

**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](mailto: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](http://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.

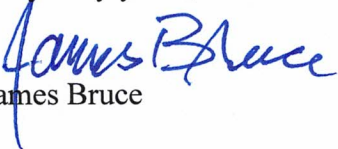
A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement. This statement may be filed online with the Division at [ocd.hearings@state.nm.us](mailto:ocd.hearings@state.nm.us), and should include: The name of the party and his or her attorney; a concise statement 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, prominent 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 17<sup>th</sup> 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 5<sup>th</sup> 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 21<sup>st</sup> 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 41<sup>st</sup> 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. 9<sup>th</sup> 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 6100** (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™
- Certified Mail®
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail Restricted Delivery
- Registered Mail 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](http://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 6100

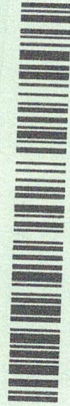
Postmark Here

**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. Art *from carrier's 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  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

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Insured Mail  Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://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

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:

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  Agent  Addressee

6. Date of Delivery

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

8. Domestic Return Receipt

**U.S. Postal Service™  
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Domestic Mail Only**

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**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  
Street and Apt. No., or PO Box, Albuquerque, NM 87109

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:

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

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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® \_\_\_\_\_

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

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™**  
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For delivery information, visit our website at [www.usps.com](http://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  
 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

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 17<sup>th</sup> 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) 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
- 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](http://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 17<sup>th</sup> 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  
if YES, enter delivery address below:  No

3. Service Type

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

Domestic Return Receipt **CE**

7021 0950 0002 0367 6819

**U.S. Postal Service™**  
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**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

Domestic Return Receipt

*CE*

**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

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

For delivery information, visit our website at [www.usps.com](http://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 \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Postmark Here

Chasity Garza  
1410 East Broadway  
Brownfield, TX 79316

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

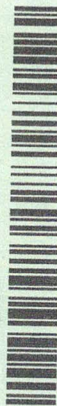
7202 0560 2000 4926 9129

**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

- 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
- Call Mail®
- Certified Mail Restricted Delivery
- 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](http://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 F

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

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

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](http://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. Rees  
P.O. Box 1007  
Colorado City, TX 79512

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

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:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) E Benally 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®

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](http://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. Rees  
P.O. Box 1007  
Colorado City, TX 79512

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

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:

T.L. Rees and wife, Margaret D. Rees  
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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) Margaret D. Rees 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®

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](http://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 \_\_\_\_\_

City, State, Zip+4® \_\_\_\_\_

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

0459 2EEF T000 05E0 T202

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

For delivery information, visit our website at [www.usps.com](http://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 \_\_\_\_\_

City, State, Zip+4® \_\_\_\_\_

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

6759 2EEF T000 05E0 T202

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

For delivery information, visit our website at [www.usps.com](http://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 \_\_\_\_\_

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:

Chevron USA Inc.  
6301 Deauville Blvd  
Midland, TX 79706



Article Number (Transfer from envelope label)  
7021 0350 0001 3337 6549 1111

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

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:

Subaru  
P.O. Box 997  
P.O. Box 997  
P.O. Box 997  
P.O. Box 997



Article Number (Transfer from envelope label)  
7021 0350 0001 3337 6540

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 2/7/22
- 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
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Collect on Delivery Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - 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](http://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 \_\_\_\_\_

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 2EEE 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:

Sue Osborn Powell  
899 Hedgewood Drive  
Georgetown, TX 78628

9590 9402 6769 1074 4363 33

7021 0350 0001 3337 6571 (over \$500)

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) TM 19 C. Date of Delivery 2/10

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

Collect on Delivery

City, State, Zip+4® \_\_\_\_\_

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

For delivery information, visit our website at [www.usps.com](http://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 \_\_\_\_\_

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

**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 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) MA 19 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

Collect on Delivery

City, State, Zip+4® \_\_\_\_\_

7259 2EEE T000 05E0 T202

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](http://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

**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.

1. Article Addressed to:

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

9590 9402 6769 1074 4363 02

7021 0350 0001 3337 6601

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  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 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](http://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  
Midland, TX 79702  
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.

1. Article Addressed to:

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

9590 9402 6746 1074 2439 54

7021 0350 0001 3337 6502

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) Nelson Silva C. Date of Delivery 2/11/22

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®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail 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](http://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  
Wolfforth, TX 79382  
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.

1. Article Addressed to:

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

9590 9402 6769 1074 4363 02

7021 0350 0001 3337 6601

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  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 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](http://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®  
Albuquerque, NM 87113

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.

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

9590 9402 6746 1074 2441 04

2. Art 7021 0950 0002 0367 6529 ricted Delivery

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

**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

Collect on Delivery Restricted Delivery

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

For delivery information, visit our website at [www.usps.com](http://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®  
Albuquerque, NM 87113

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.

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

9590 9402 6746 1074 2439 30

2. Art 7021 0350 0001 3337 6489 ricted Delivery

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

**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

Collect on Delivery Restricted Delivery



**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

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 \$  
 (over \$500)

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

Postmark Here

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

For delivery information, visit our website at [www.usps.com](http://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 \$  
 (over \$500)

Sent To  
 Street and Apt. No., or P.O. 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:  
 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

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 \$  
 (over \$500)

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

Postmark Here

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

For delivery information, visit our website at [www.usps.com](http://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 \$  
 (over \$500)

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

Postmark Here

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](http://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 \$  
 (over \$500)

Sent To  
 Street and Apt. No., or P.O. 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.

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  
 C. 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 Restricted Delivery

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

For delivery information, visit our website at [www.usps.com](http://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

Francis F Beeman and wife, Betsy Jo Beeman  
1405 Ural Drive  
Carlsbad, NM 88220  
City, State, ZIP+4®

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

7021 0350 0001 3337 6410

7021 0350 0001 3337 6434

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

For delivery information, visit our website at [www.usps.com](http://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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Agent  
 Addressee  
 B. Received by (Printed Name) Brian L McGonagill Date of Delivery 7/20/20  
 C. 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 Restricted Delivery

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](http://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](http://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

Penela 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](http://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

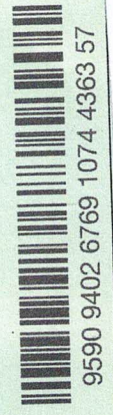
Geneva Floyd Osborn  
P.O. Box 419  
Tipton, OK 73570

Street and Apt. No.

City, State, ZIP+4®

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

7202 0350 0001 3337 6533



CE

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

For delivery information, visit our website at [www.usps.com](http://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 78232

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

9599 2E3E 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:

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

2. Article Addressed to:

Arturo M. Carrillo  
914 Ahrens St.  
Houston, TX 78232

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Collect on Delivery

Delivery Restricted Delivery

Restricted Delivery (over \$500)

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

Released to Imaging: 3/16/2022 11:34:20 AM

**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 78232

2. Article Addressed to:

Arturo M. Carrillo  
914 Ahrens St.  
Houston, TX 78232

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Delivery Restricted Delivery

Restricted Delivery (over \$500)

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](http://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

5299 2E3E T000 05E0 T202

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

For delivery information, visit our website at [www.usps.com](http://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  
*Robert Hepler*  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 Restricted Delivery  Registered Mail™  
 Certified Mail®  Adult Signature Restricted Delivery  Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Postmark Here

FEB 25 2022

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2. A. 7021 0950 0002 0367 6581

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
*Daniel Taschner*  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®  
 Registered Mail™  
 Adult Signature Restricted Delivery  Signature Confirmation™  
 Certified Mail®  Signature Confirmation Restricted Delivery

Postmark Here

7021 0950 0002 0367 6581

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

For delivery information, visit our website at [www.usps.com](http://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® \_\_\_\_\_

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

1291 2960 2000 0560 1202

**U.S. Postal Service™  
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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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.

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

1. Article Addressed to: \_\_\_\_\_  
2. Article Number (Manifest #) 7021 0350 0001 3337 6663 (over \$500)  
3. Service Type CE Domestic Return Receipt

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

Mark Anthony Carrillo  
3506 W Ohio Ave  
Midland, TX 79703

9590 9402 5760 0003 2694 71

Released to Imaging: 3/16/2022 11:34:20 AM

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

For delivery information, visit our website at [www.usps.com](http://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

E999 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.

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™  
 Registered Mail Restricted Delivery  
 Certified Mail®  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

1. Article Addressed to: \_\_\_\_\_  
2. Article Number (Manifest #) 7021 0350 0001 3337 6670 (over \$500)  
3. Service Type \_\_\_\_\_ Domestic Return Receipt

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

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

9590 9402 5760 0003 2694 88

Mark Anthony Carrillo  
3506 W Ohio Ave  
Midland, TX 79703

9590 9402 5760 0003 2694 88

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

For delivery information, visit our website at [www.usps.com](http://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® \_\_\_\_\_

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

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

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

2. Article Addressed to:  
7021 0950 0002 0364 6249

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

Domestic Return Receipt

CE

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.

1. Article Addressed to:

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

For delivery information, visit our website at [www.usps.com](http://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. \_\_\_\_\_

Loco Hills, NM 88255

City, State, Zip+4® \_\_\_\_\_

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

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

6279 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.

1. Article Addressed to:

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



9590 9402 5760 0003 2695 25

2. Article N

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

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

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](http://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 *7021 0950 0002 0367 6604*

3. Service Type

Agent Signature

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail (over \$500)

Registered Mail™

Registered Mail Restricted Delivery

Priority Mail Express®

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

If YES, enter delivery address below:

A. Signature \_\_\_\_\_

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:

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

2. Article Number *7021 0950 0002 0367 6543*

3. Service Type

Agent Signature

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail (over \$500)

Registered Mail™

Registered Mail Restricted Delivery

Priority Mail Express®

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

If YES, enter delivery address below:

A. Signature \_\_\_\_\_

B. Received by (Printed Name) *Denise Pacheco*

C. Date of Delivery \_\_\_\_\_

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

If YES, enter delivery address below:

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](http://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

4099 2960 2000 0560 1202

**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

2. Article Number *7021 0950 0002 0367 6543*

3. Service Type

Agent Signature

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail (over \$500)

Registered Mail™

Registered Mail Restricted Delivery

Priority Mail Express®

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

If YES, enter delivery address below:

A. Signature \_\_\_\_\_

B. Received by (Printed Name) *Denise Pacheco*

C. Date of Delivery \_\_\_\_\_

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

COMPLETE THIS SECTION ON 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](http://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 29E0 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

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®

Signature Confirmation™

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](http://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 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

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. 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

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®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

2229 29E0 2000 0560 7202

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

For delivery information, visit our website at [www.usps.com](http://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 2999 2000 0560 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:

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

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

For delivery information, visit our website at [www.usps.com](http://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

9999 2999 2000 0560 1202

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:

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

X [Signature] Agent Addressee  
Received by (Printed Name) 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
- Adult Signature Restricted Delivery
  - Certified Mail®
  - Collect on Delivery
  - Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - 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](http://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

1. Article Addressed to:

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

2. Article Addressed to:

7021 0950 0002 0367 6659 (over \$500)

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](http://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) Chisos Minerals, LLC C. Date of Delivery 2/11/22

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

1. Article Addressed to:

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

2. Article Addressed to:

7021 0950 0002 0367 6734 (Transfer from service label)

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:

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**

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

For delivery information, visit our website at [www.usps.com](http://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 **HELEN HENGLER**  
 603 N. 3rd St.  
 Carlsbad, NM 88220

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](http://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 **Katharyn Irene Beckholt Gregory**  
 106 Glendale  
 Sweetwater, TX 79556

City, State, Zip+4®

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

**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:

Eryn Henkler  
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**

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

For delivery information, visit our website at [www.usps.com](http://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

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

4. 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

5. 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

6. 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

7. 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

8. 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

9. 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

10. 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

11. 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

12. 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

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

For delivery information, visit our website at [www.usps.com](http://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

**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:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

2. Article Addressed to:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

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

4. Article Addressed to:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

5. Article Addressed to:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

6. Article Addressed to:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

7. Article Addressed to:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

8. Article Addressed to:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

9. Article Addressed to:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

10. Article Addressed to:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

11. Article Addressed to:

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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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

12. Article Addressed to:


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

9590 9402 6746 1074 2441 00

Article 7021 0950 0002 0367 6550

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



PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	
(over \$500) Restricted Delivery	
7021 0950 0002 0367 6574	
9590 9402 6746 1074 2441 66	
	
Mary Helen Metcalf Gregory White P.O. Box 1525 Artesia, NM 88211	
1. Article Addressed to: or on the front if space permits. <input type="checkbox"/> Attach this card to the back of the mailpiece, so that we can return the card to you. <input checked="" type="checkbox"/> Print your name and address on the reverse <input checked="" type="checkbox"/> Complete items 1, 2, and 3.	
2. Article Number (over \$500) Restricted Delivery	
3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" 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	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
B. Received by (Printed Name) <i>David Lashner</i>	
C. Date of Delivery	
A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
COMPLETE THIS SECTION ON DELIVERY	
SENDER: COMPLETE THIS SECTION	

7021 0950 0002 0367 6789

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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 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 0350 0001 3337 6595

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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 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 6618

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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 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 0950 0002 0364 6232

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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 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 0367 6673

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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 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 6642

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

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7021 0350 0001 3337 6526

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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

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7021 0350 0001 3337 6403

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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

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7021 0950 0002 0364 6195

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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

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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®

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

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\$

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

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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

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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 \$	
<b>Total Postage and Fees</b> \$	
Sent To <b>EnCore Permian Holdings LP</b> P.O. Box 1113 Midland, TX 79702	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

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7021 0950 0002 0367 6702

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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 \$	
<b>Total Postage and Fees</b> \$	
Sent To <b>PetroLima, LLC</b> P.O. Box 1113 Midland, TX 79702	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

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7021 0950 0002 0367 6598

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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 \$	
<b>Total Postage and Fees</b> \$	
Sent To <b>Louise M. (Mickey) Ratliff, Jr.</b> 216 East 21 <sup>st</sup> 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

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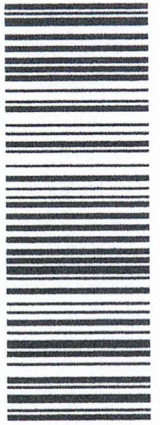
Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult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



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

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7021 0950 0002 0367 6635

James Bruce  
PO Box 1056  
Santa Fe, NM 87504



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

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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 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

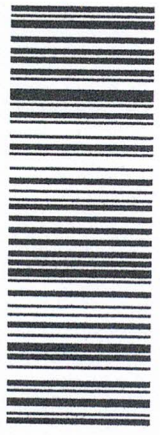


LN 2/10  
07/15  
02/26

Daniel Morgan Jonas

NIXIE 841 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

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

03/03/2022

UNC  
844098899849656

2229 2900 2002 0367 6722

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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	\$
<b>Total Postage and Fees</b>	\$
Sent To	
Street and Apt. No., or PO	Betty Jones Hill Ave.
City, State, ZIP+4®	607 E. NM 87501 Gallup, NM 87501

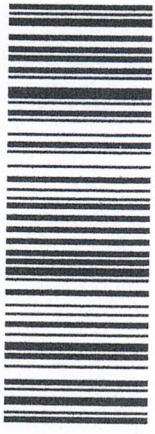
Postmark Here

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

03/03/2022

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
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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

9440088998421056  
UNC

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

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7021 0950 0002 0367 6772

UNCLAIMED

FEB 1

UNC

875041056



Betty Jonas  
607 E. Hill Ave.

NIXIE 871 DE 1 0002/26/22

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UNCLAIMED  
UNABLE TO FORWARD

BC: 87504105656 \*0268-09532-07-41

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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  
Betty Jonas  
607 E. Hill Ave.  
Gallup, NM 87501

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

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7021 0950 0002 0367 6772

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

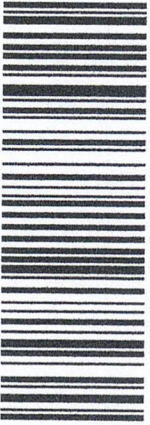


LN 2/10  
02/15  
02/17

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.  
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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

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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	\$
<b>Total Postage and Fees</b>	\$

Postmark Here

Sent To: Daniel Morgan Jonas  
525 41<sup>st</sup> St.  
Ogden, UT 84403

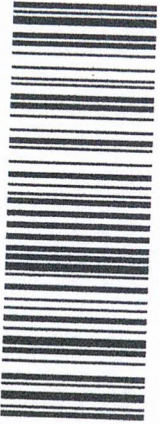
City, State, ZIP+4®

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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  
062513292292  
87501  
000132085  
for return

Sam L. Shackelford  
1906 Mechem Drive  
88345

Handwritten notes: "L21D/S", "UNC", "68345-7000-1056", 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

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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  
Kundoso, NM 88345

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

City, State, ZIP+4® \_\_\_\_\_

Postmark Here

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stamps  
 S92544.157  
 \$7.53<sup>®</sup>  
 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<sup>®</sup>**



7021 0950 0002 0367 6833

✓  
 2/10

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

9597000081820888

UNC BC: 87504105656  
 88998792058003

7021 0950 0002 0367 6833

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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

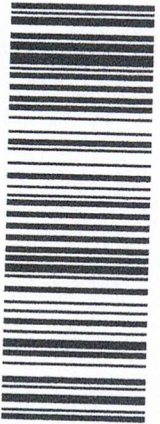
Charlene Hepler  
 4309 Sycamore St.  
 Carlsbad, NM 88220  
 City, State, ZIP+4<sup>®</sup>

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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  
N  
UNC

UNC  
8712750026056



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

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**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	\$
<b>Total Postage and Fees</b>	\$
Sent To	\$

Postmark  
Here

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

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

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7021 0950 0002 0367 6802

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**CERTIFIED MAIL®**



7021 0950 0002 0367 6741

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



AN  
 2/10

7-116 Marie Hepler #15  
 750 DE 1 0003/02/22  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 \*0268-09536-07-41

NIXIE  
 UNC BC: 87504105656  
 602250420056003

~^999A0000221220001

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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 Zella Marie Hepler  
 Street and Apt. No., or 1303 East Orchid Lane #15  
 City, State, ZIP+4® Carlsbad, NM 88220

Postmark Here

7021 0950 0002 0367 6741

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James Bruce  
PO Box 1056  
Santa Fe, NM 87504

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7021 0350 0001 3337 6564

92544.166

**\$7.53**  
**US POSTAGE**  
FIRST-CLASS  
06251329292  
87501  
000132068



*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 CC: 87564195656 \*8258-9020-03-40



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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  
Klipstine & Hanratty, a Law Partnership  
c/o James W. Klipstine  
310 Canyon S  
Street and Apt. No., or P.O. Box  
City, State, ZIP+4®  
Carlsbad, NM 88220

Postmark  
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4959 2EEE T000 05ED T202