

CIMAREX ENERGY CO.'S EXHIBIT LIST

**APPLICATIONS OF CIMAREX ENERGY CO. FOR
COMPULSORY POOLING, EDDY COUNTY, NEW
MEXICO.**

Case Nos. 22519 and 22520

**APPLICATIONS OF CHEVRON U.S.A. INC. FOR
COMPULSORY POOLING, EDDY COUNTY, NEW
MEXICO.**

Case Nos. 22343 and 22344

EXHIBITS OF CIMAREX ENERGY CO.

(PART VI)

- A-1. Application and Proposed Notice (Case No. 22519)
- A-2. Application and Proposed Notice (Case No. 22520)
- B. Landman's Affidavit
- C. Geologist's Affidavit
- D. Engineers's Affidavit
- E-1. Affidavit of Publication (Case No, 22519)
- E-2. Affidavit of Publication (Case No, 22520)
- F-1: Certified Affidavit (Case No, 22519)
- F-2: Certified Affidavit (Case No, 22520)
- G-1. Pooling Checklist (Case No, 22519)
- G-2. Pooling Checklist (Case No, 22520)

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATION OF CIMAREX ENERGY CO.
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.

Case No. 22520

SELF-AFFIRMED STATEMENT OF NOTICE

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

James Bruce deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 3/11/22

James Bruce
James Bruce

EXHIBIT F.2

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

January 27, 2022

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., seeking an order pooling uncommitted mineral interest owners in the Wolfcamp formation underlying the following described well unit:

Case No. 22520: the E/2 of Section 8, the E/2 of Section 17, and the E/2 of Section 20, Township 25 South, Range 27 East, NMPM. The unit will be dedicated to the White City 8-17-20 Fed. Com. Well Nos. 17H, 18H, 20H, 21H, and 22H.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 17, 2022. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

NOTE: Overriding royalty owners are not subject to the cost recovery, risk charge, and operating charges requested in the application.

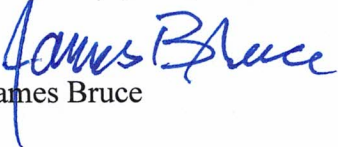
A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement. This statement may be filed online with the Division at ocd.hearings@state.nm.us, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and identification of any procedural matters

ATTACHMENT

A

that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

A handwritten signature in blue ink that reads "James Bruce". The signature is written in a cursive style with a large initial "J".

James Bruce

Attorney for Cimarex Energy Co.

E/2 Wolfcamp

Chevron USA Inc.
6301 Deauville Blvd
Midland, TX 79706

Premier Oil & Gas, Inc.
1096 Mechem Drive, Suite G-16
Ruidoso, NM 88345

MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Francis F Beeman and wife, Bettye Jo Beeman
1405 Ural Drive
Carlsbad, NM 88220

T.L. Rees and wife, Margaret D. Roos
P.O. Box 1007
Colorado City, TX 79512

Brian L. McGonagill and wife, Shirley C. McGonagill
1612 Westridge Rd.
Carlsbad, NM 88220

Panagopoulos Enterprises, LLC
2500 Louisiana Blvd., NE Suite 102
Albuquerque, NM 87108

Martha Joy Stribling
918 Parkland Circle SE
Albuquerque, NM 87108

Margaret Stribling
520 Ranchitos Rd. NW
Los Ranchos, NM 87114

Robert Duncan Cain, Jr.
4301 The 25 Way, Ste. B
Albuquerque, NM 87109

Salem Pecos Stribling
7319 Via Contena NE
Albuquerque, NM 87113

John D. Stribling
P.O. Box 10204
Albuquerque, NM 87184

Trabajo Del Spear, LP
P.O. Box 1684
Midland, TX 79702

EXHIBIT

A

Pamela Rae Cummings
P.O. Box 817
Panhandle, TX 79068

Patricia Gae Stamps
P.O. Box 249
Panhandle, TX 79068

Geneva Floyd Osborn
P.O. Box 419
Tipton, OK 73570

Klipstine & Hanratty, a Law Partnership
c/o James W. Klipstine
310 Canyon St.
Carlsbad, NM 88220

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, TX 78628

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, TX 78681

John Edward Hall IV
P.O. Box 99
Huntsville, TX 77342

Robert Scott Pace
P.O. Box 1015
Wolfforth, TX 79382

Mary Lee Hall Stewart
201 Rodriguez Rd.
Yoakum, TX 77995

Robert Craig Sandman
Inmate at Ware State Prison
3620 Harris Rd.
Waycross, GA 31503

Tim Paige
622 Chesterfield Circle
San Marcos, CA 92069

Eric Benally
9010 Magnolia Ave.
Riverside, CA 92503

Arturo M. Carrillo
914 Ahrens St.
Houston, TX 88232

EXHIBIT

A

Mark Anthony Carrillo
3506 W. Ohio Ave.
Midland, TX 79703

Stacy M. Ridge Davis
P.O. Box 178
Hagerman, NM 88232

Amber Davis
104 Manchester Ave.
Hagerman, NM 88232

Heather Davis
21 E. Blevins Rd.
Artesia, NM 88210

Estate of Clarence Weldon Ervin, Deceased
c/o Ruby Lillian Eldon
1105 S. Country Club Circle C
Carlsbad, NM 88220

JoAnn McNeill
P.O. Box 21116
Billings, MT 59104

Patricia Ann Long
5216 Flamingo Blvd
Lakeway, TX 78734

Marilyn Faye Bitsis
1102 Brianbrook
Houston, TX 77042

Neville Manning
2112 Indiana
Lubbock, TX 79410

Chasity Garza
1410 East Broadway
Brownfield, TX 79316

Sam H. Jolliffe IV
1607 17th St. W. Apt. 307
Billings, MT 59102

Teresa H. Jolliffe
1610 N. N St.
Midland, TX 79701

Westall Oil & Gas, LLC
P.O. Box 4
Loco Hills, NM 88255

EXHIBIT

A

Allegro Royalty Pool, LLC
15 E 5th St., Ste 3300
Tulsa, OK 74103

Estate of Erma Jean Gregory, Deceased
c/o Mary White
P.O. Box 1525
Artesia, NM 88211

William Ervin Gregory
11910 Central Ave SE, #2B
Albuquerque, NM 87123

Katharyn Irene Beckholt Gregory
106 Glendale
Sweetwater, TX 79556

Mary Helen Metcalf Gregory White
P.O. Box 1525
Artesia, NM 88211

Daniel Aaron Taschner and wife, Arin Nicole Bratcher Taschner
2 Meadowlark Ct
Artesia, NM 8712

Louise M. (Mickey) Ratliff, Jr.
216 East 21st Street
Littlefield, TX 79339

John R and Brenda G. Diescher Living Trust
c/o John R. Diescher and Brenda G. Diescher, Trustees
3946 Route 22
Cortland, NY 13045

Estate of William L. Diescher III
c/o Debrah Diescher, as Voluntary Administrator
152 Groton Ave
Cortland, NY 13045

Mark A. Beeman
57 North Sky Loop
Roswell, NM 88201

Robert B. Beeman
1520 Guadalupe
Carlsbad, NM 88220

William Franklin Beeman
71 Apache Drive
Carlsbad, NM 88220

EXHIBIT

A

Patricia Ann Beeman Allen Revocable Trust
c/o Patricia Ann Beeman Allen, Trustee
807 Alamosa
Carlsbad, NM 88220

Ross Duncan Properties LLC
P.O. Box 647
Artesia, NM 88211

Family Tree Corporation
915 S. Pearl Street
Denver, CO. 80209

Christi Lea Rucker
234 South Buena Vista Street, Apt. B
Redlands, CA 92373

EnCore Permian Holdings LP
P.O. Box 1113
Midland, TX 79702

PetroLima, LLC
P.O. Box 1113
Midland, TX 79702

Robert Hepler
41175 Mount Rd.
Anza, CA 92539

Belinda Lee Hepler
59500 Ramsey Rd., Apt. 568
Anza, CA 92539

Francine Marilyn Hepler, deceased,
and Belinda Lee Hepler, Sharon Kay
Hepler, Robert Gary Hepler, Ricky
Lee Hepler, and Cheyenne S. Hepler
59500 Ramsey Rd., Apt. 568
Anza, CA 92539

Chisos Minerals, LLC
1111 Bagby St., Suite 2150
Houston, TX 77002

Zella Marie Hepler
1303 East Orchid Lane #15
Carlsbad, NM 88220

Marla Risher
2007 W. Pepper Tree Cir.
Carlsbad, NM 88220

EXHIBIT

A

Nora Wright
1303 E Orchard Ln., TRLR 15
Carlsbad, NM 88220

Betty Jonas
607 E. Hill Ave.
Gallup, NM 87301

Frederick J. Jonas
13032 Emerson St.
Thornton, CO 80241

Daniel Morgan Jonas
525 41st St.
Ogden, UT 84403

Janet L. Jonas
615 Quailbrush Dr. NW
Albuquerque, NM 87121

Weslyn Hepler
1303 Orchard Ln., TRLR 18
Carlsbad, NM 88220

Eryn Hepler
603 N. 9th St.
Carlsbad, NM 88220

Charlene Hepler
4309 Sycamore St.
Carlsbad, NM 88220

Sam L. Shackelford
1906 Mechem Drive
Ruidoso, NM 88345

Doug J. Schutz
P.O. Box 973
Santa Fe, NM 87504

EXHIBIT

A

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patricia Ann Long
5216 Flamingo Blvd
Lakeway, TX 78734

9590 9402 5760 0003 2695 32

2. Article No. **7021 0950 0002 0364 6108** (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type

- Priority Mail Express®
- Adult Signature
- Registered Mail™
- Adult Signature Restricted Delivery
- Certified Mail®
- Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery
- Return Receipt for Merchandise
- Collect on Delivery
- Restricted Delivery
- Signature Confirmation™
- Restricted Delivery

Domestic Return Receipt **CE**

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To \$

Street and Apt. No. Patricia Ann Long
5216 Flamingo Blvd
Lakeway, TX 78734

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0364 6108

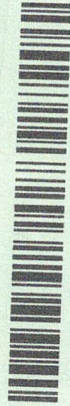
Postmark Here

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Margaret Scribbling
520 Ranchitos Rd. NW
Los Ranchos, NM 87114



9590 9402 6746 1074 2439 16

2. Article Number (from service label)

7021 0350 0001 3337 6465

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To
Margaret Scribbling
520 Ranchitos Rd. NW
Los Ranchos, NM 87114

Street and Apt. No., or P.O. Box No.

City, State, Zip+4®

Postmark Here

7021 0350 0001 3337 6465

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert Duncan Cain, Jr.
4301 The 25 Way, Ste. B
Albuquerque, NM 87109

2. Article Number: 9590 9402 6746 1074 2439 23

3. Service Type:

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

5. Agent Addressee Date of Delivery

6. Signature: **X**

7. Certified Mail Fee: 7021 0350 0001 3337 6472

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: Robert Duncan Cain, Jr.
4301 The 25 Way, Ste. B
Albuquerque, NM 87109

Street and Apt. No., or PO Box

City, State, ZIP+4®

Postmark Here


PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Panagopoulos Enterprises, LLC
2500 Louisiana Blvd., NE Suite 102
Albuquerque, NM 87108



9590 9402 6746 1074 2438 93

2. Article Number (Transfer from service label)
7021 0350 0001 3337 645B (over 2500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery, Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

led Delivery
 Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Panagopoulos Enterprises, LLC
2500 Louisiana Blvd., NE Suite 102
Albuquerque, NM 87108

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

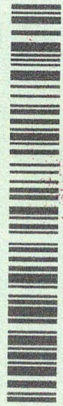
Postmark Here

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Tim Paige
622 Chesterfield Circle
San Marcos, CA 92069



9590 9402 6746 1074 2439 85

2. Article

7021 0350 0001 3337 6632
(over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type

Priority Mail Express®
 Adult Signature Registered Mail™
 Certified Mail® Restricted Delivery
 Certified Mail® Signature Confirmation™ Restricted Delivery
 Collect on Delivery Restricted Delivery

Domestic Return Receipt

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

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To
Tim Paige
622 Chesterfield Circle
San Marcos, CA 92069

Street and Apt. No., or PO Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark Here

2E99 2EEE 1000 05E0 1202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sam H. Jolliffe IV
1607 17th St. W. Apt. 307
Billings, MT 59102

9590 9402 6769 1074 4363 95

2. Article # 7021 0950 0002 0364 6225

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

Domestic Return Receipt

5229 49E0 2000 0560 T202

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark Here

Sent To Sam H. Jolliffe IV
1607 17th St. W. Apt. 307
Billings, MT 59102

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Weslyn Hepler
1303 Orchard Ln., TRLR 18
Carlsbad, NM 88220

9590 9402 6746 1074 2290 26

2. Article Number (Transit)

7021 0950 0002 0367 6819

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type

- Adult Signature Restricted Delivery
- Certified Mail® Restricted Delivery
- Certified Mail® Restricted Delivery every Restricted Delivery
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

7021 0950 0002 0367 6819

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Weslyn Hepler
1303 Orchard Ln., TRLR 18
Carlsbad, NM 88220

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chasity Garza
1410 East Broadway
Brownfield, TX 79316

9590 9402 6769 1074 4364 01

2. Article Number (Transfer from services label)

7021 0950 0002 0364 6218 (over 3000)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Chasity Garza
1410 East Broadway
Brownfield, TX 79316

City, State, ZIP+4®

Postmark Here

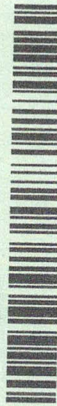
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Estate of William L. Diescher III
 c/o Deborah Diescher, as Voluntary Administrator
 152 Groton Ave
 Cortland, NY 13045



9590 9402 6746 1074 2441 28

2. Article Number **7021 0950 0002 0367 6611**

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X**

B. Received by (Printed Name) **Agent**

C. Date of Delivery **Addressee**

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Call to Post Office
 - Restricted Delivery
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and F	\$

Sent To Estate of William L. Diescher III
 c/o Deborah Diescher, as Voluntary Administrator
 152 Groton Ave
 Cortland, NY 13045

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6611

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To T.L. Rees and wife, Margaret D. Roos
P.O. Box 1007
Colorado City, TX 79512

City, State, ZIP+4® _____

See Reverse for Instructions

2259 2EEF T000 05E0 T202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

1. Article Addressed to:

Eric Benally
9010 Magnolia Ave.
Riverside, CA 92503

9590 9402 6746 1074 2439 92

2. Article Number (Transfer from carrier label)

7021 0350 0001 3337 6649 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CC

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Eric Benally
9010 Magnolia Ave.
Riverside, CA 92503

City, State, ZIP+4® _____

See Reverse for Instructions

6799 2EEF T000 05E0 T202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

1. Article Addressed to:

T.L. Rees and wife, Margaret D. Roos
P.O. Box 1007
Colorado City, TX 79512

9590 9402 6746 1074 2438 79

2. Article Number (Transfer from carrier label)

7021 0350 0001 3337 6427

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) MARGARET D. ROOS C. Date of Delivery 2-7-22

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Patricia Gae Stamps
P.O. Box 249
Panhandle, TX 79068

Street and Apt. No., or PO Box
City, State, Zip+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0459 2EEF T000 05E0 T202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chevron USA Inc.
6301 Deauville Blvd
Midland, TX 79706

9590 9402 6769 1074 4362 96

7021 0350 0001 3337 6540

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Adult Signature

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

7021 0350 0001 3337 6540

PS Form 3811, July 2020 PSN 7530-02-000-9053

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Chevron USA Inc.
6301 Deauville Blvd
Midland, TX 79706

Street and Apt. No., or PO Box
City, State, Zip+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

6759 2EEF T000 05E0 T202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9590 9402 6769 1074 4363 71

7021 0350 0001 3337 6540

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Adult Signature

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

7021 0350 0001 3337 6540

PS Form 3811, July 2020 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, TX 78628

9590 9402 6769 1074 4363 33

7021 0350 0001 3337 6588 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) TM 19 C. Date of Delivery 2/10

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Adult Signature Restricted Delivery
- Certified Mail®
- Signature Confirmation™
- Collect on Delivery
- Restricted Delivery

Postmark Here

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark Here

Total Postage and Fees \$ _____

Sent To _____

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, TX 78681

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

8859 2EE3 T000 05E0 T202

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark Here

Total Postage and Fees \$ _____

Sent To _____

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, TX 78628

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7259 2EE3 T000 05E0 T202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, TX 78681

9590 9402 6769 1074 4363 26

7021 0350 0001 3337 6588 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) MA 19 C. Date of Delivery 2/10

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Adult Signature Restricted Delivery
- Certified Mail®
- Signature Confirmation™
- Collect on Delivery
- Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark Here

Total Postage and Fees \$ _____

Sent To _____

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, TX 78681

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Trabajo Del Spear, LP
P.O. Box 1684
Street and Apt. No., (Midland, TX 79702
City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2059 2337 1000 0500 1202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Nelson Silva Addressee

B. Received by (Printed Name) Nelson Silva C. Date of Delivery 3/11/22

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
Robert Scott Pace
Wolfforth, TX 79382

3. Service Type
 Priority Mail Express®
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Insured Mail (over \$500)

Domestic Return Receipt CE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Trabajo Del Spear, LP
P.O. Box 1684
Midland, TX 79702

2. Article Number
7021 0350 0001 3337 6502

9590 9402 6746 1074 2439 54

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Mozelle Pace Addressee

B. Received by (Printed Name) Mozelle Pace C. Date of Delivery _____

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Insured Mail (over \$500)

Domestic Return Receipt CE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Robert Scott Pace
P.O. Box 1015
Wolfforth, TX 79382

2. Article Number
7021 0350 0001 3337 6601

9590 9402 6769 1074 4363 02

PS Form 3811, July 2020 PSN 7530-02-000-9053

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Robert Scott Pace
P.O. Box 1015
Street and Apt. No. Wolfforth, TX 79382
City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2059 2337 1000 0500 1202

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Salem Pecos Stribling
7319 Via Contena NE
Albuquerque, NM 87113

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Patricia Ann Beeman Allen, Revocable Trust
c/o Patricia Ann Beeman Allen, Trustee
807 Alamosa
Carlsbad, NM 88220

7021 0950 0002 0367 6529

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Addressee

C. Date of Delivery

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

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Article Addressed to: ricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Patricia Ann Beeman Allen, Revocable Trust
c/o Patricia Ann Beeman Allen, Trustee
807 Alamosa
Carlsbad, NM 88220

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Salem Pecos Stribling
7319 Via Contena NE
Albuquerque, NM 87113

7021 0350 0001 3337 6489

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Addressee

C. Date of Delivery

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

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Article Addressed to: ricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Article Addressed to:
 Article Addressed to:

2. Article 7021 0350 0001 3337 6496 (over \$500)
 Domestic Return Receipt

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Restricted Delivery
 Signature Confirmation
 Signature Confirmation Restricted Delivery

John D. Stribling
 P.O. Box 10204
 Albuquerque, NM 87184

9590 9402 6746 1074 2439 47

Postmark Here

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
Total Postage and Fees \$
 Sent To
 Street and Apt. No., or P.O. Box No.
 City, State, ZIP+4®

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
Total Postage and Fees \$
 Sent To
 Street and Apt. No., or P.O. Box No.
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Martha Joy Stribling
 918 Parkland Circle SE
 Albuquerque, NM 87108

Postmark Here

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Article Addressed to:
 Article Addressed to:

2. Article 7021 0350 0001 3337 6441 (over \$500)
 Domestic Return Receipt

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Restricted Delivery
 Signature Confirmation
 Signature Confirmation Restricted Delivery

Martha Joy Stribling
 918 Parkland Circle SE
 Albuquerque, NM 87108

9590 9402 6746 1074 2439 09

Postmark Here

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
Total Postage and Fees \$
 Sent To
 Street and Apt. No., or P.O. Box No.
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

John D. Stribling
 P.O. Box 10204
 Albuquerque, NM 87184

9590 9402 6746 1074 2439 47

Postmark Here

SENDER: COMPLETE THIS SECTION

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

Francis F Beeman and wife, Betsy Jo Beeman
1405 Ural Drive
Carlsbad, NM 88220

9590 9402 6746 1074 2438 62
Article Number (Transfer from service label)

7021 0350 0001 3337 6410

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CB

COMPLETE THIS SECTION ON DELIVERY

- A. Signatures Agent Addressee
- B. Received by (Printed Name) Francis F Beeman Date of Delivery 7/20/20
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

1 Delivery

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

Francis F Beeman and wife, Betsy Jo Beeman
1405 Ural Drive
Carlsbad, NM 88220

9590 9402 6746 1074 2438 62
Article Number (Transfer from service label)

7021 0350 0001 3337 6410

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CB

COMPLETE THIS SECTION ON DELIVERY

- A. Signatures Agent Addressee
- B. Received by (Printed Name) Francis F Beeman Date of Delivery 7/20/20
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

1 Delivery

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

Francis F Beeman and wife, Betsy Jo Beeman
1405 Ural Drive
Carlsbad, NM 88220

9590 9402 6746 1074 2438 62
Article Number (Transfer from service label)

7021 0350 0001 3337 6410

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CB

SENDER: COMPLETE THIS SECTION

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

Brian L. McGonagill and wife, Shirley C. McGonagill
1612 Westridge Rd.
Carlsbad, NM 88220

9590 9402 6746 1074 2438 86
Article Number (Transfer from service label)

7021 0350 0001 3337 6434

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CB

COMPLETE THIS SECTION ON DELIVERY

- A. Signatures Agent Addressee
- B. Received by (Printed Name) Brian L McGonagill Date of Delivery 7/20/20
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

1 Delivery

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

Brian L. McGonagill and wife, Shirley C. McGonagill
1612 Westridge Rd.
Carlsbad, NM 88220

9590 9402 6746 1074 2438 86
Article Number (Transfer from service label)

7021 0350 0001 3337 6434

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CB

COMPLETE THIS SECTION ON DELIVERY

- A. Signatures Agent Addressee
- B. Received by (Printed Name) Brian L McGonagill Date of Delivery 7/20/20
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

1 Delivery

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

Brian L. McGonagill and wife, Shirley C. McGonagill
1612 Westridge Rd.
Carlsbad, NM 88220

9590 9402 6746 1074 2438 86
Article Number (Transfer from service label)

7021 0350 0001 3337 6434

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CB

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2. Article Addressed to:

3. Service Type

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Geneva Floyd Osborn
P.O. Box 419
Tipton, OK 73570

Street and Apt. No. City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Pamela Rae Cummings
P.O. Box 817
Panhandle, TX 79068

Street and Apt. No., or P.O. Box City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2. Article Addressed to:

3. Service Type

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Geneva Floyd Osborn
P.O. Box 419
Tipton, OK 73570

Street and Apt. No. City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Arturo M. Carrillo
914 Ahrens St.
Houston, TX 88232

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Craig Sandman
Inmate at Ware State Prison
3620 Harris Rd.
Waycross, GA 31503

9590 9402 6746 1074 2439 78

7021 0350 0001 3337 6625

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Robert Craig Sandman C. Date of Delivery 2/14/22

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

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Delivery Restricted Delivery

Restricted Delivery (over \$500)

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Arturo M. Carrillo
914 Ahrens St.
Houston, TX 88232

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Arturo M. Carrillo
914 Ahrens St.
Houston, TX 88232

9590 9402 6746 1074 2440 05

7021 0350 0001 3337 6625

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Arturo M. Carrillo C. Date of Delivery 2/14/22

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

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Delivery Restricted Delivery

Restricted Delivery (over \$500)

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Robert Craig Sandman
Inmate at Ware State Prison
3620 Harris Rd.
Waycross, GA 31503

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Craig Sandman
Inmate at Ware State Prison
3620 Harris Rd.
Waycross, GA 31503

9590 9402 6746 1074 2439 78

7021 0350 0001 3337 6625

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Robert Craig Sandman C. Date of Delivery 2/14/22

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

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Delivery Restricted Delivery

Restricted Delivery (over \$500)

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or P.O. _____

City, State, ZIP+4® _____

Robert Hepler
41175 Mount Rd.
Anza, CA 92539

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2699 2960 2000 0560 1202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

1. Article Addressed to: _____

2. A 7021 0950 0002 0367 6501

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or P.O. _____

City, State, ZIP+4® _____

Daniel Aaron Taschner and wife, Arin Nicole Bratcher Taschner
2 Meadowlark Ct
Artesia, NM 8712

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

1299 2960 2000 0560 1202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

1. Article Addressed to: _____

2. A 7021 0950 0002 0367 6697

PS Form 3811, July 2020 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: _____

2. A 7021 0950 0002 0367 6697

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Stacy M. Ridge Davis
P.O. Box 178
Hagerman, NM 88232

Street and Apt. No., or PO Box _____
City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0299 2EEE T000 05E0 T202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

1. Article Addressed to: _____

2. Article Number (Traceable Mail Only) 7021 0350 0001 3337 6663 (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9063 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Ms. KA C. Date of Delivery 2-10-22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Delivery Delivery

Postmark Here

Mark Anthony Carrillo
3506 W Ohio Ave
Midland, TX 79703

9590 9402 5760 0003 2694 71

Released to Imaging: 3/16/2022 11:29:51 AM

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____
City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

1. Article Addressed to: _____

2. Article Number (Traceable Mail Only) 7021 0350 0001 3337 6670 (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9063 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 2/10/22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Delivery Delivery

Postmark Here

Stacy M. Ridge Davis
P.O. Box 178
Hagerman, NM 88232

9590 9402 5760 0003 2694 88

E999 2EEE T000 05E0 T202

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or P.O. Box _____

City, State, Zip+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7271 4950 2000 0560 7202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Skyler Valencia C. Date of Delivery 2-15-22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail (over \$500) Insured Mail Restricted Delivery

1. Article Addressed to:

7021 0950 0002 0364 6249

PS Form 3811, July 2015 PSN 7530-02-000-9053

Westall Oil & Gas, LLC
P.O. Box 4
Loco Hills, NM 88255



9590 9402 5760 0003 2694 64

SENDER: COMPLETE THIS SECTION

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

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No _____

City, State, Zip+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

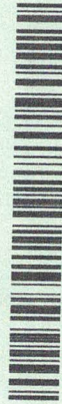
OFFICIAL USE

6729 4950 2000 0560 7202

SENDER: COMPLETE THIS SECTION

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

JoAnn McNeill
P.O. Box 21116
Billings, MT 59104



9590 9402 5760 0003 2695 25

2. Article N _____ (attach service label)

7021 0950 0002 0364 6171

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Jo Ann McNeill C. Date of Delivery 2-18-22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Return Receipt for Merchandise Return Receipt for Signature Confirmation™ Signature Confirmation Restricted Delivery

Domestic Return Receipt



**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Estate of Emma Jean Gregory, Deceased
c/o Mary White
P.O. Box 1525
Artesia, NM 88211

Street and Apt. No., or PO Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6543

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

John R. and Brenda G. Diescher Living Trust
c/o John R. Diescher and Brenda G. Diescher, Trustees
3946 Route 22
Cortland, NY 13045

3946 Rt 11

9590 9402 6746 1074 2441 35

2. Article Number PSN 7021 0950 0002 0367 6604

3. Service Type

Agent Signature

Adult Signature Restricted Delivery

Certified Mail®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John R. Diescher*

Agent

Addressee

B. Received by (Printed Name) *John R. Diescher*

C. Date of Delivery

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

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

4099 2960 2000 0560 1202

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To John R and Brenda G. Diescher Living Trust
c/o John R. Diescher and Brenda G. Diescher, Trustees
3946 Route 22
Cortland, NY 13045

Street and Apt. No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

Estate of Emma Jean Gregory, Deceased
c/o Mary White
P.O. Box 1525
Artesia, NM 88211

9590 9402 6746 1074 2441 97

2. Article Number PSN 7021 0950 0002 0367 6543

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Denis J. Pacheco*

Agent

Addressee

B. Received by (Printed Name) *Denis J. Pacheco*

C. Date of Delivery

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

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Belinda Lee Hepler
59500 Ramsey Rd., Apt. 568
Anza, CA 92539

Street and Apt. No., or P.O. Box No.

City, State, Zip+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0129 29EO 2000 0560 7202

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Francine Marilyn Hepler, deceased, and Belinda Lee Hepler, Sharon Kay Hepler, Robert Gary Hepler, Ricky Lee Hepler, and Cheyenne S. Hepler
59500 Ramsey Rd., Apt. 568
Anza, CA 92539

9590 9402 6746 1074 2440 29

2. Article Number (Minimum 4 Digits) 7021 0950 0002 0367 6727 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X Received by (Printed Name) C. Date of Delivery

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery Restricted Delivery

3. Service Type

Adult Signature

Registered Mail Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Belinda Lee Hepler
59500 Ramsey Rd., Apt. 568
Anza, CA 92539

Street and Apt. No., or P.O. Box No.

City, State, Zip+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2229 29EO 2000 0560 7202

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Belinda Lee Hepler
59500 Ramsey Rd., Apt. 568
Anza, CA 92539

9590 9402 6746 1074 2440 36

2. Article Number (Minimum 4 Digits) 7021 0950 0002 0367 6710 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X Received by (Printed Name) C. Date of Delivery

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery Restricted Delivery

3. Service Type

Adult Signature

Registered Mail Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To \$

Amber Davis
104 Manchester Ave.
Hagerman, NM 88232

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark
Here

2999 29EE 7000 0500 7202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Family Tree Corporation
915 S. Pearl Street
Denver, CO 80209



9590 9402 6746 1074 2440 81

2. Article Number (Transfer from service label)
7021 0950 0002 0367 6666

Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

CE

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
Bm Pstkr

C. Date of Delivery
2/25/22

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

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery™
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Family Tree Corporation
915 S. Pearl Street
Denver, CO 80209

Street and Apt. No.,

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark
Here

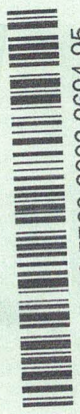
9999 2900 2000 0500 7202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Amber Davis
104 Manchester Ave.
Hagerman, NM 88232



9590 9402 5760 0003 2694 95

2. Article Number (Transfer from service label)
7021 0350 0001 3337 6667

PS Form 3811, July 2015 PSN 7530-02-000-9053

CE

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
B. Received by (Printed Name)
Amber Davis

C. Date of Delivery
2/10/22

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

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery™
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

CE

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6734

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) A WATTS C. Date of Delivery _____

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Collect on Delivery Signature Confirmation™

Restricted Delivery Signature Confirmation Restricted Delivery

City, State, ZIP+4® _____

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

Ross Duncan Properties LLC
P.O. Box 647
Artesia, NM 88211

9590 9402 6746 1074 2440 98

7021 0950 0002 0367 6659

7021 0950 0002 0367 6659

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chisos Minerals, LLC
1111 Bagby St., Suite 2150
Houston, TX 77002

9590 9402 6746 1074 2440 12

7021 0950 0002 0367 6734

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6659

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Katharyn Irene Beckholt Gregory
106 Glendale
Sweetwater, TX 79556

9590 9402 6746 1074 2441 73

7021 0950 0002 0367 6567

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt: **CE**

9289 29E0 2000 0560 1202

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To _____

Postmark Here

Street and Apt. No., or P.O. Box No. _____

City, State, Zip+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Erin Henler
603 N. 3rd St.
Carlsbad, NM 88220

9590 9402 6746 1074 2290 33

7021 0950 0002 0367 6826

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery 2/11/22

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt: **CE**

2959 29E0 2000 0560 1202

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To _____

Postmark Here

Street and Apt. No., or P.O. Box No. _____

City, State, Zip+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To William Ervin Gregory
11910 Central Ave SE, #2B
Albuquerque, NM 87123

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0559 29E0 2000 0560 7202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mark A. Beeman
57 North Sky Loop
Roswell, NM 88201

9590 9402 6746 1074 2441 11

Article 7021 0950 0002 0367 6628

PS Form 3811, July 2020 PSN 7530-02-000-9053

2. Article Addressed to:

Mark A. Beeman
57 North Sky Loop
Roswell, NM 88201

9590 9402 6746 1074 2441 11

Article 7021 0950 0002 0367 6628

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Mark Beeman C. Date of Delivery 2-16-22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Collect on Delivery

Collect on Delivery Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Mark A. Beeman
57 North Sky Loop
Roswell, NM 88201

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Sent To Mark A. Beeman
57 North Sky Loop
Roswell, NM 88201

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0299 29E0 2000 0950 7202

COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION	
A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee		1. Article Addressed to: Attach this card to the back of the mailpiece, or on the front if space permits. ■ Print your name and address on the reverse so that we can return the card to you. ■ Complete items 1, 2, and 3.	
B. Received by (Printed Name) <i>Janet Ashme</i>		Mary Helen Metcalf Gregory White P.O. Box 1525 Artesia, NM 88211	
C. Date of Delivery		2. Article Number 9590 9402 6746 1074 2441 66	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:		3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
Domestic Return Receipt		PS Form 3811, July 2020 PSN 7530-02-000-9053	

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark
Here

Postage
Total Postage and Fees

Sent To Frederick J. Jonas
13032 Emerson St.
Thornton, CO 80241
Street and Apt. No., or
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6789

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark
Here

Postage
Total Postage and Fees

Sent To John Edward Hall IV
P.O. Box 99
Huntsville, TX 77342
Street and Apt. No., or PO Box
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0350 0001 3337 6595

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark
Here

Postage
Total Postage and Fees

Sent To Mary Lee Hall Stewart
201 Rodriguez Rd.
Yoakum, TX 77995
Street and Apt. No., or PO Box
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0350 0001 3337 6618

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark
Here

Postage
Total Postage and Fees

Sent To Teresa H. Jolliffe
1610 N. N St.
Midland, TX 79701
Street and Apt. No., or PO Box
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0364 6232

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark
Here

Postage
Total Postage and Fees

Sent To Christi Lea Rucker
234 South Buena Vista Street, Apt. B
Redlands, CA 92373
Street and Apt. No., or
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6673

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark
Here

Postage
Total Postage and Fees

Sent To William Franklin Beeman
71 Apache Drive
Carlsbad, NM 88220
Street and Apt. No., or P
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6642

7021 0350 0001 3337 6526

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Premier Oil & Gas, Inc.
1096 Mechem Drive, Suite G-16
Ruidoso, NM 88345

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0350 0001 3337 6403

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0364 6195

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Marilyn Faye Bitsis
1102 Brianbrook
Houston, TX 77042

Street and Apt. No., or PO
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0364 6126

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Heather Davis
21 E. Blevins Rd.
Artesia, NM 88210

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0364 6201

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Neville Manning
2112 Indiana
Lubbock, TX 79410

Street and Apt. No., or PO
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6758

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Marla Risher
2007 W. Pepper Tree Cir.
Carlsbad, NM 88220

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6680

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To EnCore Permian Holdings LP P.O. Box 1113 Midland, TX 79702	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6702

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To PetroLima, LLC P.O. Box 1113 Midland, TX 79702	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6598

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Louise M. (Mickey) Ratliff, Jr. 216 East 21 st Street Littlefield, TX 79339	
Street and Apt. No., or PO	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6574

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Mary Helen Metcalf Gregory White P.O. Box 1525 Artesia, NM 88211	
Street and Apt. No., or P	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

S92544.137

\$7.53
 US POSTAGE
 FIRST-CLASS
 062S13292292 87501
 000132104



Estate of Clarence Weldon Ervin, Deceased
 c/o Ruby Lillian Eldon
 1105 S. Country Club Circle C

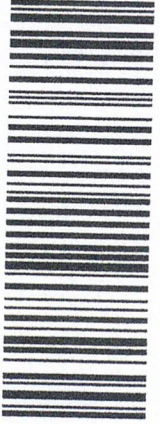
NIXIE 750 DE 1 0003/02/22

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 87504105656 *0268-09549-07-41

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



7021 0950 0002 0364 6133

Handwritten: 12/16/20

UNC BC: 87504105656

James Bruce
 PO Box 1056
 Santa Fe, NM 87504

.. 932A000000000000000000

7021 0950 0002 0364 6133

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No.
 City, State, Zip+4

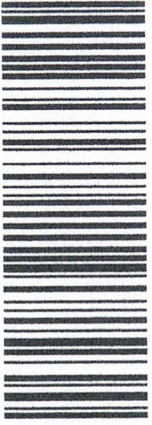
Estate of Clarence Weldon Ervin, Deceased
 c/o Ruby Lillian Eldon
 1105 S. Country Club Circle C
 Carlisbad, NM 88220

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7021 0950 0002 0367 6635

James Bruce
PO Box 1056
Santa Fe, NM 87504

Let it Show

stamps
S92544.135

\$7.53⁹
US POSTAGE
FIRST-CLASS
062513292292
87501
000132106



Robert B. Beeman
1520 Guadalupe
Carlsbad, NM 88220

WIALE 750 DE 1 0003/02/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
UNC BC: 87504105656 *0268-09550-07-41
882798991658002

WIALE

9599 2900 2000 0560 7202

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Robert B. Beeman 1520 Guadalupe Carlsbad, NM 88220
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

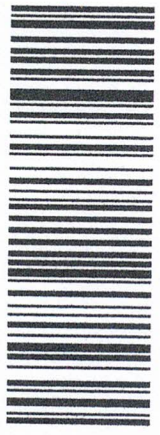
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



LN 2/10
07/15
02/25

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7021 0950 0002 0367 6796

James Bruce
PO Box 1056
Santa Fe, NM 87504-1056

03/03/2022

Daniel Morgan Jonas

NIXIE 841 DE 1 0002/27/ZZ
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *0268-09531-07-41

UNC
844098899849656

2229 2900 0002 0367 6722

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO	Betty Jones 4111 Ave. 607 E., NM 87501 Gallup, NM 87501
City, State, ZIP+4®	

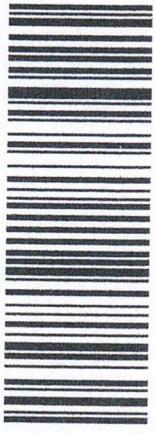
Postmark Here

PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for Instructions

James Bruce
PO Box 1056
Santa Fe, NM 87504-1056

03/03/2022

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7021 0950 0002 0367 6796



LN 2/10
02/15
02/25

Daniel Morgan Jonas

NIXIE 241 DE 1 0002/27/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *0268-09531-07-41

9440088998451056
UNC

James Bruce
 PO Box 1056
 Santa Fe, NM 87504-1056

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.



7021 0950 0002 0367 6772

UNCLAIMED

FEB 1

stamps.com
 S92544.153
 \$7.53
 US POSTAGE
 FIRST-CLASS
 062513292292
 87501
 000132088

Betty Jonas
 607 E. Hill Ave.

NIXIE 871 DE 1 0002/26/22
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 97504105656 *0268-09532-07-41

2229 2900 2000 0560 1202

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee
 \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
Total Postage and Fees \$
 Sent To
 Betty Jones
 Hill Ave
 607 E., NM 87501
 Gallup, NM 87501
 Street and Apt. No., or PO, City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

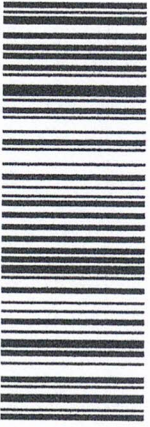


LN 2/10
02/15
02/17

Daniel Morgan Jonas

NIXIE 341 DE 1 0002/27/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *0268-09531-07-41

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7021 0950 0002 0367 6796

UNC
8440088998 875041056

James Bruce
PO Box 1056
Santa Fe, NM 87504-1056

03/03/2022

7021 0950 0002 0367 6796

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Daniel Morgan Jonas
525 41st St.
Ogden, UT 84403

Street and Apt. No., or P.O. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS; FOLD AT DOTTED LINE
CERTIFIED MAIL®

James Bruce
PO Box 1056
Santa Fe, NM 87504-1056



7021 0950 0002 0367 6840

stamps
S92544.156
\$7.53
US POSTAGE
FIRST-CLASS
062513282282
87501
000132085
for return

Sam L. Shackelford
1906 Mechem Drive
88345

Handwritten notes: "L21D/S", "UNC", "68345-7004-1056", and a signature.

799 DE 1 0003/03/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105655 *0268-09527-07-41

7021 0950 0002 0367 6840

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Sam L. Shackelford
1906 Mechem Drive
Ruidoso, NM 88345

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

stamps
 S92544.157
 \$7.53
 US POSTAGE
 FIRST-CLASS
 062513292292
 87501
 000132084
 stamps

Charlene Hepler
 4309 Sycamore St.

750 DE 1 0003/02/22
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 *0268-09526-07-41

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7021 0950 0002 0367 6833

✓
 2/10

James Bruce
 PO Box 1056
 Santa Fe, NM 87504-1056

9597000081820888

UNC BC: 87504105656
 88798792058003

7021 0950 0002 0367 6833

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 \$ _____

Postmark Here

Charlene Hepler
 4309 Sycamore St.
 Carlsbad, NM 88220
 City, State, ZIP+4®

PS Form 3800, April 2015 FSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
PO Box 1056
Santa Fe, NM 87504-1056

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7021 0950 0002 0367 6802

Handwritten: 2/10/22
M



Janet L. Jonas
615 Quailbrush Dr. NW

Handwritten: 2/10/22
NIXIE 971 DE 1 0002/25/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 97504105656 *0259-09560-07-41

UNC
9712750426056

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	\$

Postmark
Here

Sent To
Janet L. Jonas
615 Quailbrush Dr. NW
Albuquerque, NM 87121

Street and Apt. No.,
City, State, Zip+4®

PS Form 3800, April 2015 PSN 7530-025-000-9047 See Reverse for Instructions

7021 0950 0002 0367 6802

James Bruce
PO Box 1056
Santa Fe, NM 87504-1056



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®

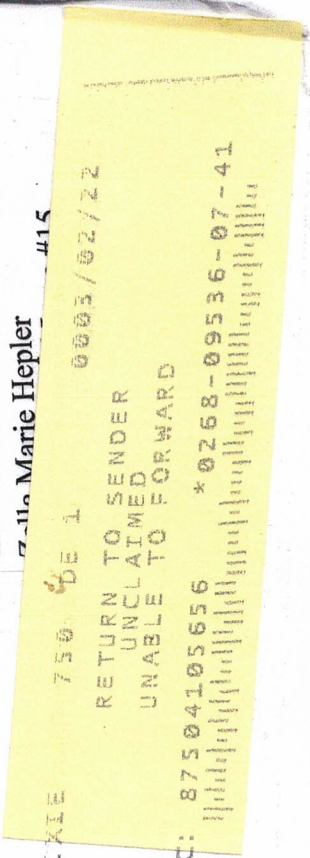


7021 0950 0002 0367 6741

AN
2/10



Marie Hepler



750 DE 1 0003/02/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

1820881820881

UNC BC: 87504105656 *0268-09536-07-41

7021 0950 0002 0367 6741

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Zella Marie Hepler 1303 East Orchid Lane #15 Carlsbad, NM 88220
Street and Apt. No., or P.O. Box	
City, State, ZIP+4®	

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
 PO Box 1056
 Santa Fe, NM 87504-1056

CERTIFIED MAIL
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



7021 0950 0002 0367 6765

2/10
 \$7.53⁹
 US POSTAGE
 FIRST-CLASS
 0625132329Z
 87501
 000132089

Nora Wright
 1303 E Orchard Ln., TRLR 15

WIKIE 750 DE 1 0003/02/22
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 UNCC BC: 87504105656 *0268-09533-07-41

.. 93270000000000000000

U.S. Postal Service CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Nora Wright
Street and Apt. No., or PO Box	1303 E Orchard Ln., TRLR 15
City, State, Zip+4®	Carlsbad, NM 88220

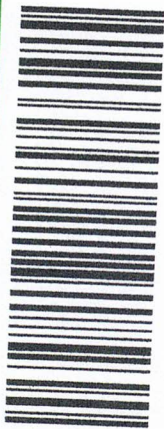
Postmark Here

7021 0950 0002 0367 6765

James Bruce
PO Box 1056
Santa Fe, NM 87504

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE



7021 0350 0001 3337 6564



Handwritten: 400 2/1/22

Klipstine & Hanratty, a Law Partnership
c/o James W. Klipstine

750 DE 1 0003/02/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
UNC 87504105656 *0200-00020-03-40

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To
Klipstine & Hanratty, a Law Partnership
c/o James W. Klipstine
310 Canyon S
Carlsbad, NM 88220

Street and Apt. No., or P.O. Box
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

4959 2000 1000 0350 7202