

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

**APPLICATION OF MEWBOURNE OIL  
COMPANY TO RE-OPEN CASE NO. 22646  
FOR COMPULSORY POOLING, EDDY  
COUNTY, NEW MEXICO.**

**Case No. 23082**

**a/k/a**

**APPLICATION OF MEWBOURNE OIL  
COMPANY TO AMEND ORDER NO. R-22296  
TO POOL ADDITIONAL PARTIES, EDDY  
COUNTY, NEW MEXICO.**

**NOTICE OF FILING ADDITIONAL EXHIBITS**

Mewbourne Oil Company hereby submits for filing the following:

Revised Exhibit 3, the statement of certified notice, to include all green cards and returned, undelivered envelopes received to date.

Exhibit 6, the certified notice spreadsheet.

Respectfully submitted,

---

James Bruce  
Post Office Box 1056  
Santa Fe, New Mexico 87504  
(505) 982-2043  
*jamesbruc@aol.com*

Attorney for Mewbourne Oil Company

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

APPLICATION OF MEWBOURNE OIL  
COMPANY FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

Case No. 23082

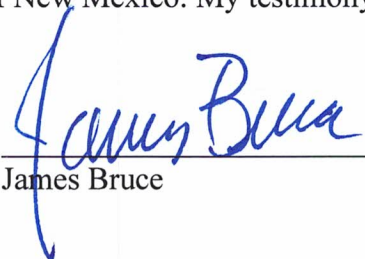
SELF-AFFIRMED STATEMENT OF NOTICE

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 applications filed herein.
4. Notice of the applications 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: 10/4/22  
*Revised 10/18/22*

  
\_\_\_\_\_  
James Bruce

REVISED  
EXHIBIT 3



**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)

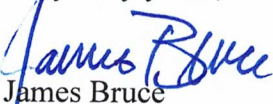
September 15, 2022

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling (Case No. 23082), filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, seeking to pool all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2S/2 of Section 21 and the N/2S/2 of Section 20, Township 20 South, Range 27 East, NMPM. The unit will be dedicated to the Wine Mixer 21/20 B3IL Fed. Com. Well No. 1H This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 6, 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. A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than five business days before the hearing date. 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 that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

ATTACHMENT **A**

Wine Mixer 21/20 B3IL Federal Com #1H

Russell J. Ramsland, Jr.  
PO Box 10505  
Midland, Texas 79702

Iva B. Rascoe Pallerine  
500 S. Sepulveda Blvd, Suite 101  
Manhattan beach, CA 90266-6945

Harvey Y. Rascoe  
1159 W. Ivesbrook St  
Lancaster, CA 93534-2212

B.L. Young  
1816 Calle De Suenos  
Las Cruces, New Mexico 88001-4305

A. Susan Martin  
2201 Baylor Ave.  
Roswell, New Mexico 88203-2429

Barry J. Schwade  
6309 Excelsior Blvd Apt 9  
Minneapolis, MN 55416-2726

W.H. Moorhead  
PO Box 1768  
Gallup, New Mexico 87305

Jeannie Traner  
5305 Fairmont Circle  
Austin, Texas 78745-2755

C.B. Glover  
2242 Baywood Dr  
Biloxi, MS 39532-4102

Robert Daniels  
1606 S. Pennsylvania Ave.  
Roswell, New Mexico 88203-5432

Bertha Daniels  
PO Box 5  
San Ysidro, New Mexico 87053-0005

Cye M. Smith  
6 Autumn Ln  
Ewing, NJ 08638-2318

EXHIBIT

A



Frances L. Willard  
5695 Barberry Ct  
Frederick, MD 21703-7193

Anna Mae Schiller  
444 N. Crescent Heights Blvd., Apt N  
Los Angeles, California 90048-2206

Helen Elizabeth Layer  
1940 Glendale Judicial  
Los Angeles, CA 90041

J.W. Dunlap, and his wife Maura K. Dunlap  
165 S. Main St SPC 64  
Red Bluff, CA 96080-3850

Charles S. Watkins  
5803 Abelia Rd  
Jacksonville, FL 32209-2482

Charles Q. Clark  
7831 Wagon Mound Ct NW  
Albuquerque, New Mexico 87120-2870

Marjorie E. Bee  
PO Box 104  
Panguitch, UT 84759-0104

Meta Cordes  
1127 Michigan Ave  
Napoleon, OH 43545-1127

H.F. Proebstel  
1316 Summerlin Dr  
Clearwater, Florida 33764-2818

Margie M. McEleroy  
641 Seitz Dr  
Salina, Kansas 67401-3773

Emma J. Allen  
2421 Barbee St  
Houston, Texas 77004-5235

Oscar Smith  
2047 SE Monroe St  
Stuart, Florida 34997-5886

R.C. Anspach  
5071 Mays Ave  
Moraine, OH 45439-2930

EXHIBIT

A

Lillie G. Amundson  
4006 24<sup>th</sup> Ave S Apt 203  
Grand Forks, ND 58201-8871

Charles C. Palmer  
RR 1 Box 266  
Artesia, New Mexico 88210-9801

Bertha J. Mitchell  
1000 E. 9<sup>th</sup> St  
Austin, Texas 78702-2609

Edna Henjes  
1100 Linneman Rd  
Mount Prospect, IL 60056

D.G. Janssen  
403 Sunset  
Carroll, NE 68723-9613

Frank J. Miller  
11 Old Oaks Ln  
Los Lunas, New Mexico 87031-7155

Antonio P. Zamberlan  
1925 Boulder Dr  
Ann Arbor, MI 48104-4165

W.C. Shaw  
PO Box 1067  
Tatum, Texas 75691-1067

Mrs. C.S. Harris  
2333 E 17<sup>th</sup> St  
Farmington, New Mexico 87401-7528

C.S. Harris  
2333 E 17<sup>th</sup> St  
Farmington, New Mexico 87401-7528

Celia D. Krough  
20 Bayon Dr Apt 303  
South Hadley, MA 01075-3336

Mildred Jane Timberman  
72 Timber Ridge Dr  
Westminister, MD 21157-5619

EXHIBIT **A**

3



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  
Oscar Smith  
2047 SE Monroe St  
Stuart, Florida 34997-5886  
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

7202 0950 0002 0374 2385

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 *H.F. Proebstl*  
B. Received by (Printed Name) *H.F. Proebstl*  
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®  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery

2. Article (over 5000) 7021 0950 0002 0374 2415 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  
H.F. Proebstl  
1316 Summerlin Dr  
Clearwater, Florida 33764-2818  
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

7202 0950 0002 0374 2385

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 *Oscar Smith*  
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®  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery

2. Article (over 5000) 7021 0950 0002 0374 2385 Domestic Return Receipt

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



Oscar Smith  
2047 SE Monroe St  
Stuart, Florida 34997-5886



**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

7021 0950 0002 0374 3484

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) Barry J. Schwade C. Date of Delivery 7/23/20

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®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Postmark Here

Barry J. Schwade  
 6309 Excelsior Blvd Apt 9  
 Minneapolis, MN 55416-2726

9590 9402 7543 2098 9511 55

2. Article # 7021 0950 0002 0374 3481 (over \$500) Delivery

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

Domestic Return Receipt

7021 0950 0002 0374 3481

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

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

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

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Postmark Here

Anna Mae Schiller  
 444 N. Crescent Heights Blvd., Apt N  
 Los Angeles, California 90048-2206

9590 9402 7543 2098 9513 22

2. Article # 7021 0950 0002 0374 2484 (over \$500) Restricted Delivery

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

Domestic Return Receipt

m wx ll



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:

Charles S. Watkins  
5803 Abelia Rd  
Jacksonville, FL 32209-2482



2. Article # 7021 0950 0002 0374 2453  
(over \$500)

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

Domestic Return Receipt

M WX IL

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Charles S. Watkins*  Agent  Addressee
- B. Received by (Printed Name) *Charles S. Watkins* C. Date of Delivery *9/22/22*
- 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®
  - Collect on Delivery
  - Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

M WX IL

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 Charles S. Watkins  
5803 Abelia Rd  
Jacksonville, FL 32209-2482

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

9590 9402 7543 2098 9512 92

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 Bertha Daniels  
PO Box 5  
San Ysidro, New Mexico 87053-0005

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

City, State, ZIP+4® \_\_\_\_\_

Postmark Here

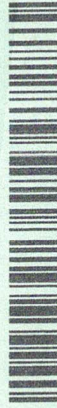
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Bertha Daniels  
PO Box 5  
San Ysidro, New Mexico 87053-0005



2. Article # 7021 0950 0002 0374 3436

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

Domestic Return Receipt

M WX IL

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Mike Cook - USPS*  Agent  Addressee
- B. Received by (Printed Name) *Mike Cook* C. Date of Delivery *9/22/22*
- 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
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

M WX IL

9590 9402 7543 2098 9512 92



**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:

C.B. Glover  
 2442 Baywood Dr  
 Biloxi, MS 39532-4102

2. Article No. **7021 0950 0002 0374 3450** (over \$500) **M W X 11** Domestic Return Receipt

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) **Kwylia** C. Date of Delivery **9/23/20**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Priority Mail Express®  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Adult Signature Required  
 Collect on Delivery  
 Restricted Delivery  
 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 **C.B. Glover**  
**2442 Baywood Dr**  
**Biloxi, MS 39532-4102**

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:

Bertha J. Mitchell  
 1000 E. 9th St  
 Austin, Texas 78702-2609

2. Article No. **7021 0950 0002 0374 0022** (over \$500) **M W X 11** Domestic Return Receipt

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) **9-24-20** C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Priority Mail Express®  
 Adult Signature  
 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

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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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 **Bertha J. Mitchell**  
**1000 E. 9th St**  
**Austin, Texas 78702-2609**

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

**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 **Bertha J. Mitchell**  
**1000 E. 9th St**  
**Austin, Texas 78702-2609**

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:

Charles O. Clark  
7831 Wagon Mound Ct NW  
Albuquerque, New Mexico 87120-2870



9590 9402 7543 2098 9512 85

2. Article 7021 0950 0002 0374 2446

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

*M J X TC*

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

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

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

3. Service Type

Adult Signature Restricted Delivery

Certified Mail®

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

**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 Charles O. Clark

7831 Wagon Mound Ct NW

Albuquerque, New Mexico 87120-2870

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

9742 42E0 2000 0560 T202



7021 0950 0002 0374 2392

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|  |  |                  |
|--|--|------------------|
| Certified Mail Fee   | \$   | Postmark<br>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  | Emma J. Allen<br>2421 Barbee St<br>Houston, Texas 77004-5235 |                  |
| Street and Apt. No., or P.O. Box No.                         | HOUSTON TX   |                  |
| City, State, ZIP+4®  |  |                  |

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|  |   |                  |
|--|---|------------------|
| Certified Mail Fee   | \$  | Postmark<br>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  | Mildred Jane Timberman<br>72 Timber Ridge Dr<br>Westminister, MD 21157-5619 |                  |
| Street and Apt. No., or PO Box No.                           |   |                  |
| City, State, ZIP+4®  |   |                  |

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|  |   |                  |
|--|---|------------------|
| Certified Mail Fee   | \$  | Postmark<br>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  | Celia D. Krough<br>20 Bayon Dr Apt 303<br>South Hadley, MA 01075-3336 |                  |
| Street and Apt. No., or PO                                   |   |                  |
| City, State, ZIP+4®  |   |                  |

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|  |  |                  |
|--|--|------------------|
| Certified Mail Fee   | \$   | Postmark<br>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  | C.S. Harris<br>2333 E 17th St<br>Farmington, New Mexico 87401-7528 |                  |
| 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

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|  |   |                  |
|--|---|------------------|
| Certified Mail Fee   | \$  | Postmark<br>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  | Mrs. C.S. Harris<br>2333 E 17th St<br>Farmington, New Mexico 87401-7528 |                  |
| 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 0374 0039

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|  |   |                  |
|--|---|------------------|
| Certified Mail Fee   | \$  | Postmark<br>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  | W.C. Shaw<br>PO Box 1067<br>Tatum, Texas 75691-1067 |                  |
| Street and Apt. No., or P.O. Box No.                         |   |                  |
| City, State, ZIP+4®  |   |                  |

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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  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 Antonio P. Zamberian  
 1925 Boulder Dr  
 Ann Arbor, MI 48104-4165

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

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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  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 Frank J. Miller  
 11 Old Oaks Ln  
 Los Lunas, New Mexico 87031-7155

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

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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  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 D.G. Janssen  
 403 Sunset  
 Carroll, NE 68723-9613

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

City, State, ZIP+4®  
 \_\_\_\_\_

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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  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 Edna Henjes  
 1100 Linneman Rd  
 Mount Prospect, IL 60056

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

City, State, ZIP+4®  
 \_\_\_\_\_

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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  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 Russell J. Ramsland, Jr.  
 PO Box 10505  
 Midland, Texas 79702

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

City, State, ZIP+4®  
 \_\_\_\_\_

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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  
 Iva B. Rascoe Pallerine  
 500 S. Sepulveda Blvd, Suite 101  
 Manhattan beach, CA 90266-6945

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

City, State, ZIP+4®  
 \_\_\_\_\_

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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  
Harvey Y. Rascoc  
1159 W. Ivesbrook St  
Lancaster, CA 93534-2212

Street and Apt. No., or PO Box

City, State, ZIP+4®

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7021 0950 0002 0374 3504

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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  
B.L. Young  
1816 Calle De Suenos  
Las Cruces, New Mexico 88001-4305

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

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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  
W.H. Moorhead  
PO Box 1768  
Gallup, New Mexico 87305

Street and Apt. No., or PO Box

City, State, ZIP+4®

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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  
A. Susan Martin  
2201 Baylor Ave.  
Roswell, New Mexico 88203-2429

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 0374 3467

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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  
Jeannie Traner  
5305 Fairmont Circle  
Austin, Texas 78745-2755

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

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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 Daniels  
1606 S. Pennsylvania Ave.  
Roswell, New Mexico 88203-5432

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

City, State, ZIP+4®

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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 | \$ |

Postmark  
Here

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                |   |
|--------------------------------|---|
| Sent To                        | Cye M. Smith<br>6 Autumn Ln<br>Ewing, NJ 08638-2318 |
| Street and Apt. No., or PO Box |   |
| City, State, ZIP+4®            |   |

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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 | \$ |

Postmark  
Here

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                |  |
|--------------------------------|--|
| Sent To                        | Frances L. Willard<br>5695 Barberry Ct<br>Frederick, MD 21703-7193 |
| 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 0374 2477

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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 | \$ |

Postmark  
Here

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                |  |
|--------------------------------|--|
| Sent To                        | Helen Elizabeth Layer<br>1940 Glendale Judicial<br>Los Angeles, CA 90041 |
| Street and Apt. No., or PO Box |  |
| City, State, ZIP+4®            |  |

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7021 0950 0002 0374 2460

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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 | \$ |

Postmark  
Here

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                |  |
|--------------------------------|--|
| Sent To                        | J.W. Dunlap, and his wife Maura K. Dunlap<br>165 S. Main St SPC 64<br>Red Bluff, CA 96080-3850 |
| Street and Apt. No., or PO Box |  |
| City, State, ZIP+4®            |  |

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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  
Margie M. McElleroy  
641 Seitz Dr  
Salina, Kansas 67401-3773

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 0374 2422

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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  
Meta Cordes  
1127 Michigan Ave  
Napoleon, OH 43545-1127

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

City, State, ZIP+4®

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7021 0950 0002 0374 2439

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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  
Marjorie E. Bee  
PO Box 104  
Panguitch, UT 84759-0104

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 0374 5010

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  
Charles C. Palmer  
RR 1 Box 266  
Artesia, New Mexico 88210-9801

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 0374 2507

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  
Lillie G. Amundson  
4006 24th Ave S Apt 203  
Grand Forks, ND 58201-8871

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 0374 3542

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  
R.C. Anspach  
5071 Mays Ave  
Moraine, OH 45439-2930

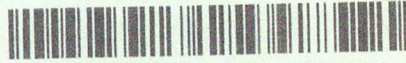
Street and Apt. No., or P.O. Box No.


City, State, ZIP+4®

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



| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                       |
|--|---|---------------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Bessie Adams</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>   |                                       |
| 1. Article Addressed to:   | B. Received by (Printed Name)<br><i>Bessie Adams</i>  | C. Date of Delivery<br><i>9-26-22</i> |
| <br>9590 9402 7543 2098 9514 14   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>  |                                       |
|  | <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Registered Mail<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |                                       |
| 2. Article Number<br><i>7021 0950 0002 0374 0039</i>   | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  |                                       |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 <i>m wx ll</i> Domestic Return Receipt  |   |                                       |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                     |
|--|---|---------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>COVID-19</i> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>  |                     |
| 1. Article Addressed to:   | B. Received by (Printed Name)   | C. Date of Delivery |
| <br>9590 9402 7543 2098 9510 94   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>  |                     |
|  | <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |                     |
| 2. Article Number<br><i>7021 0950 0002 0374 3429</i>   | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  |                     |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 <i>m wx ll</i> Domestic Return Receipt  |   |                     |

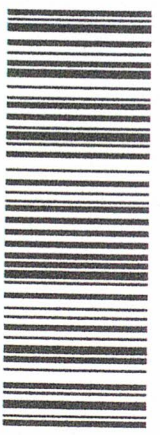
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                       |
|--|---|---------------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Mrs. Matthew</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>   |                                       |
| 1. Article Addressed to:   | B. Received by (Printed Name)<br><i>Mrs. Matthew</i>  | C. Date of Delivery<br><i>9-26-22</i> |
| <br>9590 9402 7543 2098 9512 09   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>  |                                       |
|  | <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |                                       |
| 2. Article Number<br><i>7021 0950 0002 0374 3535</i>   | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  |                                       |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 <i>m wx ll</i> Domestic Return Receipt  |   |                                       |



James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

*Not at his  
PO Box!*

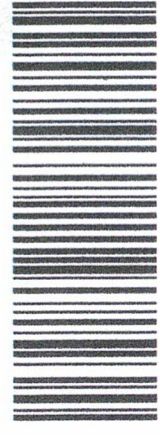
**CERTIFIED MAIL®**



7021 0950 0002 0374 2439

ANK  
6475909104 > 8694

**CERTIFIED MAIL®**



7021 0950 0002 0374 2408

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

*9/29/2022*

*ANK*

ANK  
6740183773 60225 6

S96060.042

\$7.53<sup>9</sup>  
US POSTAGE  
FIRST-CLASS  
06251329292  
87501  
000134725



*9-22*

Marjorie E. Bee  
PO Box 104  
Panguitch, UT 84759-0104



S96060.039

\$7.53<sup>9</sup>  
US POSTAGE  
FIRST-CLASS  
06251329292  
87501  
000134728



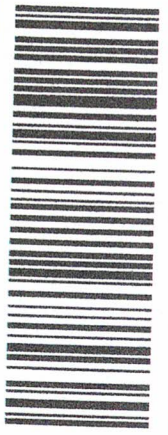
Margie M. McElleroy  
641 Seitz Dr  
Salina, Kansas 67401-3773





James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

S96060.048  
\$7.53  
US POSTAGE  
FIRST-CLASS  
062S1329292  
87501  
000134719



7021 0950 0002 0374 2491

UTF

Frances L. Willard  
5695 Barbary Ct  
Frederick, MD 21703-7193

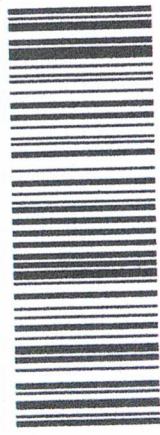


21703719310018

UTF

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

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



7021 0950 0002 0374 0541

S96060.063  
\$7.53  
US POSTAGE  
FIRST-CLASS  
062S1329292  
87501  
000134696



ANK

Mildred Jane Timberman  
72 Timber Ridge Dr  
Westminister, MD 21157-5619

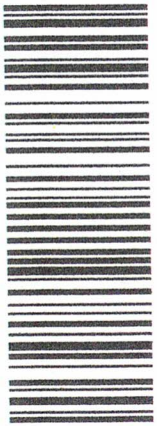


ANK  
8750421056  
211575619 0003



CERTIFIED MAIL

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504



7021 0950 0002 0374 3474

*Handwritten initials*

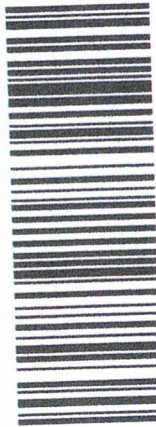
VAI  
87505817684 26065



W.H. Moorhead  
PO Box 1768  
Gallup, New Mexico 87305

*9/21*  
*10/16*

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



7021 0950 0002 0374 2460

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504



J.W. Dunlap, and his wife Maura K. Dunlap  
165 S. Main St SPC 64  
Red Bluff, CA 96080-3850

ANK  
8608673649 65801





S96060.053

US POSTAGE  
FIRST CLASS  
06251329292  
87501  
000134706

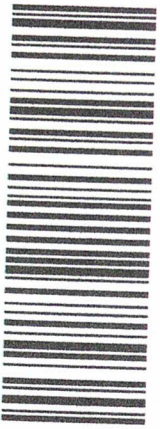


JA  
~~AA~~

Charles C. Palmer  
RR 1 Box 266  
Artesia, New Mexico 88210-9801



GENERAL TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL®** 19 SEP 2022 PM 2 L



7021 0950 0002 0374 5010  
7021 0950 0002

88210-9801  
87504>1056

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

S96060.032

US POSTAGE  
FIRST CLASS  
06251329292  
87501  
000134735

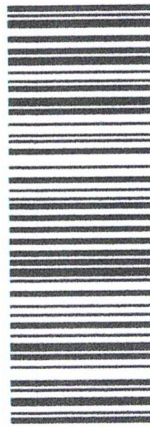


Iva B. Rascoe Pallerine  
500 S. Sepulveda Blvd, Suite 101  
Manhattan beach, CA 90266-6945



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

**CERTIFIED MAIL®**



7021 0950 0002 0374 3528

AWK - V

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

90266-6945 0021



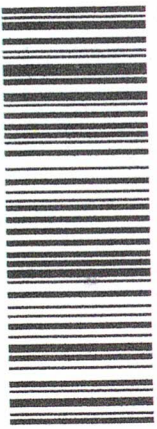
396060.060

\$7.33  
US POSTAGE  
FIRST-CLASS  
062513292292  
87501  
000134689



19 SEP 2022 PM 2 L

CERTIFIED MAIL



7021 0950 0002 0374 0046

Mrs. C.S. Harris  
2333 E 17<sup>th</sup> St  
Farmington, New Mexico 87401-7528



87401-752833

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

CERTIFIED MAIL



7021 0950 0002 0374 2422

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

*RTS  
Delayed*

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504



REASON CHECKED

- Moved, Left No Address
- Forwarding Order Expired
- Unable To Forward
- Attempted - Not Known
- Unclaimed
- No Such Street
- No Such Number
- Insufficient Address



*ANIC*

ANK  
435458412710564

S96060.041

\$7.53  
US POSTAGE  
FIRST-CLASS  
062513292292  
87501  
000134726

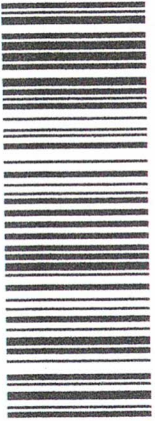


Meta Cordes  
1127 Michigan Ave  
Napoleon, OH 43545-1127





James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504



7021 0950 0002 0374 3542

*Handwritten signature*

R.C. Anspach  
5071 Mays Ave  
Moraine, OH 45439-2930

AMK  
454392930 2930



James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504



7021 0950 0002 0374 1401

*RTS  
Delayed*

ALBUQUERQUE NM 870

19 SEP 2022 PM 2 L

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

CERTIFIED MAIL

S96060.061

\$7.33<sup>0</sup>  
US POSTAGE  
FIRST CLASS  
062S1328232  
87501  
000134638



C.S. Harris  
2333 E 17<sup>th</sup> St  
Farmington, New Mexico 87401-7528

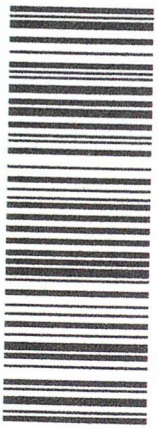
87401-752833





James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

**NAME** \_\_\_\_\_  
**1ST NOTICE** SEP 22 2022  
**2ND NOTICE** OCT - 7 2022  
**RETURN** \_\_\_\_\_



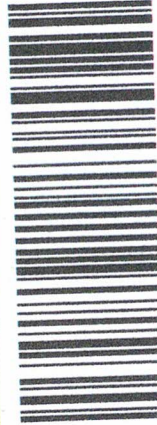
7021 0950 0002 0374 1418

*JTB*

UTF  
87504>1056

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

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



7021 0950 0002 0374 3498

*ANK*

500620130208000

AN



\$7.33  
US POSTAGE  
FIRST-CLASS  
062513292292  
87501  
000134697



Celia D. Krough  
20 Bayon Dr Apt 303  
South Hadley, MA 01075-3336



A. Susan Martin  
2201 Baylor Ave.  
Roswell, New Mexico 88203-2429







\$7.53  
US POSTAGE  
FIRST CLASS  
062513292292  
87501  
000134692

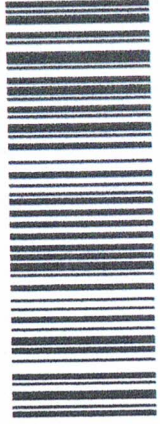
*LN 9/21/22  
9/29/22*

*get 10-6-22*

Frank J. Miller

NIXIE 871 DE 1 0010/09/22  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 87504105656 \*1753-00603-09-29

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



7021 0950 0002 0374 2545

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

*Rede 9*

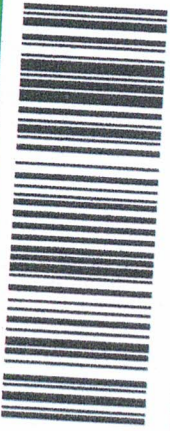
UNC  
87504>1056



[Redacted return address]

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

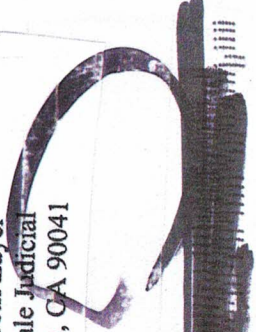
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL**



7021 0950 0002 0374 2477

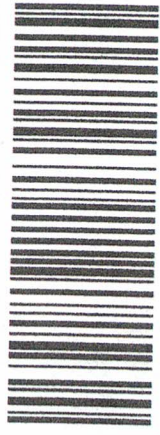


Helen Elizabeth Layer  
1940 Glendale Judicial  
Los Angeles, CA 90041



[Redacted return address]

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



7021 0950 0002 0374 2507

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

10/12/2022



DEC

Lillie G. Amundson  
4006 24<sup>th</sup> Ave S Apt 203  
Grand Forks, ND 58201-8871



CASE NO. 23082

STATUS OF CERTIFIED NOTICE

| <u>INTEREST OWNER</u>    | <u>MAILING DATE</u> | <u>RECEIPT DATE</u> | <u>CARD RETURNED</u> |
|--------------------------|---------------------|---------------------|----------------------|
| Russell J. Ramsland, Jr. | September 15, 2022  | September 26, 2022  | Yes                  |
| Iva B. Rascoe Pallerine  | “                   | Letter returned     | No                   |
| Harvey Y. Rascoe         | “                   | Unknown             | “                    |
| B.L. Young               | “                   | Unknown             | “                    |
| A. Susan Martin          | “                   | Letter returned     | “                    |
| Barry J. Schwade         | “                   | September 23, 2022  | Yes                  |
| W.H. Moorhead            | “                   | Letter returned     | No                   |
| Jeannie Traner           | “                   | Unknown             | “                    |
| C.B. Glover              | “                   | September 23, 2022  | Yes                  |
| Robert Daniels           | “                   | Unknown             | No                   |
| Bertha Daniels           | “                   | September 22, 2022  | Yes                  |
| Cye M. Smith             | “                   | Unknown             | No                   |
| Frances L. Willard       | “                   | Letter returned     |                      |
| Anna Mae Schiller        | “                   | Unknown             | Yes                  |
| Helen Elizabeth Layer    | “                   | Letter returned     | No                   |
| J.W. Dunlap              | “                   | “                   | “                    |
| Maura K. Dunlap          | “                   | ”                   | “                    |
| Charles S. Watkins       | “                   | September 22, 2022  | Yes                  |
| Charles Q. Clark         | “                   | Unknown             | “ “                  |
| Marjorie E. Bee          | “                   | Letter returned     | No                   |

“

6

EXHIBIT



| <u>INTEREST OWNER</u>  | <u>MAILING DATE</u> | <u>RECEIPT DATE</u> | <u>CARD RETURNED</u> |
|------------------------|---------------------|---------------------|----------------------|
| Meta Cordes            | September 15, 2022  | Letter returned     | No                   |
| H.F. Proebstel         | "                   | September 24, 2022  | Yes                  |
| Margie M. McEleroy     | "                   | Letter returned     | No                   |
| Emma J. Allen          | "                   | Unknown             | "                    |
| Oscar Smith            | "                   | "                   | Yes                  |
| R.C. Anspach           | "                   | Letter returned     | No                   |
| Lillie G. Amundson     | "                   | "                   | "                    |
| Charles C. Palmer      | "                   | "                   | "                    |
| Bertha J. Mitchell     | "                   | September 24, 2022  | Yes                  |
| Edna Henjes            | "                   | Unknown             | No                   |
| D.G. Janssen           | "                   | "                   | " "                  |
| Frank J. Miller        | "                   | Letter returned     | "                    |
| Antonio P. Zamberlan   | "                   | Unknown             | "                    |
| W.C. Shaw              | "                   | September 26, 2022  | Yes                  |
| Mrs. C.S. Harris       | "                   | Letter returned     | No                   |
| C.S. Harris            | "                   | "                   | "                    |
| Celia D. Krough        | "                   | "                   | "                    |
| Mildred Jane Timberman | "                   | "                   | "                    |