

dugan production corp.

RECEIVED OCD

2015 MAY -4 P 3: 06

April 27, 2015

Mr. Michael McMillan
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

Re: Dugan Production's Application dated 3/17/15
Add 11 Wells to Tabor Gas Gathering System

Dear Mr. McMillan,

Enclosed for your consideration of the captioned application are copies of the certified mail return receipts for our notice given to interest owners in the wells proposed to be added to Dugan Production's Tabor Gas Gathering System. We have received return receipt cards for all working interest and all but three royalty interest owners. Two mailings were delivered to Lisa Ann Harbin, and Mary Ann Ruwwe Revocable Trust, as per United States Postal Service web tracking (tracking confirmation copies attached); one mailing was returned due to a bad address (Noble B. Schaefer Estate). In addition, we received cards for 10 of the 16 overriding royalty interest owners. Of the six ORRI owners with no receipts, one did receive our notice on approximately 4/24/15 (Barbara Gibson). Ms. Gibson was initially mailed notice of the application on 3/17/15. The mailing was returned to us after Ms. Gibson did not pick up and sign for the mailing before it was returned to us. After speaking with Ms. Gibson on the phone on 4/21/15, she advised us that she had been out of town at the time the mailing had been delivered to the post office, and unable to sign for it. Ms. Gibson requested that Dugan Production re-send the mailing. We are currently awaiting the signed card. Three ORRI owner mailings were returned, one due to a bad address (James & Ella Post), and two were returned with postal notes on the envelope stating "deceased" (Gisle Romo and Clara Sault). Three of the 16 ORRI owners were not mailed the application notice, as previous mailings to these owners were returned due to bad addresses (Edward & Juanita Lopez, Ruby Maculsay, and Harper & Nellie Proctor). To date, we have not had any comment or objection from any of these interest owners.

Also enclosed is a copy of the New Mexico State Land Office approval of our application. In addition, please note that a copy of the Affidavit of Publication for our legal advertisement has recently been e-mailed to you. Should you require an original, please let us know.

Should you have questions or need additional information, please let me know.

Sincerely,

Kevin Smaka
Production Engineer

KS/tmf

Attachments



Aubrey Dunn
COMMISSIONER

State of New Mexico
Commissioner of Public Lands

310 OLD SANTA FE TRAIL
P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

COMMISSIONER'S OFFICE

Phone (505) 827-5760

Fax (505) 827-5766

www.nmstatelands.org

March 23, 2015

Dugan Production Corporation
P.O. Box 420
Farmington, New Mexico 87499-0420

Attention: Mr. Kevin Smaka

Re: Request Surface Commingle add 11 wells
Tabor Gathering System
Carpenter #1E API #30-045-23613
Federal I #101S API #30-045-34294
Federal I Com 102 FC/PC API #30-045-31792
Federal I Com 102S FC API#30-045-35013
Federal I Com 103 API #30-045-32587
Federal I Com 103S FC/PC API #30-045-35348
Jacobs Com 90S FC/PC AP I#30-045-33683
O'Henry 2 API #30-045-34922
Pan American Federal #1 API #30-045-09337
Pan American Federal #3 FC/PC API #30-045-33697
Winifred Com 90S FC API #30-045-33686
San Juan County, New Mexico

Dear Mr. Smaka,

We are in receipt of your application requesting to surface commingle production from above referenced wells in San Juan County, New Mexico at the Tabor Gathering System.

Since it appears that all the New Mexico Oil Conservation Division's rules and regulations have been complied with, and there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, your request is hereby approved. Our approval is subject to like approval by the New Mexico Oil Conservation Division. Please submit a copy of the NMOCD's approval to this office.

Our approval does not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.

Your \$30:00 dollar filing fee has been received.

MAR 30 2015

Dugan Production Corp.
March 23, 2015
Page 2

If you have any questions or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

AUBREY DUNN
COMMISSIONER OF PUBLIC LANDS

BY: 
Terry Warnel, Director
AD/TW/sk
cc: Reader File,
OCD-Mr. Daniel Sanchez

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Bureau of Land Mgmt.
 Attn: Gary Torres
 6251 College Blvd
 Farmington, NM 87402

2. Article Number
 (Transfer from service label) 7014 2120 0002 8242 0465

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Address

B. Received by (Printed Name)
 Kim Collins

C. Date of Delivery
 3-19-15

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

Inker CDP

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 NM OIL CONSERVATION DIVISION
 1220 SOUTH ST FRANCIS DRIVE
 SANTA FE NM 87505
 Attn: Mr. David Costanach

2. Article Number
 (Transfer from service label) 7014 2120 0002 8242 0489

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Address

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
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

Inker CDP

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 STATE OF NEW MEXICO
 P O BOX 1148
 SANTA FE NM 87504-1148
 Attn: Mr. Andrew Deane

2. Article Number
 (Transfer from service label) 7014 2120 0002 8242 0472

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Address

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
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

Working Interest
Owner receipts

NUMBER 1 UP

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery 3/24/10
CROSS TIMBERS ENERGY LLC 501 WESTLAKE PARK BLVD HOUSTON TX 77079-3092		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		7014 2120 0002 8242 0496	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-15	

Jahon CDP

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) P Bibo	C. Date of Delivery 3-21-15
RICHARD M & RENA BIBO 5401 RINCONADA STREET FARMINGTON NM 87401		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		7014 2120 0002 8242 0502	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-15	

Jahon CDP

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) J Kvech	C. Date of Delivery 03/23/11
CITY OF FARMINGTON ATTN: JAY BURNHAM 800 MUNICIPAL DRIVE FARMINGTON NM 87401		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7014 2120 0002 8242 0519	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-15	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

HARPER HILL RV & SELF STORAGE LLC
4500 LOMAS STREET
FARMINGTON NM 87401

2. Article Number
(Transfer from service label) **7014 2120 0002 8242 0526**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jack McClain Agent Address

B. Received by (Printed Name) **JACK McCLAIN** C. Date of Delivery **3/23/11**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

HOO DOO LLC
DIMMICK FAMILY PARTNERS
P O BOX 1395
FLORA VISTA NM 87415

2. Article Number
(Transfer from service label) **7014 2120 0002 8242 0533**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
KORA VISTA NM Agent Address

B. Received by (Printed Name) **MAR 20 2011** C. Date of Delivery **MAR 20 2011**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

JIM L & MARY LOU JACOBS TRUST
3505 CRESCENT AVE
FARMINGTON NM 87401

2. Article Number
(Transfer from service label) **7014 2120 0002 8242 0540**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
MARY LOU JACOBS Agent Address

B. Received by (Printed Name) **MARY LOU JACOBS** C. Date of Delivery **3-24-15**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

J.D. KINSEY
 C/O STEVE KINSEY
 100 OLDE OAK
 GEORGETOWN TX 78633

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Address
- B. Received by (Printed Name) C. Date of Delivery
 3-24
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7014 2120 0002 8242 0557

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

RICKY L & SHERMANN S MARCY
 P O BOX 2098
 FARMINGTON NM 87499-2098

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Address
- B. Received by (Printed Name) C. Date of Delivery
 Tillynn [Signature] 2-25-2015
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7014 2120 0002 8242 0564

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

JACK L MOORE
 2316 11TH STREET
 FARMINGTON NM 87401

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

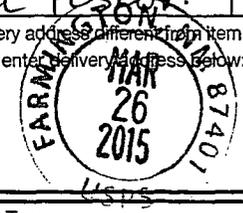
7014 2120 0002 8242 0571

PS Form 3811, February 2004

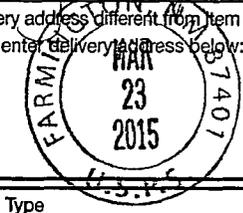
Domestic Return Receipt

102595-02-M

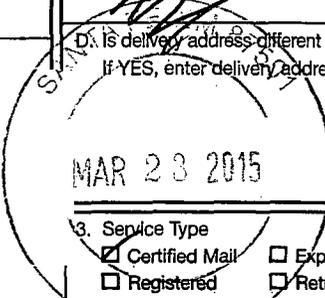
John CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3--Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Carl Joe Peskor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Carl Peskor</i> 3-26-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">CARL JOE & KATHERINE M PESKOR P O BOX 594 FARMINGTON NM 87499-0594</p>	<div style="text-align: center;">  </div> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2120 0002 8242 0588</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

John CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jeffery Thompson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Jeffery Thompson</i> MAR 23 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">SHERMAN & HELEN R SINGLETON TST P O BOX 2001 FARMINGTON NM 87499-2001</p>	<div style="text-align: center;">  </div> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2120 0002 8242 0595</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

John CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery MAR 23 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">STATE HIGHWAY DEPARTMENT OF NM P O BOX 1149 SANTA FE NM 87504-1149</p>	<div style="text-align: center;">  </div> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2120 0002 8242 0601</p>

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**UNITED FOOD STORE #34
ATTN: MARK FRAZER
900 SCHOFIELD LANE
FARMINGTON NM 87401**

2. Article Number
(Transfer from service label)

7014 2120 0002 8242 0618

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Chelsea DeLeon Agent Addressee

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

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**WESTERMAN REALTY INTEREST LLC
P O BOX 226406
DALLAS TX 75222-6406**

2. Article Number
(Transfer from service label)

7014 2120 0002 8242 0625

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x E. Shoemaker Agent Addressee

B. Received by (Printed Name) *E. Shoemaker* C. Date of Delivery *2/23/17*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**WYTEX PROPERTIES LLC
25528 GENESSEE TRAIL ROAD
GOLDEN CO 80401**

2. Article Number
(Transfer from service label)

7014 2120 0002 8242 0632

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Karyn Kyntlik Agent Addressee

B. Received by (Printed Name) *Karyn Kyntlik* C. Date of Delivery *2/23/15*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Jakes CD

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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 YAZZIE
 1713 MEADOW LARK AVE
 FARMINGTON NM 87401

A. Signature
 X *Margt. Yazzie* Agent Address

B. Received by (Printed Name): *MARY* Date of Delivery: *2/11/15*

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

Mary L. Yazzie

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number *7014 2120 0002 8242 0649*
 (Transfer from service label)

Royalty interest
Owner receipts

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.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 x <i>Bobbette Audet</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: SHANNON K ADCOCK 111 DOGWOOD LANE CLINTON TN 37716		B. Received by (Printed Name) <i>Bobbette Audet</i>	C. Date of Delivery <i>3-24-04</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7014 2120 0002 8242 0656	
PS Form 3811, February 2004		Domestic Return Receipt	102595-02-M-15

Johan CDP

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.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 x <i>Diana Akins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: DIANA FAY AKINS 3020 CONIFER DRIVE LARGO FL 33771		B. Received by (Printed Name) <i>Diana Akins</i>	C. Date of Delivery <i>11-26-2011</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7014 2120 0002 8242 0663	
PS Form 3811, February 2004		Domestic Return Receipt	102595-02-M-15

Jerry CDP

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.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 x <i>Sandy Akins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: JERRY RICHARD AKINS 1403 UXBRIDGE COURT OPELIKA AL 36801		B. Received by (Printed Name) <i>Sandy Akins</i>	C. Date of Delivery <i>3/23</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7014 2120 0002 8242 0670	
PS Form 3811, February 2004		Domestic Return Receipt	102595-02-M-11

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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 CECIL AKINS
 40 TARPON AVENUE SE
 RIO RANCHO NM 87124

2. Article Number
 (Transfer from service label) 7014 2120 0002 8242 0687

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Robert C Akins* Agent Address

B. Received by (Printed Name)
 R Akins

C. Date of Delivery
 3/21

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 CAROL J BROCHU
 6345 13TH AVENUE S
 RICHFIELD MN 55423-1719

2. Article Number
 (Transfer from service label) 7014 2120 0002 8242 0694

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

John CDD

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Carol Brochu* Agent Address

B. Received by (Printed Name)
 Carol Brochu

C. Date of Delivery
 3-23-05

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 PATTI JO BROCHU
 525 W 3RD ST UPPER
 RUSH CITY MN 55069

2. Article Number
 (Transfer from service label) 7014 2120 0002 8242 0700

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

John CDD

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Patti Jo Brochu* Agent Address

B. Received by (Printed Name)
 Patti Jo Brochu

C. Date of Delivery
 3-23-05

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
DARYL GENE & EVA JEAN BURSON P O BOX 1687 FARMINGTON NM 87499-1687		<i>Tanya Bridges</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		7014 2120 0002 8242 0717	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-11	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
JEAN COX-LOVELL R&C INVESTMENT 3505 N MESA VERDE FARMINGTON NM 87401		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		7014 2120 0002 8242 0724	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-11	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARIE M DILL 355 KESTREL WAY NIPOMO CA 93444		<i>Marie M. Dill</i> 3/27/15 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		7014 2120 0002 8242 0731	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-11	

VERVA COPY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Shonnie P. Lee</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Shonnie P. Lee</i></p> <p>C. Date of Delivery <i>3/23/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">FARMINGTON CONSTRUCTION 1030 WALNUT DRIVE FARMINGTON NM 87401</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7014 2120 0002 8242 0748</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11</p>	

Jobes CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Matthew Flack</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>M FLACK</i></p> <p>C. Date of Delivery <i>3-23-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">MATTHEW FLACK 7126 W ANIMAS FARMINGTON NM 87401</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7014 2120 0002 8242 0762</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

Jobes CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Erik Gallimore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Erik Gallimore</i></p> <p>C. Date of Delivery <i>4-11-2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">ERIK M GALLEMORE 14303 OLD CASTLE SAN ANTONIO TX 78217</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7014 2120 0002 8242 0779</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

Value CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Shawna J. Gallemore</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>4-6-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">SHAWNA GALLEMORE 1334 STONE CROP CT LAS CRUCES NM 88007</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2120 0002 8242 0786</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

Jobor CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>3-21-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">TWILA M GOODDING TRUST 1009 CRESVIEW CIRCLE FARMINGTON NM 87401</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2120 0002 8242 0793</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

Jobor CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>3-21-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">CHAD GREENWADE 3 ROAD 5427 KIRTLAND NM 87417</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2120 0002 8242 0809</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

O CALLEEN HACKNEY
1336 GOLDEN ROAD CT
LAS CRUCES NM 88007

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Calleen Hackney* Agent Addressee
- B. Received by (Printed Name) *Calleen Hackney* Address
- C. Date of Delivery *3-24-11*
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7014 2120 0002 8242 0816**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SHANE HACKNEY
3232 LANGLEY DRIVE
PLANO TX 75025

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Shane Hackney* Agent Addressee
- B. Received by (Printed Name) *Shane Hackney* Address
- C. Date of Delivery *3-25*
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7014 2120 0002 8242 0823**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

DEWAYNE & DOLLY HORTON
41 CR 5359
BLOOMFIELD NM 87413

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Nicholas Horton* Agent Addressee
- B. Received by (Printed Name) *Nicholas Horton* Address
- C. Date of Delivery *3/23/15*
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7014 2120 0002 8242 0847**

labor CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>J. Jaakola</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to: <i>Charles Jaakola</i> <i>7749 Mississippi Lane</i> <i>Brooklyn Park, MN 55444-2149</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7014 2120 0002 8242 0854</p>	
PS Form 3811, July 2013 Domestic Return Receipt	

labor CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>J. Wendt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>J. Wendt</i> C. Date of Delivery 4-3-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to: <i>Jerrin Group LLP</i> <i>PO Box 2190</i> <i>Pinecroft, AZ 86302-2190</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7011 2970 0003 7599 1841</p>	
PS Form 3811, July 2013 Domestic Return Receipt	

labor CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jacqueline Kozimic</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Jacqueline Kozimic</i> C. Date of Delivery 3/23/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to: JOE & STAN LLC P O BOX 629 FARMINGTON NM 87499</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7014 2120 0002 8242 0878</p>	
PS Form 3811, July 2013 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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 F & JANICE A JOHNSTON
605 PARKLAND DRIVE
AZTEC NM 87410

2. Article Number
 (Transfer from service label)

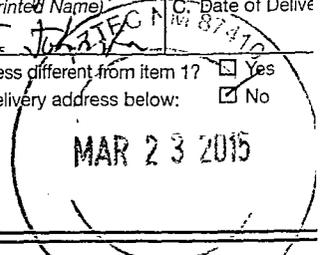
7014 2120 0002 8242 0885

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X Robert F. Johnston Agent Address
- B. Received by (Printed Name) *Robert F. Johnston* C. Date of Delivery *3/23/15*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

E.B. MANN
P O BOX 1769
BLOOMFIELD NM 87413

2. Article Number
 (Transfer from service label)

7014 2120 0002 8242 0892

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X Ed Mann Agent Address
- B. Received by (Printed Name) *E B Mann* C. Date of Delivery *3/23/15*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SHERI LYNN MENDOZA
P O BOX 65
BENT NM 88314

2. Article Number
 (Transfer from service label)

7014 2120 0002 8242 0908

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X Mendoza Agent Address
- B. Received by (Printed Name) *Mendoza* C. Date of Delivery *3/25/15*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

- P.O. Box 65
 Bent nm 88314*
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

John CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Address <i>Rosemary Beck</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>3/23/11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">JOSEPH O & CICILY M MUENCH FAM TST JOSEPH O MUENCH TRUSTEE TRUST B P O BOX 779 PLACITAS NM 87043</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7014 2120 0002 8242 0915</u></p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

John CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address <i>[Signature]</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>3-24-15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">NAVAJO NATION MINERALS DEPT ATTN: AKHTAR ZAMAN P O BOX 9000 WINDOW ROCK AZ 86515</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7014 2120 0002 8242 0755</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

John CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address <i>Rebecca Anderson</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>3-25-15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">JAMES W & KATHY E POPE 4315 W HOPI FARMINGTON NM 87401</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7014 2120 0002 8242 0014</u></p>	
<p style="font-size: 2em; opacity: 0.5;">FARMINGTON NM 87401 MAR 25 2015 USPS</p>	

Jahn CSX

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

TROY L & PAULINE POPE
4315 W HOPI
FARMINGTON NM 87401

2. Article Number
(Transfer from service label) **7014 2120 0002 8242 0021**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

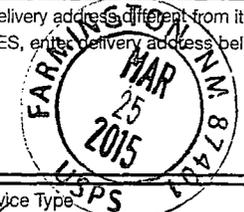
A. Signature
x Rebecca Anderson Agent Address

B. Received by (Printed Name) *Rebecca Anderson* C. Date of Delivery *3-25-15*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



Jahn CDP

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

DON K ROBERTSON
19 WEAVER DRIVE
OTTUMWA IA 52501

2. Article Number
(Transfer from service label) **7014 2120 0002 8242 0038**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Dana Parrish Agent Address

B. Received by (Printed Name) *Dana Parrish* C. Date of Delivery *3/23/15*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Jahn CDP

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

CAROLE A SHANK AN UNMARRIED WOMAN
17586 E CRESTLINE AVE
CENTENNIAL CO 80015

2. Article Number
(Transfer from service label) **7014 2120 0002 8242 0069**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

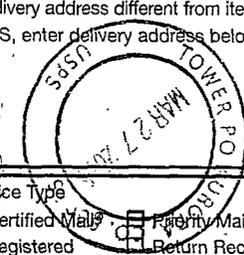
A. Signature
x Carole Shank Agent Address

B. Received by (Printed Name) *CAROLE SHANK* C. Date of Delivery *3/27/15*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SHRINERS HOSPITAL
 C/O NORTHERN TRUST BANK OF TEXAS
 ATTN: DAVILYN GRAN
 P O BOX 226270
 DALLAS TX 75222

2. Article Number
(Transfer from service label)

7014 2120 0002 8242 0076

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Address
 X *Roosevelt Ballard*
 B. Received by (Printed Name) C. Date of Delivery
 ROOSEVELT BALLARD MAR 21
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SISTERS OF THE HUMILITY
 820 W CENTRAL PARK
 DAVENPORT IA 52804

2. Article Number
(Transfer from service label)

7014 2120 0002 8242 0083

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Address
 X *R. Gray*
 B. Received by (Printed Name) C. Date of Delivery
 R. Gray 3-23-15
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

BYRON TRAPP
 1251 COVENTRY WOODS DRIVE
 CINCINNATI OH 45230

2. Article Number
(Transfer from service label)

7014 2120 0002 8242 0090

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Address
 X *Byron E. Trapp*
 B. Received by (Printed Name) C. Date of Delivery
 BYRON E. TRAPP 3/26/15
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Overriding Loyalty
Owner receipts.

UNPAID CDX

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Address	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BP AMERICA PRODUCTION CO P O BOX 277897 ATLANTA GA 30384-7897		
2. Article Number (Transfer from service label)	7014 2120 0002 8242 0106	
PS Form 3811, July 2013 Domestic Return Receipt		
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		

John CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Address	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN CARPENTER P O BOX 999 SOUR LAKE TX 77659		
2. Article Number (Transfer from service label)	7014 2120 0002 8242 0113	
PS Form 3811, July 2013 Domestic Return Receipt		
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		

John CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Address	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CONOCOPHILLIPS P O BOX 4289 FARMINGTON NM 87499-4289		
2. Article Number (Transfer from service label)	7014 2120 0002 8242 0120	
PS Form 3811, July 2013 Domestic Return Receipt		
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		

JAN 01 11

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>John Jacobs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>CHARLES F JACOBS WINIFRED JACOBS ESTATE 1000 SW SANTA FE LAKE ROAD TOWANDA KS 67144</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7014 2120 0002 8242 0144</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

John CDP

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>John Jacobs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>FORREST JACOBS 1000 SW SANTA FE LAKE ROAD TOWANDA KS 67144</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7014 2120 0002 8242 0151</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

John CDP

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Barbara A Moe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) Barbara A Moe C. Date of Delivery 3/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MARTIN MOE JR 222 GULFVIEW DRIVE ISLANDORADA FL 33036</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7014 2120 0002 8242 0168</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

Joban CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Kathy Sill</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>KATHY SILL</i> APR 4 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>ERNEST & VALERIE SILL 30269 COVE VIEW STREET SUN CITY CA 92587</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7014 2120 0002 8242 0205</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

Joban CDP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Carol Winkel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>CAROL WINKEL</i> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>CAROL WINKEL 3300 NORTH A STREET BLDG 2 STE 208 MIDLAND TX 79705</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7014 2120 0002 8242 0212</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

English Customer Service USPS Mobile



USPS Tracking™

Tracking Number: 70142120000282420830

Updated Delivery Day: Wednesday, March 25, 2015

Product & Tracking Information

Postal Product: Extra Svc:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
March 25, 2015, 12:08 pm	Delivered	HUMBLE, TX 77338

Your item was delivered at 12:08 pm on March 25, 2015 in HUMBLE, TX 77338.

March 24, 2015, 3:13 pm	Notice Left (No Authorized Recipient Available)	HUMBLE, TX 77346
March 24, 2015, 9:57 am	Arrived at Unit	HUMBLE, TX 77338
March 23, 2015, 5:27 pm	Departed USPS Facility	NORTH HOUSTON, TX 77315
March 22, 2015, 1:35 pm	Arrived at USPS Facility	NORTH HOUSTON, TX 77315
March 20, 2015, 9:58 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
March 20, 2015, 2:08 am	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

Track Another Package

Tracking (or receipt) number

Track It

HELPFUL LINKS

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Inspector General
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National Postal Museum
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LEGAL INFORMATION

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No FEAR Act EEO Data



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

OFFICIAL ROSE

0830 2422 2000 0222 4102

Postage	\$.48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.48

Postmark Here

Sent
Street or PO
City, S

LISA ANN HARBIN
4130 DUNE BERRY TRAIL
HUMBLE TX 77346-1887



Available Actions

- Text Updates
- Email Updates
- Return Receipt After Mailing

English Customer Service USPS Mobile



USPS Tracking™

Tracking Number: 70142120000282420045

Updated Delivery Day: Monday, March 23, 2015

Product & Tracking Information

Postal Product: Extra Svc: Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
March 25, 2015, 10:56 am	Delivered	GOLD CANYON, AZ 85118

Your item was delivered at 10:56 am on March 25, 2015 in GOLD CANYON, AZ 85118.

March 25, 2015, 8:50 am	Available for Pickup	APACHE JUNCTION, AZ 85120
March 23, 2015, 12:03 pm	Notice Left (No Authorized Recipient Available)	GOLD CANYON, AZ 85118
March 23, 2015, 8:03 am	Out for Delivery	APACHE JUNCTION, AZ 85120
March 23, 2015, 7:53 am	Sorting Complete	APACHE JUNCTION, AZ 85120
March 23, 2015, 6:37 am	Arrived at Unit	APACHE JUNCTION, AZ 85120
March 22, 2015, 7:31 am	Departed USPS Facility	PHOENIX, AZ 85026
March 21, 2015, 2:05 pm	Arrived at USPS Facility	PHOENIX, AZ 85026
March 20, 2015, 9:45 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
March 20, 2015, 2:08 am	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

Track Another Package

Tracking (or receipt) number

Track It



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

OFFICIAL USPS

Postage	\$.48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.48

Postmark Here

Sent To: MARY ANN RUWWE REVOCABLE TRUST
 VERNON RUWWE TRUSTEE
 Street or PO: 723 HORSETHIEF LANE
 City, S: DURANGO CO 81301

Available Actions

- Text Updates
- Email Updates
- Return Receipt After Mailing