. Hinkle	Registered Insured
P. O. Box 2002	Registered Insured COD	P. O. Box 2000	Certified COD Return Receipt for Merchandise
Roswell, NM 88201	Express Mail Return Receipt for Merchandise	Roswell, NM 88201-2002	Always obtain signature of addressee
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	5. Signature Addressee	8. Addressee's Address (ONLY if
Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	6. Signetoke – Agent	requested and fee paid)
S. Signature - Agent	-	6. Signature – Agent	
Jany Joseph	_	7. Date of Delivery	_
- Leading - al		PS Form 3811, Apr. 1989 +US.G.PO. 1989-238-	815 DOMESTIC RETURN RECEIPT
Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-8	DOMESTIC RETURN RECEIPT		
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SENDER: Complete items 1 and 2 when additional 3 and 4. It your address in the "RETURN TO" Space on the reverse	· · · · · · · · · · · · · · · · · · ·	Put your address in the "RETURN TO" Space on the revi from being returned to you. The return receipt fee will pro the date of delivery. For additional fees the following ser and check boxies for additional service(s) requested	erse side. Failure to do this will prevent this card wide you the name of the person delivered to and
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d check box(es) for additional service(s) requested. I Show to whom delivered, date, and addressee's ad	Idress. 2. 🗆 Restricted Delivery	(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number
(Extra charge) Article Addressed to:	(Extra charge) 4. Article Number		P-684-788-242
	P-684-2788-238	mes Howard or Betty Howell Joint Trustees	Type of Service:
Richard M. Howell	Type of Service:	O. Box 75 akewood, NM 88254	Certified ☐ COD
P. O. Box 94 Lakewood, NM 88254	Certified COD Express Mail Return Receipt for Merchandise	1	Express Mail Return Receipt for Merchandise
Lakewood, 14141 00204	Always obtain signature of addressee	5. Şignature — Addressee	or agent and DATE DELIVERED.
Signature — Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	* Homes N. Howell	8. Addressee's Address (ONLY if requested and fee paid)
Shirly Daniell	requested and fee paid)	6/ Signature - Agent	
Signature - Agent		7. Date of Delivery	_
Date of Delivery	1	4/29/9/	
4/30/91	Postentia new text and text	PS Form 3811, Apr. 1989 +U.S.G.PO. 1989-230	DOMESTIC RETURN RECEIP
Form 38 11, Apr. 1989 + U.S.G.RO. 1989-238-81	5 DOMESTIC RETURN RECEIPT	-	
 SENDER: Complete items 1 and 2 when addition 3 and 4. 	al services are desired, and complete items	SENDER: Complete items 1 and 2 when addition 3 and 4.	
Our years address in the "PETLIPN TO" Space on the rever	se side. Failure to do this will prevent this card ide you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the rev from being returned to you. The return receipt fee will pro the date of delivery, For additional fees the following ser	wide unii the name of the herson delivered to and
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(Extra charge)	(Extra charge)	(Extra charge) 3. Article Addressed to:	4. Article Number
3. Article Addressed to:	P-684-788 -239		P-684-788-243
Barbara Jo & S. P. Johnson III Co-Trustees of S.P. & Barbara	Type of Service:	Opal Jones c/o Dale Jones	Type of Service: Registered Insured
Johnson Tr DTD 1/24/85	Certified COD	Route 1	Certified COD Express Mail Return Receipt for Merchandise
P. O. Box 1641	Express Mail Return Receipt for Merchandise	Morse, TX 79062	Always obtain signature of addressee
Roswell, NM 88202-1641	or agent and DATE DELIVERED.	5. Sigpettive Addressee	8. Addressee's Address (ONLY if
5. Signature – Addressee X 5 D January 777	8. Addressee's Address (ONLY if requested and fee paid)	X Jake Tone	requested and fee paid)
6. Signature Agent		6. Signature — Agent	
x - 0	· ·.	7. Date of Delivery	
7. Date of Delivery 29-91		4-29-91	
S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238	-815 DOMESTIC RETURN RECEIP	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-2	DOMESTIC RETURN RECEI
		- Carrier Control Cont	
SENDER: Complete items 1 and 2 when addition 3 and 4.	inal services are desired, and complete items	SENDER: Complete items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO" Space on the rev	erse side. Failure to do this will prevent this card
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from being returned to you. The return receipt fee will protein date of delivery. For additional fees the following set and check boxies) for additional service(s) requested. 1. Show to whom delivered, date, and addressee.	rvices are available. Consuit postmaster to rece	and check boxies) for additional service(s) requested. 1. Show to whom delivered, date, and addressee	
(Extra charge)	(Extra charge)	3. Article Addressed to:	4. Article Number
3. Article Addressed to:	1-684-788-240		1-684-788 - 244 Type of Service:
Dale Jones	Type of Service:	Don Jones P. O. Box 71	Registered insured
Route 1	Certified COD	P. O. Box /1 Morse, TX 79062-0071	Certified COD Return Receipt for Merchandise
Morse, TX 79062	Express Mail Return Receipt for Merchandise	H.	Always obtain signature of addressee
	or agent and DATE DELIVERED.	5. Signature Addressee	8. Addressee's Address (ONLY if
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	X Pontonia	requested and fee paid)
6. Signature – Agent		6. Signature Agent	
X		7. Date of Delivery	
7. Date of Delivery 4 - 29-91		4-30-91	
1.5		PS Form 3811. Apr. 1989 +US.G.P.O. 1989-1	DOMESTIC RETURN RECEI

DOMESTIC RETURN RECEIPT

3 and 4. Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will prevent this card	SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse	
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ind check box(es) for additional service(s) requested. Show to whom delivered, data, and addressee's action of the control	dress. 2. Restricted Delivery	and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's a	ddress. 2. Restricted Delivery
3. Article Addressed to:	4. Article Number	(Extra charge) 3. Article Addressed to:	(Exira charge)
	P-684-788-256	O. Allidio Addiosed to.	P-684-788-248
Darrell W. Jones	Type of Service:	Mayme Kaskie	Type of Service:
1920 E., 2nd, #4010	Certified COD	Apt. No. 225 7100 W. 13th Avenue	Certified COD
Edmond, OK 73034	Express Mail for Merchandise Always obtain-signature of addressee	Lakewood, CO 80215	Express Mail Return Receipt for Merchandise
	or agent and DATE DELIVERED		Always obtain signature of addressee or agent and DATE DELTVERED:
5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature — Addressee	8. Addressee's Address (ONLY)
6. Signarture – Agent		X	requested and fee paid)
× CELEVILLE		6. Signature – Agent	4
7. Date of Delivery		7. Date of Deliver	
S Form 3811, Apr. 1989 .U.S.G.FO. 1989-238-81	5 DOMESTIC RETURN RECEIPT	4-29-91	
5 FORM 50 11, Apr. 1369			DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additions	services are desired, and complete stems	SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
3 and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide		Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will prevent this card
the date of delivery. For additional fees the following service	e you the name of the person delivered to and es are available. Consult postmaster for fees	and check hovers for additional comments	s are available. Consult postmaster for fees
and check box(es) for additional service(s) requested. 1. Show to whom oelivered, date, and addressee's a (Extra charge)	iddress. 2. Restricted Delivery (Extra charge)	1. Show to whom delivered, date, and addressee's ac (Extra charge)	ddress. 2. The Restricted Delivery (Extra charge)
3. Artiria Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
	1-684-788-246		P-684-778-25/
Dorothy G. Kemper P. O. Box 1105	Type of Service:	Cordella M. Kincaid	Registered Insured
P. O. Box 1105	Certified COD	900 Hermosa Drive	Certified COD Express Mail Return Receipt
Artesia, NM 88210	Always obtain signature of addressee	Artesia, NM 88210	Always obtain signature of addressee
	or agent and DATE DELIVERED.	5. Signature - Addressee	or agent and DATE DELIVERED.
5. Signature — Autoreseg	8. Addressee's Address (ONLY if requested and fee paid)	× Thelmer Scholar	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Apont	-	6. Signature – Agent	1
X		7. Date of Delivery	1
7. Date of Delivery 5-[7-9]		4-27.91	
PS Form 3811, Apr. 1989 • U.S.G.P.O. 1989-238-	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 *US.G.P.O. 1989-238-819	DOMESTIC RETURN RECEIPT
PS Form 30 11, Apr. 1707	DOMESTIC TE COMMITTEE TO		
SENDER: Complete items 1 and 2 when addition	al services are desired, and complete items	SENDER: Complete items 1 and 2 when additi	onal services are desired, and complete items
3 and 4. Put your address in the "RETURN TO" Space on the rever	se side. Failure to do this will prevent this card	3 and 4. Put your address in the "RETURN TO" Space on the re	verse side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following servi and check box(es) for additional service(s) requested.	ces are available. Consult postmaster for fees	from being returned to you. The return receipt fee will pr the date of delivery. For additional fees the following se and check boxies! for additional servicels; requested.	ervices are available. Consult postmaster for fees
1. Show to whom delivered, date, and addressee's (Extra charge)	address. 2. Restricted Delivery (Extra charge)	1. Show to whom delivered, date, and addresses (Extra charge)	o's address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
Hush W. Vingoid	1-1084-788-247		1-684-788-252 Type of Service:
Hugh M. Kincaid Swope Trust	Type of Service:	Richard H. Landchest Jr.	Registered Insured
Queen Route	Certified COD Express Mail Return Receipt for Merchandise	;) == 15 Jiji (Jent	Certified COD Express Mail Return Receipt for Merchandise
Carlsbad, NM 88220	Always obtain signature of addressee	El Paso, TX 79936	Always obtain signature of addressee
	or agent and <u>DATE DELIVERED</u> .		or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent	-	6. Signature - Agent	
x Francy Kuland		Date of Delivery	
7. Date of Delivery (7. Date of Gelivery MAY 1 1991	
PS Form 3811, Apr. 1989 +us.g.po. 1989-238-	915 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +us.g.po. 1989-	238-815 DOMESTIC RETURN RECEIP
SENDER: Complete items 1 and 2 when addition 3 and 4.			
Put your address in the "RETURN TO" Space on the re- from being returned to you. The return receipt fee will pri	vide you the name of the person delivered to and	from being returned to you. The return receipt fee will pro	verse side. Failure to do this will prevent this card by the name of the person delivered to and
the date of delivery. For additional fees the foliowing se and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee	rvices are available. Consult postmaster for feet	and check boxies) for additional service(s) requested 1. Show to whom delivered, date, and addressee	
(Extra charge)	(Extra charge)	(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number - (084-788 - 248	3. Article Addressed to:	4. Article Number £-684-788 - 253
William Bryan Landsheft	Type of Service:	John W.J.	Type of Service:
Route 6, 15880 S. Peoria	Registered Insured Con Not	John Widney Lodewick 3305 Wentwood	Registered Insured
Bixby, OK 74008	Express Mail or Merchandise	Dallas, TX 75225-4847	Express Mail Return Receipt for Merchandise
	Always obtain signature of addresses or agent and DATE DELIVERED.		Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressed	8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY if
x / m (an fundauft	requested and fee paid)	5. Signature - Addressee X Dys In Xodeunch	requested and fee paid)
6. Signature — Agent X		6. Signature — Agent	
7. Date of Delivery		7. Date of Delivery 5 - 4 - 91	
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-2	38-815 DOMESTIC RETURN RECEI	PT PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-2	38-815 DOMESTIC RETURN RECEIPT
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SENDER: Complete items 1 and 2 when additi	onal services are desired, and complete item		litional services are desired, and complete item
Put your address in the "RETHRM TO" Space on the		Put your address in the "RETURN TO" Space on the	
the date of delivery. For additional fees the following sand check howers for additional service is transposed	rvices are available. Consult postmaster for fee	d the date of delivery. For additional fees the following and check box(es) for additional service(s) requested	services are available. Consult postmaster for fee-
1. Show to whom delivered, date, and addressee (Extra charge)	's address. 2. Restricted Delivery	(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
Laura B. Lodewick Estate	1-684-788-249	Richard B. Lodewick	Type of Service:
P. O. Box 1180	Type of Service: Registered Insured	2100 W. Wadley, #21	Registered Insured
Roswell, NM 88202-1180	Certified COD Express Mail Return Receipt for Merchandise	Midland, TX 79705	L Express Mail Receipt for Merchandise
	Always obtain signature of addressee	- .	Aiways obtain signature of addressee
5 6 1	or agent and DATE DELIVERED.	5. Signature + Addressee ()	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
5. Signature Addressee	8. Addressee's Address (ONLY if requested and fee paid)	1 Lecturial	requested and fee paid;
6. Signature - Argent	-	6. Signature Agent	
x Trees piret		7. Date of Delivery	
7. Date of Delivery	1	1 1 1 / 1/ 27 9/	
4-29-91			

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☐ Show to whom delivered, date, and addressee's addressee's addressed's Article Addressed to:	(Extra charge)	n = Eddie M. Mahfood	\$
·	P-684-788-250 Type of Service:	P. O. Box 896 P. O. Box 896 Artesia, NM 88210	
Laura Patricia Lodewick Laura B. Lodewick A/I/F	Registered Insured	,	
511 Newell	Express Mail Return Receipt for Merchandise	e But in the control of the control	the last
Dallas, TX 75223-1155	Always obtain signature of addressee or agent and DATE DELIVERED.	0 2 5 0 5 \ \ 1 1 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signeture - Addressee - Addres	8. Addressee's Address (ONLY if requested and fee paid)		0000 anub .0086 masa 25
Date of Delivery			
3/2/1/	DOMESTIC RETURN RECEIPT		
SENDER: Complete items 1 and 2 when additional	-	SENDER: Complete items 1 and 2 when additional ser	vices are desired and complete items
3 and 4, ut your address in the "RETURN TO" Space on the reverse om being returned to you. The return receipt fee will provide se date of delivery. For additional fees the following service of check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's activated to the control of	side. Failure to do this will prevent this card you the name of the person delivered to and is are available. Consuit postmaster for fees	■ 3 and 4. Put your address in the "RETURN TO" Space on the reverse side from being returned to you. The return receipt fee will provide you the date of delivery. For additional fees the following services and check boxies! for additional serviceis requested. 1. □ Show to whom delivered, date, and addressee's addreterable to the control of the service of the control of the co	le. Failure to do this will prevent this card u the name of the person delivered to and re available. Consult postmaster for fees
Article Addressed to:	4. Article Number P-684-288 172	3. Article Addressed to:	Article Number
Claribel Y. Marshall	Type of Service:	I Juck W. McCaw	ype of Service:
P. O. Box 1712 Roswell, NM 88202	Certified COD Return Receipt for Merchandise	P. O. Box 127	Certified COD Express Mail Return Receipt for Merchandise
555Well, 14W 88202	Aiways obtain signature of addressee]	liways obtain signature of addressee
Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature - Addressee 8	ar agent and DATE DELIVERED. B. Addressee's Address (ONLY if
Signatura/- Agent	requested and fee paid)	6. Şignaturi i Agenta	requested and fee paid)
		× lutto glic	
Date of Delivery 4 29-9/		7. Date of Delivery	
Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-236-815	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items	SENDER: Complete items 1 and 2 when additional s	ervices are desired, and complete items
t your address in the "RETURN TO" Space on the reverse m being returned to you. The return recept fee will provide e date of delivery. For additional fees the following services d check box(es) for additional service(s) requested. Show to whom deliverad, date, and addressee's additional fees and addressee's additional fees and addressee's additional service(s).	you the name of the person delivered to and sare available. Consult postmaster for fees	■ 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide y the date of delivery. For additional fees the following services and check boxles) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's add (Extra charge)	are available. Consult postmaster for fees
Article Addressed to:	4. Article Number P-68 4-788 -167	3. Article Addressed to:	4. Article Number P-684-788-168
William J. McCaw	Type of Service:	"Aug I'ell McLomb	Type of Service:
P. O. Box 376	Registered Insured Cortified COD Express Mail Return Receipt for Merchandise	403 Euclio Leesburg, FL 32748	Certified COD Return Receipt for Merchandise
Artesia, NM 88210	Always obtain signature of addressee	32740	Always obtain signature of addressee
Signature — Addressee	or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if	5. Signatu/e - Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Signature Agent	requested and fee paid)	X // 6. Signature — Agent	requested and fee paid)
all Mrz	-	x	
Date of Delivery 29 - 9/	į	7. Date of Delivery	
orm 3811, Apr. 1989 ,u.s.g.po. 1989-238-815	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 *u.s.g.Ro. 1989-236-815	DOMESTIC RETURN RECEIPT
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3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number P-684-788-169
Gayle McDonald 2214 Chestnut St. San Angelo, TX 76901	Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	Frances Fell McElrath 85 Baldwin Rd. Manchester, CT 06040	Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X Pho 40 mc Donall	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature — Addressee X	Addressee's Address (ONLY if requested and fee paid)
o. Signefüre — Agent V		6. Signature — Agent	,
7. Date of Delivery	7	7. Date of Delivery 4/3-16/	
Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-4	DOMESTIC RETURN RECEIF	PT PS Form 3811, Apr. 1989 +u.s.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT
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Article Addressed to:	4. Article Number -684-788-175	3. Article Addressed to:	4. Article Number + -684-788-17 C
James H. McGivney	Type of Service:	John C. McGivney	Type of Service: Registered Insured
234 Abbey Rd. Manhasset, NY 11030-2746	Cortified COD Return Receipt for Merchandise	14 Stratford Ct. Staten Island, NY 10314	Certified COD Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee or agent ADDATE DELIVERED.		Always obtain sign tire or a treasee or agent and DAS ACTIVERED
Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature — Aderessee X	8. Address 12 Address (ONE) (
Signature - Agent	1 • .	6. Signature — Agent	requested and see parce.
Date of Delivery	+	7. Date of Delivery	W 1359
Form 3811, Apr. 1989 +U.S.Q.P.O. 1983-238-8	15 DOMESTIC RETURN RECEIP	T PS Form 3811, Apr. 1989 +US.Q.P.O. 1969-238-81	5 DOMESTIC RETURN RECEIP.
толи се гт. др. 1707 жалано, 1989-238-8	DOWESTIC NETURN RECEIP	. To tolin out 17 Apr. 1707	. Someon of the total moon of

SENDER: Complete items 1 and 2 when additional a and 4. ut your address in the "RETURN TO" Space on the reverse a		3 and 4.		services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
7 a and 4. It your address in the "RETURN TO" Space on the reverse a room being returned to you. The return receipt fee will provide you date of delivery. For additional fees the following services not check box(es) for additional service(s) requested.	are available. Consult postmaster for fees		idditional fees the following service: ditional service(s) requested. lelivered, date, and addresses's ad	
. Show to whom delivered, date, and addressee's add	ress. 2. Restricted Delivery (Extra charge)		(Extra charge)	(Extra charge) 4. Article Number
. Article Addressed to:	4. Article Number	3. Article Addressed to) :	P-684-788-171
Secolar Nunes	P-684-788-176 Type of Service:	Jimmie	Stephen Ownbey	Type of Service:
Scarlet Nunes c/o Conoco Inc.	Registered Insured	612 S. I		Registered Insured
600 N. Dairy Ashford Rd.	Certified COD	P. O. B	ox 292	Express Mail Return Receipt for Merchandise
Houston, TX 77252	Express Mail Return Receipt for Merchandise	Vinita,	OK 74301-0292	Always obtain signature of addressee
	Always obtain signature of addressee or agent and DATE DELIVERED.			or agent and DATE DELIVERED 8. Addressee's Address (ONLY if
. Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature - Addres	isee _	requested and fee paid)
	requested and fee paid)	6. Signature - Agent		-
Signatural agang C Houseld		X	May Dora (S	Reg.
. Date of Delivery D. O. 1001		7. Date of Delivery] 3
Form 3811, Apr. 1989 *u.s.g.p.o. 1989-238-815	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 19	989 ± U.S.G.P.O. 1989-238-8	DOMESTIC RETURN RECEIPT
Certified Mail Receipt No Insurance Coverage Provided To not use for Informational Mail To not use for Information Mail To not use for use for use for Information Mail To not use for		Certified Mail Receipt No insurance Coverage Provided Do not use for international Mail	Donna Lee Own 371 Carrera Dr. Mill Valley, CA	•
15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	2000 June 1990 교육 1후 1호 기호 1호			PS Form 3800. June 1990
SENDER: Complete items 1 and 2 when addition	nal services are desired, and complete items			onal services are desired, and complete item
3 and 4. Put your address in the "RETURN TO" Space on the reve	rse side. Failure to do this will prevent this card			verse side. Failure to do this will prevent this car ovide you the name of the person delivered to an
from being returned to you. The return receipt fee will prov the date of delivery. For additional fees the following serv	vide you the name of the person delivered to and vices are available. Consult postmaster for fees	and check pox(es) fo	or additional service(s) requested	rvices are available. Consult postmaster for fee
and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's	s address. 2. 🗆 Restricted Delivery	1. 🗆 Show to who	om delivered, date, and addressee (Extra charge)	's address. 2. Restricted Delivery (Extra charge)
(Extra charge) 3. Article Addressed to:	(Exira charge)	3. Article Address	ed to:	4. Article Number
3. Afficie Addressed to:	4. Article Munither -684-788-165			P-684-788-159
James L. Ownbey Trustee	Type of Service:	Marie	on Ray Ownbey	Type of Service:
James L. Ownbey Trust	Registered Insured		. Box 921	Registered Insured Certified COD
3234 Geiger Ave.	Cortified COD	Stinn	nett, TX 79083-0921	Express Mail Return Receipt for Merchandise
Kensington, MD 20895-1801	Express Mail Return Receipt for Merchandise			Always obtain signature of addressee
20895-1801	Always obtain signature of addressee or agent and DATE DELIVERED.			or agent and DATE DELIVERED.
5. Signature Addresses	8. Addressee's Address (ONLY if	5. Signature - Ad	dressee	8. Addressee's Address (ONLY if requested and fee paid)
x James X. Ownly	requested and fee paid)	6. Signature – Ag	writey	
6. Signature - Agent		x x	····	
X		7. Date of Delivery	1/3051	
7. Date of Delivery A May 9 /			4-25-51	
2011	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr	r. 1989 +U.S.G.P.O. 1989-2	DOMESTIC RETURN RECEI
P6 Form 3811, Apr. 1989 ±US.G.RO. 1999-230	DOMESTIC RETURN RECEIP	•		
SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will provide the date of delivery, for additional fees the following servand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Eura charge)	rse side. Failure to do this will prevent this card vide you the name of the person delivered to and vices are available. Consult postmaster for fees	Put your address in from being returned the date of delivery and check boxies) 1. Show to will be a support of the date of the support of	the "RETURN TO" Space on the re d to you. The return receipt fee will p , For additional fees the following of for additional service(s) requested hom delivered, date, and addresse (Extra charge)	tional services are desired, and complete ite everse side. Failure to do this will prevent this controlled you the name of the person delivered to a services are available. Consult postmaster for feles address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number	3. Article Addres	sed to:	4. Article Number P-684-788-160
In- Can Oumban	F-684-788-164 Type of Service:		Hettie 11 n	Type of Service:
Joe Coy Ownbey P. O. Box 3488	Registered insured		Hettie Jewel Page 407 Tierra Berrenda	Registered Insured
Amarillo, TX 79116-3488	Certified COD Express Mail Receipt for Merchandise		Roswell, NM 88201	Certified COD Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee			Always obtain signature of addressee
	or agent and <u>DATE DELIVERED</u> .			or agent and DATE DELIVERED.
5. Signature - Addressee Su Cygun	8. Addressee's Address (ONLY if	5. Signature A	ddressee	8. Addressee's Address (ONLY if requested and fee paid)
6 Secretary	requested and fee paid)	6. Signature – A	agent //	, yez pana)
x		X	/	
7. Date of Dollary		7. Date of Pelive	iry	
7. Date of APR'S 0 1991		4.2/11		
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238	-815 DOMESTIC RETURN RECEIPT	PS Form 3811, A	Apr. 1989 + U.S.G.P.O. 1989	238-815 DOMESTIC RETURN RECI
SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the review from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following ser and check boxies? for additional service(s) requested. 1. Show to whom delivered, date, and addressee "lexira charge". 3. Article Addressed to: Nancy Joy Parsons 3814 Nassau Dr. Midland, TX 79707	arse side. Failure to do this will prevent this card vide you the name of the person delivered to and vices are available. Consult postmaster for fees address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Recept for Merchandiss Always obtain signature of addressee or agent and DATE DELIVERED.	Put your address in from being returned the date of delivery, and check boxiesi if 1. Snow to wh 3. Article Address Roll 370 120	the "RETURN TO" Space on the re to you. The return receipt fee will just For additional fees the following sign additional service(s) requested, iom delivered, date, and addressed (Extra charge)	onal services are desired, and complete iten verse side. Failure to do this will prevent this callowide you the name of the person delivered to arrives are available. Consult postmaster for fee as address. 2. — Restricted Delivery (Extra charge) 4. Article Number 4. Article Number 1 Type of Service. Registered Insured Copy Feeture Receipt For Merchandise Always obtain signature of addressee
5. /Signature — Addressee	B. Addressee's Address (ONLY if	5. Signature — Ac	ddressee	or agent and DATE DELIVERED
x Mines for Talson	requested and fee paid)	5. Signature — Ad	AUTOSSEE /	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent		6. Signature — Ag	gent	
x / /		x	1991 A 2 201	

DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional a 3 and 4.	-	SENDER: Complete items 1 and 2 when additional is 3 and 4.	1
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(Extra charge) Article Addressed to:	(Exira charge) 4. Article Number	(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number
1	P-684-288-/62		P-684-788-157
W. T. Probandt	Registered Insured	Mary G. Riddle	Type of Service: Registered Insured
415 W. Wall, Suite 1608 Midland, TX 79701	Express Mail COD Return Receipt for Merchandise	P. O. Box 127	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee	Artesia, NM 88210	Always obtain signature of addressee
	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	5. Signature — Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
To will	requested and fee paid)	x O	requested and fee paid)
. Signature /- Algent		6. Signature Langent	
Date of Delivery		7. Date of Delivery	
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Form 3811, Apr. 1989 +u.s.g.Ro. 1989-238-815	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +u.s.g.po. 1989-238-815	DOMESTIC RETURN RECEIPT
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3 and 4.	side Failure to do this will prevent this card	SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will provide this aged
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Show to whom delivered, date, and addressee's ac (Extra charge)	dress. 2. Restricted Delivery (Extra charge)	1. Show to whom delivered, date, and addressee's ad (Extra charge)	dress. 2. A Restricted Delivery
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
John C Boron	P-684-788-152 Type of Service:		1-684-788-147 Type of Service:
John C. Rogers 3800 Puckett Drive	Registered Insured	A. M. Routh P. O. Box 2004	Registered Insured Certified COD
Amarillo, TX 79109-4052	Express Mail Return Receipt for Merchandise	P. O. Box 2004 Midland, TX 79702	Express Mail Receipt for Merchandise
\sim ρ	Always obtain signature of addressee or agent and DATE DELIVERED.	17. 17102	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature Agreesee	8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY if
* Jeyn	requested and fee paid)	6. Signatore - Agent	requested and fee paid)
6/Signature — Agent		X	
7. Date of Delivery 3 0 1991	1	7. Date of Delivery	
APK 3 U 1991 S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.RO. 1989-238-815	DOMESTIC PETUDINAL PROPERTY
S FORM 30 11, Apr. 1969	DOMESTIC RETURN RECEIPT	TX /	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional	services are desired, and complete items	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 from being returned to you. The return receipt fee will provide	side. Failure to do this will prevent this card	Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will prevent this card
Put your address in the "NE! UNIN 10 Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.	s are available. Consult postmaster for fees	Put your address in the "RETURN TO" Space on the reverse from paid settlined to viou. The return receipt fee will provide the days exhibitely. For additional fees the following-service and chess existent or additional service(s) requested—now to whom delivered, date, and addresses's at	es are available. Consult postmaster for fees
Show to whom delivered, date, and addressee's ad (Extra charge)	(Extra charge)	(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number P-684-788-148
Thelma May Schafer	Type of Service:	Kenna Carter Scott	Type of Service:
906 Hermosa Dr.	Registered insured Cortified COD	Rt. 3, Box 329	Registered Insured
Artesia, NM 88210	Express Mail Return Receipt for Merchandise	Big Spring, TX 79720	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.		Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent		6. Signature – Agent	requesieu unu jee puiuj
х		x	
7. Date of Delivery 4 - 2 7- 91		7. Date of Delivery 4-27-91 RM	
S Form 3811, Apr. 1989s.a.po. 1989-238-81	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +u.s.g.Ro. 1889-238-81	5 DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional	services are desired, and complete items		
3 and 4.	side. Failure to do this will prevent this card	SENDER: Complete stems 1 and 2 when additional 3 and 4.	'
trom being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following service the delivery additional requirement of the service that the service the service that the service tha	es are available. Consult postmaster for fees	Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service.	e side. Pallure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees
Show to whom delivered, date, and addressee's a (Extra charge)	ddress. 2. Restricted Delivery (Extra charge)	and check box(es) for additional service(s) requested. 1 Show to whom delivered, data, and addressee's at	ddress. 2. 🗀 Restricted Delivery
3. Art do \ddressed to:	4. Article Number P-684-788-154	(Exira charge) 3. Article Addressed to:	(Extra charge) 4. Article Number
m 101 T	Type of Service:	1	P-684-788-149
Thoral Shaw Jr. Route 1	Registered Insured COD	M. H. Shaw	Type of Service: Registered Insured
Durham, OK 73642-9801	Express Mail Return Receipt for Merchandise	Rte. 1, Box 42	Cortified COD Receipt for Merchandise
*	Always obtain signature of addressee or agent and DATE DELIVERED.	Cheyenne, OK 73628-9713	Always obtain signature of addressee
5. Signatura – Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature /- Addigasee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
x There Shaw fr.	теунсыен ини јее рана)	×9h & Shaw	requested and fee paid)
6. Signature — Agent		6. Signature — Agent X	
7. Date of Delivery 9 - 9/	7	7 Date of Delivery	<u> </u>
PS Form 3811, Apr. 1989 +u.s.g.P.O. 1989-238-1	115 DOMESTIC RETURN RECEIPT	4-29-91	L
гэ гон 30 гг, хр. 120		PS Form 3811, Apr. 1989 *U.S.G.PO. 1989-238-81	5 DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additions	services are desired, and complete items	SENDER: Complete items 1 and 2 when additional	Services are desired and complete dems
Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provid	a cide. Failure to do this will prevent this card	9 3 and 4. Put your address in the "RETURN TO" Space on the reverse	se side. Failure to do this will prevent this card
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Show to whom delivered, date, and addressee's a (Extra charge)	(Extra charge)	1. Show to whom delivered, date, and addressee's (Extra charge)	address. 2. All Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number P-684-788-155	3. Article Addressed to:	4. Article Number
A.P. D. I. S.	Type of Service:		F-68V - 788-150
Ardise Darlene Shaw P. O. Box 50128	Registered Tinsured Certified COD	Thoral Shaw Sr.	Registered insured
Amarillo, TX 79159-0128	Express Mail Return Receipt for Merchandise	P. O. Box 339 Lowell, MI 49331	Express Mail COD Express Mail Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.		Always obtain signature of addressee
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee	8. Addressee's Address (ONLY if
× (Mdes) Shaw	гециемен или јег рина)	× Thoral Show In	requested and fee paid)
6. Signature — Agent X		6. Signature - Agent	
7. Date of Delivery 4/2a/G/	7	7. Date of Delivery MAY 01 1991	7

DOMESTIC RETURN RECEIF PS Form 3811. Apr 1989

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PS Form 3811. Apr. 1989

DOMESTIC DETIION DECEID

3 and 4ut your address in the "RETURN TO" Space on the reverse	a side. Failure to do this will prevent this card	3 and 4. Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will prevent this card
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3. Article Addressed to:	4. Article Number P-684-788-156	3. Article Addressed to:	4. Article Number P-684-788-151
Albert Edward Shaw P. O. Box 838	Type of Service:	Maggie Teresa Shaw	Type of Service:
Crowell, TX 79227-0838	Certified COD Return Receipt for Merchandise Always obtain signature of addressee	P. O. Box 50128 Amarillo, TX 79159-0128	Certified COD Return Receipt for Merchandise Always obtain signature of addressee
. Summare - L'Adéressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	5. Signature — Addressee /	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Meximon	requested and fee paid)	6. Signature - Agent	requested and fee paid;
5. Signature - Agent		x	
. Date of Delivery		7. Date of Delivery 4/29/61	
5 Form 3811, Apr. 1989	15 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items	SENDER: Complete items 1 and 2 when additional	services are desired, and complete items
-ut your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will provid be date of delivery. For additional fees the following servicind check box(es) for additional service(s) requested: □ Show to whom delivered, date, and addressee's a (Etra charge)	e you the name of the person delivered to and es are available. Consult postmaster for fees	3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check boxies! for additional services! requested. 1. Show to whom delivered, date, and addressee's addresse	you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery
. Article Addressed to:	4. Article Number P 1- PK - 72K - 14 2	3. Article Addressed to:	4. Article Number
Mary Lamb Smith	P-684-788-142 Type of Service: ☐ Registered ☐ Insured	Jo E. Thornton	#-684-788-127 Type of Service:
3205 Mockingbird Ln Amarillo, TX 79109-3336	COD COD Receipt for Merchandise	6004 Front Royal Austin, TX 78746	Registered insured Cortified COD Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.		Always obtain signature of addressee or agent and DATE DELIVERED.
Signature - Addressee Mury Land Synth Signature - Abent	Addressee's Address (ONLY if requested and fee paid)	5. Signature - Agent 6. Signature - Agent	Addressee's Address (ONLY if requested and fee paid)
Date of Delivery M	_	7. Date Adjye (A)	
> Form 3811, Apr. 1989 +u.s.g.eo. 1989-238-8	15 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1985 ** u.s.g.p.o. 1989-238-815	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional 3 and 4. 'ut your address in the "RETURN TO" Space on the reverse rom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service ind check boxies! for additional service(s) requested. Show to whom delivered, date, and addressee's a (Extra charge)	side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees	SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's and the standard of the standard	side. Failure to do this will prevent this card you the name of the person delivered to and is are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number 0 1 01/- 768 - 14/3	2 Australia Addressed to	4. Article Number
Joanne D. VanWinkle	<i>P-1684</i> 788 −143 Type of Service: □ Registered □ Insured	Margaret Ann Wagnon	Type of Service:
P. O. Box 250	Contified COD Express Mail Return Receipt for Merchandise	Rte 1, Box 146 Arnett, OK 73832-9760	Registered Insured COD COD Return Receipt for Merchandise
Dexter, NM 88230-0250	Always obtain signature of addressee		Always obtain signature of addressee
5. Signature — Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONL) if requested and fee paid)
ö. Signature – Agent		6. Signature - Agent	requested and see paid,
7. Date of Delivery		7. Date of Delivery	
4-29-91 ING		4-29-9	
S Form 3811, Apr. 1989 4/8.G.P.O. 1989-238-6	DOMESTIC RETURN RECEIPT	- 	
SENDER: Complete items 1 and 2 when additional 3 and 4. The your address in the "RETURN TO" Space on the reverse rom being returned to you. The return receipt fee will provide the date of Jelinery. For additional fees the following service and check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's a	e side. Failure to do this will prevent this card be you the name of the person delivered to and se are available. Consult postmaster for fees ddress. 2. Restricted Delivery	SENDER: Complete items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide the date of delivery. For additional sees the following service and check boxices for additional sees/cets/ requested. 1. Show to whom delivered, date, and addressee's in the following services in the follo	e side. Failure to do this will prevent this card le you the name of the person delivered to and les are available. Consuit postmaster for fees
(Extra charge) Article Addressed to:	(Extra charge) 4. Article Number - US 4 - 1995 - 1494	3. Article Addressed to:	4. Article Number P- (84-788-139)
	Type of Service:	Clara Bernice Jones Waits	Type of Service:
Edward Wait 649 Madison St.	Registered Insured Cortified CoD Require Receipt	906 Monroe, Apt. 1	Certified COD Express Mail Receipt for Merchandise
Albany, CA 94706	Express Net Return Receipt for Merchandise	Tucumcari, NM 88401-3235	Always obtain signature of addressee
35 Signature - Addressee	or agent and DATE DELIVERED. B. Addressee's Address (ONLY if	5. Signature Addressee	B. Addressee's Address (ONLY if
x/Edward Wout	requested and fee paid)	6. Signature - Agent	requested and fee paid)
b. Signature - Agent		X	1997
7. Date of Delivery 4-29-91		7. Date of Delivery	<u> </u>
S Form 3811, Apr. 1989 +us.g.po. 1989-238-	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 + u.s.g.p.o. 1989-238-	815 DOMESTIC RETURN RECEIF
	and complete items	SENDER: Complete items 1 and 2 when addition	ial services are desired, and complete items
SENDER: Complete items 1 and 2 when additional 3 and 4. -ut your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following servicing check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's a	e side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees	Put your address in the "RETURN TO" Space on the rever from being returned to you. The return recept fee will provide date of delivery. For additional fees the following servand check boxies) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charge)	ise side. Failure to do this will prevent this card ide you the name of the person delivered to and ides are available. Consult postmaster for fees
Show to whom delivered; (Extra charge) 3. Article Addressed to:	A Article Number	3. Article Addressed to:	4. Article Number 988 - 146
	1-684-788-145 Type of Service:	Lillie M. Yates	Type of Service:
Ona Faye Watkins	Registered Insured	207 S. 4th St.	Registered Insured Certified I COD VZ Return Receipt
P. O. Box 642 Gruver, TX 79040-0642	Express Mail Return Receipt for Merchandise	Artesia, NM 88210	Express Mail Return Receipt for Merchandise Always obtain signature of addressee
Olaren :	Always obtain agnature of addressee or agent and DATE DELIVERED.	E Supreme Addresses	or agent and DATE DELIVERED 8. Addressee's Address (ONL) if
5. Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature — Addressee	requested and fee paid:

7. Date of Delivery

-29-9/
PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

+US.G.P.O. 1909-238-815 DOMESTIC RETURN RECEIPT

from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's a		Put your address in the "RETURN TO" Space on the reverse in from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	you the name of the person delivered to and are available. Consult postmaster for fees
(Eura charge)	(Extra charge)	Show to whom delivered, date, and addressee's add	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number P-684-788-140	3. Article Addressed to:	4. Article Number f'-684-788-141
Lillie M. Yates	Type of Service:	End C Val	Type of Service:
Rep. of the Est/Martin	Registered Insured	Fred G. Yates	Registered Insured
207 S. 4th St.	Certified COD	P. O. Box 2323	Certified COD
	Express Mail Return Receipt for Merchandise	Roswell, NM 88202-2323	Express Mail Return Receipt for Merchandise
Artesia, NM 88210	Always obtain signature of addressee	, , , , , , , , , , , , , , , , , , , ,	Always obtain signature of addressee
	or agent and DATE DELIVERED.	/chi	ear agent and DATE DELIVERED.
5. Signature – Addressee X	8. Addressee's Address (ONLY If requested and fee paid)	5. Signature – Addressee	
S. Signature - Room.		6. Signature - Agent X & Man dener 199	f /
7. Date of Delivery	1	7. Date of Delivery	/
4-29-91		932	s de la companya de
Form 3811, Apr. 1989 #U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT	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	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	3 and 4.	
trom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services	e you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide	you the name of the person delivered to and
and check having the additional service(s) (equested.		the date of delivery. For additional fees the following service	es are available. Consult postmaster for fees
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)		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	(Extra charge)	(Extra charge)
5. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	P684-788-135	3. Article Addressed to:	4. Article Number
	Type of Service:		P 684 788 134
John A. Yates		S. P. Yates	Type of Service:
207 S. 4th Street	Contilled COD	105 South 4th St.	Registered Linsured
Artesia, NM 88210	Express Mail Return Receipt for Merchandise	Artesia, NM 88210	Certified COD Express Mail Receipt for Merchandise
2 testa, 14141 8821()	Always obtain signature of addresses	Altesia, IVIVI 60210	Express Mail tor Merchandise
	or agent and DATE DELIVERED.		Always obtain signature of addressee
5. Signature - Addressee	8. Addressee's Address (ONLY if	5 6	or agent and DATE DELIVERED.
X	requested and fee paid)	5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6 Sanatuse - Abent	1		4 ' ' ' '
x Miles Burl		6. Signature - Appril	
7. Date of Delivery	-	x Muse Dunc	
4-29-91		7. Date of Delivery	
S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT	4-29-91	
'S Form 30 11, Apr. 1969 10.5.0.00 10.5.0.00		PS Form 3811, Apr. 1989 +U.S.G.PO. 1989-236-81	5 DOMESTIC RETURN RECEIP
			-a-p
SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items	SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
3 and 4. rut your address in the "RETURN TO" Space on the reverse:	side. Failure to do this will prevent this card	1 Discussive address in the "PETLIPN TO" Canada on the sources	side. Failure to do this will prevent this card
rom being returned to you. The return receipt fee will provide	are available. Consult postmaster for fees	- from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check boxies) for additional service(s) requested.	you the name of the person delivered to and
		and check box(es) for additional service(s) requested.	
. Show to whom delivered, date, and addressee's addres	(Extra charge)	1. Show to whom delivered, date, and addressee's a (Extra charge)	(Extra charge)
Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
	P 684 788 136		P684 788 133
n = 7 v :	Type of Service:	Dr. Donald L. Zink	Type of Service:
Harvey E. Yates	Registered Insured		Registered Insured
P. O. Box 1933	COD COD	903 Naamans Creek Rd.	Conditied COD
Roswell, NM 88201	Express Mail Return Receipt for Merchandise	Chadds Ford, PA 19317	Return Receipt for Merchandise
	Always obtain signature of addressee	· ··	Always obtain signature of addressee
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5 Signature Addressee	8. Addressee's Address (ONLY if
· /	requested and jee pana/	× MA	requested and fee paid)
. Signature - Agent	1	6. Signature - Agent	
XMain IXA]	x -	
Date/of Delivery]	7. Date of Delivery	7
4-29-41	Į.	5-2-91 hallihadhadhadhallial	
Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-819	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.R.O. 1989-238-8	DOMESTIC RETURN RECEIP

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

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