

Over-Riding  
Royalty  
Interest  
Owners

**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:  
ABC Del + Gas Properties  
3208 Boyd  
Midland, TX 79705

2. Article Number  
(Transfer from service label) **7002 2410 0001 0133 8778**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-06

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Darbeen Cockburn*  Agent  Addressee

B. Received by (Printed Name) *DARBEEN Cockburn* C. Date of Delivery *7-14-01*

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:  
Mary Bernice Adams  
9743 Bon Haven Lane  
Dwight Mills, MD 21117

2. Article Number  
(Transfer from service label) **7002 2410 0001 0133 8785**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-06

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*M. Bernice Adams*  Agent  Addressee

B. Received by (Printed Name) *M. Bernice Adams* C. Date of Delivery *7/22/03*

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:  
David + Rebecca Albanese  
2301 Whitcomb Place  
Jalls Church, VA 22046

2. Article Number  
(Transfer from service label) **7002 2410 0001 0133 8792**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-06

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*David Albanese*  Agent  Addressee

B. Received by (Printed Name) *David Albanese* C. Date of Delivery *7/17/03*

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:  
*Altrage Resources Company*  
*6901 East Walsh Place*  
*Denver, CO 80224*

2. Article Number  
 (Transfer from service label)

**7002 2410 0001 0133 8808**

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type  
 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:  
*Anne Amato*  
*37290 Stanton Point Road*  
*Ingerside, IL 60041*

2. Article Number  
 (Transfer from service label)

**7002 2410 0001 0133 8815**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X *[Signature]*  Agent  Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*Anne Amato* *7-18-03*
- 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:  
*A.G. Andrikopoulos Res. Inc.*  
*P.O. Box 788*  
*Chesapeake, WY 82003*

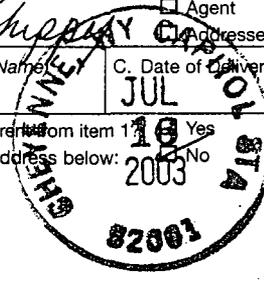
2. Article Number  
 (Transfer from service label)

**7002 2410 0001 0133 8761**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X *[Signature]*  Agent  Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* *JUL 10 2003*
- 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:

*John & Judy Andrikopoulos*  
*P.O. Box 350*  
*Daniel, WY 83115-0350*

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0375

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Judy Andrikopoulos*  Agent  
 Addressee

B. Received by (Printed Name)

*JUDY ANDRIKOPOULOS*  Date of Delivery  
 7-28-01

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

Domestic Return Receipt

102595-02-M-10

*hoodtown*

**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:

*Apache Corporation*  
*P.O. Box 240133*  
*Dallas, TX 75284-0133*

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 8839

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*R. A. Lewis*  Agent  
 Addressee

B. Received by (Printed Name)

*JUL 14 2001*  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, August 2001

Domestic Return Receipt

102595-02-M-10

*hoodtown*

**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:

*R. Tucker Attebery*  
*P.O. Box 2351*  
*Bartlesville, OK 74005*

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 8846

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*R. Tucker Attebery*  Agent  
 Addressee

B. Received by (Printed Name)

*HUGHANNA PAYNE*  Date of Delivery  
 7-14-01

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, August 2001

Domestic Return Receipt

102595-02-M-10

**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:

Beleo Development Corp.  
 c/o Exxon Oil + Gas Co.  
 P.O. Box 740321  
 Dallas, TX 75294-0321

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 8860

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *R. Hever*

Agent

Addressee

B. Received by (Printed Name)

JUL 14 2003

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

**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:

Martha Nobles Black  
 c/o Wells Fargo  
 Attn: OGAM Administration  
 P.O. Box 5383  
 Denver, CO 80270

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 8884

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Martha Nobles Black*

Agent

Addressee

B. Received by (Printed Name)

JUL 14 2003

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

**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:

Martha N. Black Family Trust  
 c/o Wells Fargo Bank  
 Attn: Oil + Gas Trust Dept.  
 40 NE Loop 410, Suite 300  
 San Antonio, TX 78216

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 8877

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Martha N. Black*

Agent

Addressee

B. Received by (Printed Name)

JUL 14 2003

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

**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:

Alexander S. Bowers Estate  
Robert M. Musselman, Executor  
P.O. Box 254  
Charlottesville, VA 22902

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X  Agent  
 Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 8891

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-100

**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:

BP America Production Co.  
P.O. Box 3092  
Houston, TX 77253

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X  Agent  
 Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0134 0351

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-100

**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:

V.M. Breecher  
23430 Cattail Lane  
Barrington, IL 60010

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X  Agent  
 Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 8907

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-100

**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:  
 Laura R. Schaller Brennan  
 P.O. Box 1333  
 Buies Creek, NC 27506

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Laura R. Schaller Brennan*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery

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



3. Service Type  
 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) **7002 2410 0001 0133 8914**

**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:  
 Wanda Burness  
 75535 Fern Hill Road  
 Rainier, OK 97048

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Wanda Burness*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 Wanda Burness 7-23-03

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) **7002 2410 0001 0133 8921**

**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:  
 Lewis O. Campbell  
 P.O. Box 51508  
 Albuquerque, NM 87181-1508

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Lewis O. Campbell*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 L. Campbell

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) **7002 2410 0001 0133 8938**

**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:  
 B.K. + D.L. Carpenter  
 2935 Nob Hill Drive  
 Casper, WY 82601

2. Article Number  
 (Transfer from service label)

7002 2410 0001 0133 8945

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *D.L. Carpenter*  Agent  Addressee

B. Received by (Printed Name)  
*D.L. Carpenter*

C. Date of Delivery  
 7-14-03

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:  
 Kathleen Colwill  
 2254 Shawnee South East  
 Grand Rapids, MI 49506

2. Article Number  
 (Transfer from service label)

7002 2410 0001 0133 8952

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Kathleen Colwill*  Agent  Addressee

B. Received by (Printed Name)  
*Kathleen Colwill*

C. Date of Delivery  
 7-17-03

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:  
 Cometra Oil + Gas Inc.  
 210 West 6th St, Suite 1001  
 Fort Worth, TX 76102

2. Article Number  
 (Transfer from service label)

7002 2410 0001 0133 8969

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 7-14-03

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:  
*Jane H. Cotter*  
 6625 Barker Place, NE  
 Albuquerque, NM 87109

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 8976

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Jane Cotter*  Agent  
 Addressee
- B. Received by (Printed Name) *Jane Cotter* C. Date of Delivery *7-14*
- 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

*hand times*

**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:  
*Cramer Oil*  
 410 17th Street, Suite 340  
 Denver, CO 80202

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 8983

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *K. Borusca*  Agent  
 Addressee
- B. Received by (Printed Name) *K. BORUSCA* C. Date of Delivery *7-14*
- 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

*hand times*

**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:  
*Cuesta Production Company*  
 P.O. Box 451  
 Albuquerque, NM 87103

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 8990

PS Form 3811, August 2001

Domestic Return Receipt

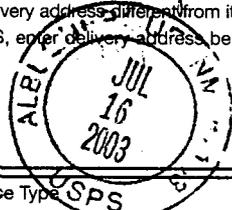
102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *S.F.*  Agent  
 Addressee
- B. Received by (Printed Name) *Susan Florejo* C. Date of Delivery *7-14*
- 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:

*Patsy K. Cummins*  
 5110 A Shadylane  
 Midland, TX 79703

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9003

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Patsy K. Cummins*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-14-03

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:

*DHB Partnership*  
 8144 Walnut Hill Lane  
 Suite 982, L651  
 Dallas, TX 75231

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9058

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*V. G. Gomez*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-14-03

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:

*D. + J Trust*  
 4544 Cathedral Drive  
 Dallas, TX 75214

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9010

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*D. Langley*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-12-03

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:  
 Linda DeCarlo  
 14516 Casey Lane  
 Rockport, IL 60441

2. Article Number  
 (Transfer from service label)

7002 2410 0001 0133 9034

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 x *[Signature]*  Agent  Addressed
- B. Received by (Printed Name)  
 Bill McCanto
- 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

**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:  
 Irving Deemar Trust  
 Irving R Deemar, Trustee  
 P.O. Box 566  
 Morton Grove, IL 60053

2. Article Number  
 (Transfer from service label)

7002 2410 0001 0133 9041

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 x *[Signature]*  Agent  Addressed
- B. Received by (Printed Name)  
 Sharon Deemar Jacobowitz
- 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

**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:  
 Brian Dickey  
 3810 West County Road 118  
 Midland, TX 79703

2. Article Number  
 (Transfer from service label)

7002 2410 0001 0133 9065

PS Form 3811, August 2001

Domestic Return Receipt

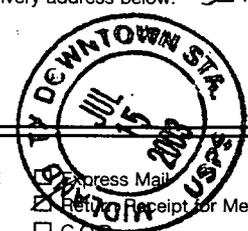
102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 x *[Signature]*  Agent  Addressed
- B. Received by (Printed Name)  
 Dianna Dickey
- 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



**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:

*Dianna Dickey*  
 3810 West County Road 118  
 Midland, TX 79703

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9072

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Dianna Dickey*  Agent  
 Addressee

B. Received by (Printed Name)

*Dianna Dickey* 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

**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:

*John Dickey*  
 3810 West County Road 118  
 Midland, TX 79703

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9089

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Dianna Dickey*  Agent  
 Addressee

B. Received by (Printed Name)

*Dianna Dickey* 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

**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:

*DK Investments*  
 828 East Edgemoor Road  
 Salt Lake City, UT 84103

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9096

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

*[Signature]* C. Date of Delivery

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

JUL 18 2003

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:

Arthur Dow  
 324 Lucea, NW  
 Albuquerque, NM 87105

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9102

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  
 Addressee  
*Mary L Dow*

B. Received by (Printed Name)

C. Date of Delivery

7/12

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:

Ann Hone Emerson, Justice  
 1495 SW Clifton  
 Portland, OR 97201

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9119

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  
 Addressee  
*Ann Hone Emerson*

B. Received by (Printed Name)

C. Date of Delivery

JUL 15 2003

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:

Energizer Resources Corp.  
 2198 Bloomfield Highway  
 Farmington, NM 87401

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9126

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  
 Addressee  
*Andrew Close*

B. Received by (Printed Name)

C. Date of Delivery

7/11/03

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:  
 Specialized Energy Company  
 P.O. Drawer 25045  
 Albuquerque, NM 87125

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X / Hugo Cotter

B. Received by (Printed Name)  
 Hugo Cotter

C. Date of Delivery  
 JUN 15 2002

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) 7002 2410 0001 0133 9133

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
 Tasher Clearing  
 Wells Fargo OGM  
 P.O. Box 5383  
 Denver, CO 80217

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Vladimir

B. Received by (Printed Name)  
 Vladimir

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

2. Article Number (Transfer from service label) 7002 2410 0001 0133 9140

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
 Tasher Foundation  
 P.O. Box 162786  
 Austin, TX 78716-2786

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X / Tasher

B. Received by (Printed Name)  
 Tasher

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

2. Article Number (Transfer from service label) 7002 2410 0001 0133 9157

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
 Celeste Jasken Management Inst  
 c/o Wells Fargo  
 P.O. Box 5383  
 Denver, CO 80217

2. Article Number  
 (Transfer from service label)

7002 2410 0001 0133 9164

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Vladimir Golts  
 Agent  
 Addressee

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

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:  
 Frank Andrew Jasken  
 4095 Sunset View  
 Paris, TX 75460

2. Article Number  
 (Transfer from service label)

7002 2410 0001 0133 9171

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Kathy VanWood  
 Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Kathy VanWood 7-14-03

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:  
 B.K. Jasken  
 230 Johnson Woods Drive  
 Paris, TX 75460

2. Article Number  
 (Transfer from service label)

7002 2410 0001 0133 9188

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X B.K. Jasken  
 Agent  
 Addressee

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

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:  
 Murray + Celeste Jasken Trust  
 c/o Wells Fargo Bank  
 P.O. Box 5383  
 Denver, CO 80217

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Vladimir Gelfand*  Agent  Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 9195

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

*hoodtuner*

**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:  
 Steven Rice Jasken Revocable Trust  
 Steven Rice Jasken, Trustee  
 P.O. Box 6088  
 Colorado Springs, CO 80934-6088

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 9201

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

*hoodtuner*

**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:  
 Feil Living Trust, Marie C. Feil  
 Successor Trustee  
 6096 Upland Terrace S.  
 Seattle, WA 98118

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *M Feil*  Agent  Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 9218

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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. Felter*  
 5501 Drayton Street, NE  
 Albuquerque, NM 87111

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Jack L. Felter*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery: *7/19/03*

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) 7002 2410 0001 0133 9225

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
*Elaine Loyettes*  
 P.O. Box 702281  
 Tulsa, OK 74170-2281

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Elizabeth A. Reed*  Agent  Addressee

B. Received by (Printed Name) *Elizabeth A. Reed* 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

2. Article Number (Transfer from service label) 7002 2410 0001 0133 9232

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
*Timothy + Carlene Foster*  
 Living Trust  
 CR 6100 #576  
 Kitland, NM 87417

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Tim Foster*  Agent  Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 9249

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
 Four Star Oil + Gas Company  
 P.O. Box 845896  
 Dallas, TX 75284-5896

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 9256

PS Form 3811, August 2001 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

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

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

3. Service Type  
 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:  
*Bookazines*  
 B. R. Jundingsland, Jr.  
 P.O. Box 1157  
 Littleton, CO 80160-1157

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 9263

PS Form 3811, August 2001 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 MEL JUNDINGSLAND

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

**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:  
*Bookazines*  
 Daniel C. Sainey Marital Trust  
 Bank of Oklahoma, Agent  
 P.O. Box 1588  
 Tulsa, OK 74101

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 9270

PS Form 3811, August 2001 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

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

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

3. Service Type  
 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:  
 Bates Properties, Ltd.  
 P.O. Box 81119  
 Midland, TX 79708-1119

2. Article Number  
 (Transfer from service label) **7002 2410 0001 0133 9287**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X / Rob S Gate  Agent  Addressee

B. Received by (Printed Name) **Wanda S. Gates** C. Date of Delivery **7-14-01**

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:  
 Geisler Family Ltd. Partnership  
 c/o Geisler Property Mgmt. Corp.  
 4706 North Lindhurst Ave.  
 Dallas, TX 75229-6518

2. Article Number  
 (Transfer from service label) **7002 2410 0001 0133 9294**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X M Geisler  Agent  Addressee

B. Received by (Printed Name) **Mary Geisler** C. Date of Delivery **7-15-01**

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:  
 Glenn L. Seattle Living Trust  
 George H. Seelbach + Willie Horton, Trustees  
 635 Via Santa Cruz  
 Vista, CA 92083-6336

2. Article Number  
 (Transfer from service label) **7002 2410 0001 0133 9300**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  Agent  Addressee

B. Received by (Printed Name) **[Signature]** C. Date of Delivery **7-14-01**

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:

Charles B. Gonzales  
 P.O. Drawer 2509  
 Santa Fe, NM 87504-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
*Randa 6-25-01*

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) **7002 2410 0001 0134 0344**

**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:

Green Ribbon Inc.  
 46-5 E. St. Hillendahl + Marienhoj  
 St. Thomas,  
 US Virgin Islands, 00802

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*[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) **7002 2410 0001 0133 9317**

**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:

James + Estelle Haefele  
 7000 Ranger Drive  
 Cheyenne, WY 82009

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*[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) **7002 2410 0001 0133 9324**

**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:  
 Hanson-Mcside Petroleum Co.  
 A New Mexico Limited Partnership  
 P.O. Box 1515  
 Roswell, NM 88201-1515

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 9331

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) Jane Starnes C. Date of Delivery 8/20/01

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, August 2001 Domestic Return Receipt 102595-02-M-10

*boettner*

**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:  
 Hardin-Simmons University  
 c/o Baptist Foundation of Texas  
 1601 Elm, Suite 1700  
 Dallas, TX 75201-7241

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 9348

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) Diana Lyles C. Date of Delivery 8/20/01

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, August 2001 Domestic Return Receipt 102595-02-M-10

*boettner*

**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:  
 Susan Fasher Hartin Trust  
 c/o Wells Fargo  
 P.O. Box 5383  
 Denver, CO 80217

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 9362

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 8/20/01

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, August 2001 Domestic Return Receipt 102595-02-M-10

**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:

M.G. + W.G. Harvey  
 P.O. Box 12705  
 Dallas, TX 75225

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9379

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Chouhoun*

Agent

Addressee

B. Received by (Printed Name)

C. Houchin

C. Date of Delivery

5/28/03

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:

M.G. Harvey, Jr  
 P.O. Box 12705  
 Dallas, TX 75225

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9386

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Chouhoun*

Agent

Addressee

B. Received by (Printed Name)

C. Houchin

C. Date of Delivery

7/28/03

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:

William R Hendley  
 P.O. Box 45373  
 Rio Rancho, NM 87174

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9393

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *William R Hendley*

Agent

Addressee

B. Received by (Printed Name)

William R Hendley

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

**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:

*Jerena Home  
2850 Baseline Ave.  
Santa Inez, CA 93460*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) *JENNIFER NATION* C. Date of Delivery *8/3*

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) **7002 2410 0001 0133 9409**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:

*Mary Ann Honey  
10303 Acetella Drive  
Sun City, AZ 85373*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) *MARY HONEY* C. Date of Delivery *7-15-01*

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) **7002 2410 0001 0133 9416**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:

*Lisa K. Hood  
40 Wells Fargo  
P.O. Box 5383  
Denver, CO 80217*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Lisa K. Hood* C. Date of Delivery *8/3*

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) **7002 2410 0001 0133 9423**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
 Robin Hood  
 c/o Wells Fargo  
 P.O. Box 5383  
 Denver, CO 80217

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Madeline Gelfand*  Agent  Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 9430

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
 Wesley J. House  
 1201 Bedford Drive  
 Midland, TX 79701-4110

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Wesley House*  Agent  Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 9447

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
 Virginia M. Huch  
 c/o Virginia M. Brecker  
 23430 W. Cottail Lane  
 Barrington, IL 60010

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Stephanie Meyer*  Agent  Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 9454

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**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 R. + Mary Lou Jacobs Living Trust  
 3505 Crescent Avenue  
 Farmington, NM 87401

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Mary Lou Jacobs*  Agent  
 Addressee

B. Received by (Printed Name)

MARY LOU JACOBS  Agent  
 Addressee

C. Date of Delivery

7-11-03  Yes  
 No

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)

7002 2410 0001 0133 9461

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**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:

Therese Kauglarich  
 13723 Santa Fe Trail  
 Orlando Park, IL 60462

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Therese Kauglarich*  Agent  
 Addressee

B. Received by (Printed Name)

Therese Kauglarich  Agent  
 Addressee

C. Date of Delivery

7/15/03  Yes  
 No

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)

7002 2410 0001 0133 9478

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**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:

Kelly Livable Trust  
 P.O. Box 2097  
 Cheyenne, WY 82003

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Kelly Livable Trust*  Agent  
 Addressee

B. Received by (Printed Name)

Kelly Livable Trust  Agent  
 Addressee

C. Date of Delivery

JUL 14 2003  Yes  
 No

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)

7002 2410 0001 0133 9485

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

*borderline*  
**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:

*Barron U. Kidd  
3838 Oak Lawn Ave., Suite 725  
Dallas, TX 75219*

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9515

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*B. Roberts*  Agent  
 Addressee

B. Received by (Printed Name)

*B. Roberts*

C. Date of Delivery

*7/14/01*

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

*borderline*  
**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:

*Joe Kinn  
1645 Court Place #201  
Denver, CO 80202*

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9522

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*17 JUL*

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:

Harry + Sharon Lane Living Trust  
 Sharon M. Lane, Trustee  
 P.O. Box 243  
 Farmington, NM 87499-0243

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9546

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Harry Lane*

Agent  
 Addressee

B. Received by (Printed Name)

Harry Lane

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

**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:

William M. Lansdale  
 P.O. Box 27  
 Seal Beach, CA 90740

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9553

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *William M. Lansdale*

Agent  
 Addressee

B. Received by (Printed Name)

Cirilo Hernandez

C. Date of Delivery

7-18-05

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:

Charles Longcope, Jr.  
 7157 Oppe Way  
 Dallas, TX 75225

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9577

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Charles Longcope, Jr.*

Agent  
 Addressee

B. Received by (Printed Name)

7-22-05

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:

Ed Longcope  
 400 W. Hopkins St., Suite 101  
 San Marcos, TX 78666-4462

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9584

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:  Yes  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:

Kay Longcope  
 1312 Travis Heights Blvd.  
 Austin, TX 78704

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9591

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

BARBARA WOLFE

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:  Yes  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:

Lowie Kogelty Partners, AP  
 P.O. Box 4887  
 Dept. 4  
 Houston, TX 77210-4887

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9607

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

O. Adlbayer

C. Date of Delivery

152003

D. Is delivery address different from item 1?

If YES, enter delivery address below:  Yes  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:  
 James M. + Blanche D. Martin  
 943 T Avenue  
 Rural Route 1 Box 321  
 Council Grove, KS 66846-8777

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 9621

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Blanche Martin*  
 B. Received by (Printed Name) C. Date of Delivery  
 B. Received by (Printed Name) Blanche Martin C. Date of Delivery 7-14-03  
 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:  
 Metride Oil + Gas Corp.  
 P.O. Box 1515  
 Roswell, NM 88202-1515

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 9638

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Jan Starnes*  
 B. Received by (Printed Name) C. Date of Delivery  
 B. Received by (Printed Name) Jan Starnes C. Date of Delivery 7-14-03  
 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:  
 Frank J. Metride Inst #1  
 40 Sunflower Bank  
 P.O. Box 800  
 Salina, KS 67401-0800

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0133 9645

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Matthew Ehrlich*  
 B. Received by (Printed Name) C. Date of Delivery  
 B. Received by (Printed Name) MATTHEW EHRLICH C. Date of Delivery 7-14-03  
 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:  
 John W. McDougall  
 P.O. Box 267997  
 Weston, TX 33326

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) John McDougall C. Date of Delivery 7-17-03

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) 7002 2410 0001 0133 9652

**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:  
 Deborah M. McKenna  
 7555 South Biscay Street  
 Aurora, CO 80016

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) T.J. McKenna 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

2. Article Number (Transfer from service label) 7002 2410 0001 0133 9669

**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 M. Miller  
 5358 South Havana Court  
 Englewood, CO 80111

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

3. Service Type  
 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) 7002 2410 0001 0133 9676

**SENDER: COMPLETE THIS SECTION**

- ~~Complete~~ 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:

Oklahoma Oil Co.  
 Attn: Wheeler Sears  
 4925 Greenville Ave., Suite 717  
 Dallas, TX 75206

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9706

PS Form 3811, August 2001

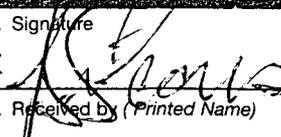
Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/16

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:

Maurice + Lorraine Olson  
 1007 Tarnan Street  
 Omaha, NE 68102

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9713

PS Form 3811, August 2001

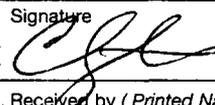
Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/15

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:

Rosemarie Ottiler  
 1847 Noel Place  
 Beverly Hills, CA 90210

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9720

PS Form 3811, August 2001

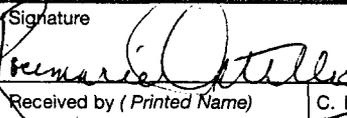
Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/12/03

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:

Ben M. Patterson, Jr.  
613 NW Loop 410, Suite 620  
San Antonio, TX 78216

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9737

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X B. Fowle

Agent

Address

B. Received by (Printed Name)

B. Fowle

C. Date of Delivery

7/13

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:

Clare M. Phillips  
1315 E. Bello Circle  
Lockport, IL 60441

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9744

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Clare Phillips

Agent

Address

B. Received by (Printed Name)

Clare Phillips

C. Date of Delivery

7/15/03

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:

James Phillips  
3400 Bob-O-Link  
Denton, TX 76209

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9751

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X J. Johnson

Agent

Address

B. Received by (Printed Name)

J. Johnson

C. Date of Delivery

7-14-03

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:

*Preston Hollow United Meth Church*  
*6315 Walnut Hill Lane*  
*Dallas, TX 75230*

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9768

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Craig Ventresca*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- 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:

*Puckett Energy Company*  
*5460 South Quebec St., Suite 250*  
*Greenwood Village, CO 80111-1977*

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9775

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- 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:

*Resource Enterprises Inc.*  
*345 East 4500 South, Suite 300*  
*Salt Lake City, UT 84107*

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 9805

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

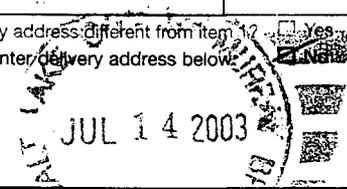
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 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:  
*R. J. Partnership, Ltd.*  
*755 S Elizabeth*  
*Denver, CO 80209*

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Janet Roark*  Agent  Addressee

B. Received by (Printed Name)  
*Janet L. Roark*

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

**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:  
*Melvin Robins*  
*P.O. Drawer 2225*  
*Albuquerque, NM 87102*

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
*7/16/01*

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:  
*Billie Robinson*  
*P.O. Box 1281*  
*Santa Fe, NM 87501-1281*

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Billie Robinson*  Agent  Addressee

B. Received by (Printed Name)  
*Billie Robinson*

C. Date of Delivery  
*JUL 12 2003*

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:  
 Kathleen Roman  
 P.O. Box 1055  
 Buena Vista, CO 81211

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressed

B. Received by (Printed Name)

C. Date of Delivery  
 7/14/03

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

7002 2410 0001 0133 7061

**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:  
 James + Nichola Rubaw  
 200 S. Main Street  
 Artee, NM 87410

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressed

B. Received by (Printed Name)  
 NIKOLA RUBAW

C. Date of Delivery  
 7-11-03

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

7002 2410 0001 0133 7078

**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:  
 San Juan Basin Properties, LLC  
 1499 Blake Street #7K  
 Denver, CO 80202

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressed

B. Received by (Printed Name)

C. Date of Delivery  
 7/12/03

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

7002 2410 0001 0133 7085

**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:

John Dillon Sapp 1993 Trust  
 Chase Bank of Texas, Trustee  
 P.O. Box 201984  
 Houston, TX 77216-1784

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 7108

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUL 14 2003

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:

Mary Margaret Sapp 1993 Trust  
 Chase Bank of Texas, Trustee  
 P.O. Box 201984  
 Houston, TX 77216-1884

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 6828

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUL 14 2003

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:

William Dean Sapp 1993 Trust  
 Chase Bank of Texas, Trustee  
 P.O. Box 201984  
 Houston, TX 77216-1884

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0092

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUL 14 2003

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:

Sealy + Company, LP  
 P.O. Box 9557  
 Fort Worth, TX 76147

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0108

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Sarah Sweeney

Agent

Addressee

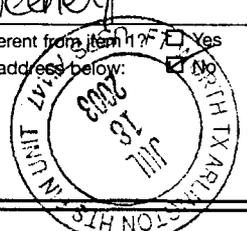
B. Received by (Printed Name)

Sarah Sweeney

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

**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:

SECO Energy Corp.  
 1801 Broadway, Suite 900  
 Denver, CO 80202

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0115

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Heuser

Agent

Addressee

B. Received by (Printed Name)

JUL 16 2003

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

**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:

Susan C. Sheridan  
 151 South Birch Street  
 Denver, CO 80246-1016

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0122

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Krista Sheridan

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

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:  
*C. S. Slemp Family Trust #1501172*  
*Kellian Slemp + Chase Bank*  
*P.O. Box 201884*  
*Houston, TX 77216-1884*

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0134 0139

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *JSP*  Agent  
 Addressed

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Deliver JUL 14 2003

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, August 2001 Domestic Return Receipt 102595-02-M-10

*brockman*

**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:  
*Howell + Mary Ann Spear*  
*DBA Proactor Oil & Gas Co.*  
**ward To:**  
**Box 1684**  
**and, Texas 79702**

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0134 0146

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *L. Spear*  Agent  
 Addressed

B. Received by (Printed Name) L. SPEAR C. Date of Deliver \_\_\_\_\_

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, August 2001 Domestic Return Receipt 102595-02-M-10

*brockman*

**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:  
*Viola J. Stewart*  
*P.O. Box 291245*  
*Kerrville, TX 78029-1245*

2. Article Number  
 (Transfer from service label) 7002 2410 0001 0134 0153

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Viola J. Stewart*  Agent  
 Addressed

B. Received by (Printed Name) Viola J. Stewart C. Date of Deliver 7/14/03

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, August 2001 Domestic Return Receipt 102595-02-M-10

**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:  
 David + Jennie Steyerdc *Post Office*  
 19456 E. Nassau *Shirelli*  
 Aurora, CO 80014



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Jennie Steyerdc*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Received by: *Jennie Steyerdc* Date: *8/14*

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) **7002 2410 0001 0134 0160**

**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:  
 Violet Graves Stubbeman  
 c/o David Stubbeman  
 P.O. Box 3473  
 Abilene, TX 79604

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*David Stubbeman*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Received by: *David Stubbeman* Date: *8/14*

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) **7002 2410 0001 0134 0177**

**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:  
 Lisa Sweeney  
 152 Mary Lynn Lane  
 Newman, GA 30265

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Lisa Sweeney*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Received by: *Lisa Sweeney* Date: *8/14*

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) **7002 2410 0001 0134 0184**

**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:

*Stella Sernas*  
*1275 Sierra Ridge*  
*New Reno, NV 60451*

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0207

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-14-03

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:

*Texas Commerce Bank, Trustee*  
*Acct 5067200*  
*P.O. Box 209871*  
*Houston, TX 77216-9871*

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0214

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUL 14 2003

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:

*Rosita Suijillo*  
*P.O. Box 1225*  
*Cheyenne, WY 82003*

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0221

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUL 14 2003  
 CHEYENNE, WY 82003  
 BTU

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:

Dorothy J. Sucker Trust  
 200 Cascade Ave.  
 Cheyenne, WY 82009

2. Article Number  
(Transfer from service label)

7002 2410 0001 0134 0238

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **JUL 12 2003**

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:

George Yolis  
 519 Glen Arbor  
 Gross Pointe, Md 47236

2. Article Number  
(Transfer from service label)

7002 2410 0001 0134 0245

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **7-14-03**

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

**PROSEPOINTA**  
**JUL 14 2003**  
**USPS 48236**

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:

Westway Petro  
 500 N. Akard, Suite 200  
 Dallas, TX 75201

2. Article Number  
(Transfer from service label)

7002 2410 0001 0134 0252

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) **JUL 9 2003** C. Date of Delivery **9 4 2003**

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:

William K. Wieland  
7831 Academy Trail NE  
Albuquerque, NM 87109



2. Article Number  
(Transfer from service label)

7002 2410 0001 0134 0269

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
\* Janet Wieland  Agent  Addressee

B. Received by (Printed Name)  
Janet Wieland

C. Date of Delivery  
7/14/03

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:

Jack B. Wilkinson, Jr.  
P.O. box 305  
Midland, TX 79702

2. Article Number  
(Transfer from service label)

7002 2410 0001 0134 0276

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
\* Jack Wilkinson  Agent  Addressee

B. Received by (Printed Name)  
Jack Wilkinson

C. Date of Delivery  
7-15-03

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. L. Williams  
7700 La Cordera NE  
Albuquerque, NM 87110

2. Article Number  
(Transfer from service label)

7002 2410 0001 0134 0283

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
\* J. L. Williams  Agent  Addressee

B. Received by (Printed Name)  
J. L. Williams

C. Date of Delivery  
7-12-03

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:

Martha K. Williamson  
4949 Skillman #155  
Dallas, TX 75206

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0290

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/16/03

D. Is delivery address different from item 1?  YesIf 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:

Bry M. Willis  
P.O. Box 823447  
Dallas, TX 75382

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0306

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/22/03

D. Is delivery address different from item 1?  YesIf 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:

Lattie Leek Wood  
P.O. Box 1099  
Rising Star, TX 76471

2. Article Number

(Transfer from service label)

7002 2410 0001 0134 0313

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-14-03

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

3. Service Type

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

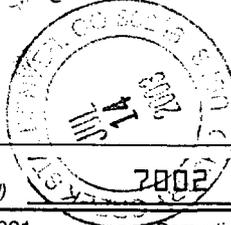
4. Restricted Delivery? (Extra Fee)

 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:  
 Yellow Ribbon Inc.  
 P.O. Box 6901  
 Denver, CO 80206



2. Article Number  
 (Transfer from service label)

7002 2410 0001 0134 0320

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *William T. Gault*  Agent  Addressee

B. Received by (Printed Name) *GAULT* C. Date of Delivery *07/11/02*

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:  
 Richard Zimmerman  
 c/o Advantage Trust Company  
 P.O. Box 1337  
 Salina, KS 67402-1337

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *M. Schneider*  Agent  Addressee

B. Received by (Printed Name) *MATTHEW SCHNEIDER* C. Date of Delivery *7-14-03*

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)

7002 2410 0001 0134 0337

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-10