BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF GILLESPIE-CROW, INC. FOR STATUTORY UNITIZATION, LEA COUNTY, NEW MEXICO

Case No. 11195

AFFIDAVIT REGARDING NOTICE

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

PAUL S. CONNER, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18 and have personal knowledge of the matters stated herein.

2. Applicant has conducted a good faith, diligent effort to find the correct addresses of interest owners entitled to receive notice of the Application herein.

3. Notice of the Application was provided to the interest owners at their correct addresses by mailing each of them, by certified mail, a copy of the Application. Copies of the notice letters and certified return receipts are attached hereto.

4. Applicant has complied with the notice provisions of Division Rule 1207.

Paul S. Conner

PAUL S. CONNER

24

SUBSCRIBED AND SWORN TO before me this 15th day of June, 1995 by PAUL S. CONNER.

Notary Public

My Commission Expires:

10-29-95

conner.aff

UnitSource INCORPORATED

PAUL S. CONNER UNITIZATION

May 10, 1995

Certified Mail
Return Receipt Requested

TO: NOTICE OF UNITIZATION TO INTEREST OWNERS

RE: **West Lovington (Strawn) Unit Area**
Lea County, New Mexico

Ladies and Gentlemen:

Gillespie-Crow, Inc. has applied to the New Mexico Oil Conservation Division for statutory (compulsory) unitization of the West Lovington (Strawn) Unit Area. A copy of the Application was previoulsy sent to you together with a copy of Mr. Gillespie's Application for a Pressure Maintenance Project and to Qualify the Project for the Recovered Oil Tax Rate. The Unit Agreement and/or Unit Operating Agreement have previously been mailed to you by Mr. Gillespie and/or UnitSource Incorporated. Mr. Gillespie's records indicate that each of you owns an interest within the proposed Unit Area. Certain of you have not agreed to voluntarily commit you interests to the Unit. This Application is now scheduled to be heard at 8:15 a.m. on Thursday, June 1, 1995, at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico. Failure to appear at that time will preclude you from contesting this matter at a later date.

Very Truly Yours,

UNITSOURCE INCORPORATED

Paul S. Conner

pc
Enclosures

11184 HURON STREET, SUITE 10 * DENVER, COLORADO 80234 * (303)452-6881 * FAX (303)452-6892

UnitSource INCORPORATED

PAUL S. CONNER UNITIZATION

May 25, 1995

TO: ROYALTY INTEREST OWNERS

RE: **West Lovington Strawn** Unit Area
Lea County, New Mexico

Ladies and Gentlemen:

We previously provided you with copies of the proposed Unit Agreement for the above Unit Area, together with revised copies of Exhibits A, B, and C thereto. The operator of the proposed Unit Area has been changed from Charles B. Gillespie, Jr. to Gillespie-Crow, Inc., a corporation. Accordingly, the Unit Agreement has been changed, and a copy of the revised Unit Agreement is enclosed with this letter. The Exhibits A, B, and C sent to you two weeks ago have not been changed. If you have not already done so, we request that you execute the ratifications provided to you, and return them to me. Also, please be advised that the New Mexico Oil Conservation Division hearing on this mater, scheduled for June 1, 1995, has been continued to a hearing scheduled for June 15, 1995.

Sincerely,

UNITSOURCE INCORPORATED

Paul S. Conner

PSC/bt
Enclosure

11184 HURON STREET, SUITE 10 * DENVER, COLORADO 80234 * (303)452-6881 * FAX (303)452-6892

Z 200 966 654

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

1993 Sent to

CLARENCE V. SHELFER
ROUTE 1, BOX 248-A
SAN ANTONIO, TX 78223

PS Form

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	W Lov 2nd

Z 200 966 654

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

1993 Sent to

ROY G. BARTON, III
P.O. BOX 572565
HOUSTON, TX 77257

PS Form

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	W Lov 2nd 6/6

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee): W Lov 2

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

Consult postmaster for fee.

3. Article Addressed to:
SUZANNE M. CHAMBERS
MARGOT S. M. CHAMBERS
1311 SQUIRES
ABILENE, TX 79602

4a. Article Number
Z 200 946 536

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee): W Lov 2nd

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

Consult postmaster for fee.

3. Article Addressed to:
ROY G. BARTON, III
P. O. BOX 572565
HOUSTON, TX 77257

4a. Article Number
Z 200 946 549

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee): W Lov 2nd

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

Consult postmaster for fee.

3. Article Addressed to:
ERNESTINE GILLESPIE
4430 E. CAMELBACK RD.
PHOENIX, AZ 85018-2

4a. Article Number
Z 200 946 553

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P. 07

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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W Lov 2nd

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
ANNIE LAURA STURDIVANT
ROUTE 1, BOX 1219
PINEVILLE, MO 64856

4a. Article Number
Z 200 966 655

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

7. Date of Delivery
5-12-95

5. Signature (Addressee)
Annie Laura Sturdivant

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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SENDER:
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W Lov 2nd

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
ROY G. BARTON, JR., TRUSTEE
OF THE ROY G. BARTON, SR. &
OPAL BARTON REVOCABLE TRUST
P. O. BOX 978
HOBBS, NM 88240

4a. Article Number
Z 200 966 657

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

7. Date of Delivery
5/15/95

5. Signature (Addressee)
Roy G. Barton

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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W Lov 2nd

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☑ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
DOROTHY LEE LUSK
P. O BOX 537
TESUQUE, NM 87574

4a. Article Number
Z 200 966 652

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

7. Date of Delivery

5. Signature (Addressee)
Dorothy Lusk

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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W Lov 2nd

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MARJORIE SMART, TRUSTEE OF THE
MARJORIE C. SMART REVOCABLE
TRUST DATED 5/9/90
1238 PALISADE CIR.
HEBER SPRINGS, AR 72543

4a. Article Number
Z 200 966 653

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

7. Date of Delivery
5-15-95

5. Signature (Addressee)
Marjorie Smart

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

FACSIMILE TRANSMISSION

UnitSource INCORPORATED
11184 HURON STREET, SUITE 10
DENVER, COLORADO 80234
(303) 452-6881
FAX (303) 452-6892

DATE: 6/15/95

TO: Paul S. Conner

FROM: **ROBERT M. ZSIDISIN**

NUMBER OF PAGES: 14 after Line Error [illegible] Total 14 (including this page)

REFERENCE: West Lovington (Strawn) Unit Area

MESSAGE: He is a copy of the letter dated June 6, 1995, Revised Uncommitted list, Revised committed list, Signature Card Copies, and copies of the Non-Returned Card Receipts!

Sincerely

Robert M. Zsidisin

FAX NO: 505-982-8623

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARY KATHERINE GARRETT NOBLE
613 PASEO DEL MAR NE
ALBUQUERQUE, NM 87123

4a. Article Number: Z 200 966 520

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

7. Date of Delivery: 5-13-95

5. Signature (Addressee): M.K. Noble

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RICHARD H. POWER
P. O. BOX 1212
LOVINGTON, NM 88260

4a. Article Number: Z 200 966 658

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

7. Date of Delivery: 5-15-95

5. Signature (Addressee): Richard Power

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service. Write your RETURN ADDRESS completed on the reverse side.

SENDER:
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JEAN BENSON
816 168TH PLACE NE
BELLEVUE, WA 98008

4a. Article Number: Z 200 966 657

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

7. Date of Delivery: MAY 13 1995

5. Signature (Addressee): Jean Benson

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HARVARD STADWICK, JR.
20901 ERBEN
ST. CLAIRSHORE, MI 48081

4a. Article Number: Z 200 966 701

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service. Write your RETURN ADDRESS completed on the reverse side.

W Lov 2nd

SENDER:
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- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
JOHN STADWICK
46 ASPETUCK PINES
NEW MEIFORD, CN 06776

4a. Article Number
Z 200 966 702

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

7. Date of Delivery
5-13-95

5. Signature (Addressee)
LS

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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Is your RETURN ADDRESS completed on the reverse side?

W Lov 2nd

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
THE ESTATE OF JOHN WILLIAM MCDONALD, ANITA M. MCDONALD AS INDEPENDENT EXECUTRIX
1301 SUNNY HILL COURT
BETTENDORF, IA 52722

4a. Article Number
Z 200 966 523

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

7. Date of Delivery
5/13/95

5. Signature (Addressee)
Anita M. McDonald

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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Is your RETURN ADDRESS completed on the reverse side?

W Lov 2nd

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
SNYDER RANCHES, INC.
P. O. BOX 2158
HOBBS, NM 88240

4a. Article Number
Z 200 966 704

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)
SHIRLEY

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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W Lov 2nd

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
FIRST INTERSTATE BANK OF ALBUQUERQUE, TRUSTEE OF THE L. RAY ROOT ROYALTY TRUST AGREEMENT DATED 4/28/83
P. O. BOX 1830
ALBUQUERQUE, NM 87103-1081

4a. Article Number
Z 200 966 518

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)
N.M.D.L.

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
FELIX CORLEY
c/o RUBY G. CORLEY
2511 WILLOWWICK #335
HOUSTON, TX 77027

4a. Article Number
Z 200 966 562

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

7. Date of Delivery
5-15-95

5. Signature (Addressee)

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

6. Signature (Agent)
[signature]

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
BETTY LOUISE PIEPER
5200 BRITTANY DR. SOUTH
ST. PETERSBURG, FL 33715

4a. Article Number
Z 200 966 696

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

7. Date of Delivery
5-17

5. Signature (Addressee)
Betty Louise Pieper

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MONTY D. MCLAINE
P. O. BOX 9451
MIDLAND, TX 79708

4a. Article Number
Z 200 966 690

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

7. Date of Delivery
5-22-95

5. Signature (Addressee)
Monty D. McLaine

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
GERALDINE ANDERSON HILL
30357 PALO VERDE DR. E.
RANCHO PALO VERDE, [illegible]274

4a. Article Number
Z 200 966 693

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

7. Date of Delivery
5/18/95

5. Signature (Addressee)
Geraldine A. Hill

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:
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- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RANDALL CAPPS, dba
XERIC OIL & GAS CORP.
P. O. BOX 51311
MIDLAND, TX 79710

4a. Article Number: Z 200 966 556

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

7. Date of Delivery: 5-15-95

5. Signature (Addressee)

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

6. Signature (Agent): Helena Carman

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:
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- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT
PARALLEL PETROLEUM CORPORATI
P. O. BOX 10587
MIDLAND, TX 79702

4a. Article Number: Z 200 966 558

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

7. Date of Delivery: 5-15-95

5. Signature (Addressee)

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

6. Signature (Agent): Betty Burnett

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JERRY ANDERSON
DALEN RESOURCES OIL & GAS CO.
SUITE 1000
6688 N. CENTRAL EXPRESSWAY
DALLAS, TX 75206-3922

4a. Article Number: Z 200 966 688

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

7. Date of Delivery: 5-15-95

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT
PHILLIPS PETROLEUM COMPANY
4001 PENBROOK
ODESSA, TX 79762

4a. Article Number: Z 200 966 689

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

7. Date of Delivery: 5-15-95

5. Signature (Addressee)

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

6. Signature (Agent): Stacy Buck

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:
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- Complete items 3, and 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
FAYE L. LIPSETT KLEIN
P. O. BOX 1503
HOBBS, NM 88240

4a. Article Number
Z 200 966 540

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

7. Date of Delivery
5/16/95

5. Signature (Addressee)
Faye L. Klein

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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- Complete items 3, and 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
BARBARA M. GALLAGHER
44 WILLIAM ST.
LINCOLN PARK, NJ 07035

4a. Article Number
Z 200 966 535

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

7. Date of Delivery
5/13/95

5. Signature (Addressee)
B Gallagher

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
DOROTHY C. FELTZ
5 GATES ST.
CRYSTAL LAKE, IL 60014

4a. Article Number
Z 200 966 533

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

7. Date of Delivery
5-13-95

5. Signature (Addressee)
Dorothy C. Feltz

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
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- Complete items 3, and 4a & b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
FRANCIS J. MOYNIHAN, JR.
135 OLD WARREN RD.
FREWSBURG, NY 14738

4a. Article Number
Z 142 786 503

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

7. Date of Delivery
MAY 15 1995

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
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W Lov 2nd

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NANCY O'CONNOR
10756 MAIN ST. #201
FAIRFAX, VA 22030

4a. Article Number: Z 200 966 527

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

7. Date of Delivery: 5/15/95

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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SENDER:
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- Complete items 3, and 4a & b.
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W Lov 2nd

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAVERNE W. COLBY
1540 SYKES CIR. DR.
MERRITT ISLAND, FL 32953

4a. Article Number: Z 200 966 531

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

7. Date of Delivery: 5/13

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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W Lov 2nd

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOAN SERMAK
~~10~~ QUAIL CANYON
SAN BERNADINO, CA 92404

4a. Article Number: Z 200 966 526

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

7. Date of Delivery: 5-12-5

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

7/033

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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W Lov 2nd

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

UNITED BANK OF LEA COUNTY.
TRUSTEE FOR CHAD L. & NORMA
B. WILEY
P. O. BOX 5614
HOBBS, NM 88241

4a. Article Number: Z 200 966 519

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

7. Date of Delivery

5. Signature (Addressee) 5/15/96

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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SENDER:
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- Complete items 3, and 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
ROY G. BARTON, JR., TRUSTEE OF
THE ROY G. BARTON, SR. & OPAL
BARTON REVOCABLE TRUST
P. O. BOX 978
HOBBS, NM 88240

4a. Article Number
Z 200 966 561

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

7. Date of Delivery

5. Signature (Addressee)
5/11/95

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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- Complete items 3, and 4a & b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
C. R. & ARLENE ALDERSON
P. O. BOX 1408
GRAND ISLAND, NE 68802

4a. Article Number
Z 200 966 563

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

7. Date of Delivery
5-12-95

5. Signature (Addressee)
5/12/95

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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- Complete items 3, and 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
RUSSELL & ANN PANG
1831 ORANGE
COSTA MESA, CA 92627

4a. Article Number
Z 200 966 546

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

7. Date of Delivery

6. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
DOROTHY FULLER LUNDEEN
4304 HARBOR HOUSE DR.
TAMPA, FL 33615

4a. Article Number
Z 200 966 545

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

7. Date of Delivery

6. Signature (Addressee)

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

6. Signature (Agent)

TAMPA, FL 33601 MAY 12 PM USPO

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

P.08

UNITED PARCEL SERVICE 915 452 6892

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee): W Lov 2nd
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

KEVIN L. & PATRICIA WIDNER
2510 CULPEPPER
MIDLAND, TX 79705

4a. Article Number
Z 200 966 555

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

7. Date of Delivery
6/14/95

5. Signature (Addressee)
Kevin L. Widner

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:
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- Complete items 3, and 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee): W Lov 2nd
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
KELLY H. BAXTER
6TH FLOOR 300 W. TEXAS #602
WESTERN UNITED LIFE BLDG.
MIDLAND, TX 79701

4a. Article Number
Z 200 966 524

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

7. Date of Delivery
MAY 16 1995

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee): W Lov 2nd
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

PATRICK J. CESARANO REVOCABLE TRUST
STATION 701
2100 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

4a. Article Number
Z 142 786 502

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

7. Date of Delivery
5/16/95

5. Signature (Addressee)

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

6. Signature (Agent)
Susie Zumarraga

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee): W Lov 2nd
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
KELLY H. BAXTER
P. O. BOX 11193
MIDLAND, TX 79702

4a. Article Number
Z 200 966 550

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

7. Date of Delivery
MAY 16 1995

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

W Lov 2nd

SENDER:
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MICHAEL STADWICK, LOIS H. STADWICK, ROBERT STADWICK & TODD STADWICK
39904 SHORELINE DR.
HARRISON, MI 48045

4a. Article Number: Z 200 966 529

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

W Lov 2nd

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HENRY W. LAWTON
P. O. BOX 161
PORTVILLE, NY 14770

4a. Article Number: Z 200 966 525

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

7. Date of Delivery: 5/16/95

5. Signature (Addressee)

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

6. Signature (Agent): Marie R. Lawton

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CHERIE WEICHEL
6943 MELDRUM
~~ANCHORVILLE~~, MI 48023
Fax Haven

4a. Article Number: Z 200 966 530

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LESTER F. COLBY
4619 FILLMORE ST
HOLLYWOOD, FL 33021

4a. Article Number: Z 200 966 532

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

7. Date of Delivery: 5-17

5. Signature (Addressee): Jeremy Kalbutz

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

12 4

SENDER:
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
JAMES DARRELL SHELFER
665 SHELTON
ABILENE, TX 79603

4a. Article Number
Z 200 966 699

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

7. Date of Delivery
MAY 15 1995

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
BILLIE GARRETT LYTLE
24466 COUNTY ROAD EAST
CORTEZ, CO 81321

4a. Article Number
Z 200 966 521

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

7. Date of Delivery
MAY 18 1995

5. Signature (Addressee)

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

6. Signature (Agent)

CORTEZ CO 81321 MAY 18 1995 USPS

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
TEDDIE DARRELL SHELFER
4508 SKYLARK WAY
EL PASO, TX 79922

4a. Article Number
Z 200 966 686

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

7. Date of Delivery
MAY 13 1995

5. Signature (Addressee)

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

6. Signature (Agent)

EL PASO TX 799 MAY 13 95

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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

Consult postmaster for fee.

3. Article Addressed to:
KEITH STADWICK
~~320 LAKEVIEW CIR.~~ 139 S. KIPCENT
BALINGBROOK, IL 60440

4a. Article Number
Z 200 966 703

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
LEONARD S. ANDERSON, JR.
71-332 SAN GARGONIO RD.
RANCHO MIRAGE, CA 92270

4a. Article Number
Z 200 968 824

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

UNCLAIMED INSURANCE 595 452 6892

W Lov 2nd

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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
JOANN L. YARNELL RINE
WILLIAM ROBERT YARNELL
c/o MARY MILDRED ST[illegible]
1221 REVERE ST
AURORA, CO [illegible]

4a. Article Number
Z 200 966 537

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MONTY D. MCLAINE
P. O. BOX 9451
MIDLAND, TX 79708

4a. Article Number
Z 200 966 660

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

7. Date of Delivery
5-22-95

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

5. Signature (Addressee)
Monty M Laine

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
DAVID GRAHAM MCDONALD
1212 OFFICE PARK RD. #11
WEST DES MOINES, IN 50265

4a. Article Number
Z 200 966 522

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

7. Date of Delivery
5-17-95

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

5. Signature (Addressee)
David M Donald

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT