

COPY

JAMES BRUCE
ATTORNEY AT LAW

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

(505) 982-2043 (PHONE)
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jamesbruc@aol.com

August 5, 2003

RECEIVED

AUG 12 2003

Oil Conservation Division

Hand Delivered

Michael E. Stogner
Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

Re: **Supplement** to application of Devon Energy Production Company, L.P. ("Devon") for administrative approval of an unorthodox oil well location:

Well: Eagle 35H Fed. Well No. 14
Location: 2560 feet FNL & 760 feet FEL
Well Unit: SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 35, Township 17 South,
Range 27 East, NMPM, Eddy County, New Mexico

Administrative application reference No. pMES0-319250237

Dear Mr. Stogner:

By letter dated July 30, 2003 (attached as Exhibit A) you requested additional information as to why the proposed well could not be located at an orthodox location elsewhere in the well unit. I hope this letter answers your questions.

The target of the well is the Northeast Red Lake Glorieta-Yeso Pool, which is spaced on statewide rules. Wells completed in this pool tend to start producing at rates near the allowable (which I believe is 80 BOPD), and then drop off rapidly to a fairly stable rate below the allowable. It is Devon's plan, and practice, to complete two wells in the Glorieta-Yeso formations on each well unit. These wells are being planned in the northeast and southwest portions of each well unit, in order to minimize drainage or interference between wells. Attached as Exhibit B is a plat of Sections 34 and 35, showing Devon's currently existing and planned Glorieta-Yeso wells in those sections. As you can see, the proposed well fits into the northeast-southwest pattern.

Devon has filed an APD with the Bureau of Land Management for the second well in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 35 (the Eagle 35H Fed. Well No. 15). That well is at an orthodox location.

With respect to the proposed No. 14 well, it needs to be in the southwest part of the well unit to conform to the above-described well spacing pattern. However, well locations are limited in that part of the well unit. Attached as Exhibit C is an aerial photograph of the NW $\frac{1}{4}$ of Section 35, with surface features noted thereon. There are lease roads, electric lines, and a archaeological site located in the SW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$, which limit well locations. Those sites are also identified on Exhibits D and E. Devon's site must remain at least 150 feet from these obstacles, leading to the proposed unorthodox location.

There are potential orthodox, or less unorthodox, locations in the NW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ and SE $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 35. However, locating the well in those quarter-quarter-quarter sections would disrupt the proposed development pattern in the Glorieta-Yeso formations.

In addition, we note that there is an existing Glorieta-Yeso well, operated by Devon, in the offsetting NE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 35. That well was drilled before the current development pattern was devised. That well is over 600 feet from the proposed well, and thus should not be adversely affected by the No. 14 well.

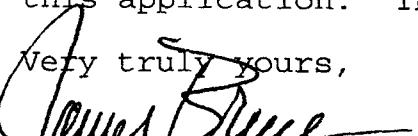
You also verbally inquired about the possibility of directionally drilling the proposed well to an orthodox location. While possible, it is difficult in shallow wells, and the extra cost adversely affects economics. More importantly, Glorieta-Yeso wells are placed on pump, and if directionally drilled the well could not be rod-pumped, and the well cannot produce.

Attached as Exhibit F is a copy of the notice letter sent to offsetting overriding royalty owners (working and royalty interests are unaffected by this application). All such interest owners have received notice, or refused service, and have not objected.

Finally, you asked for written confirmation from the BLM that this is the only location they would approve. We are working on obtaining same, but don't know if the BLM will act.

Please let me know if you need additional information to process this application. Thank you.

Very truly yours,


James Bruce

Attorney for Devon Energy Production Company, L.P.



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON

Governor

Joanna Prukop
Cabinet Secretary

July 30, 2003

Lori Wrotenbery

Director

Oil Conservation Division

Devon Energy Production Company, L.P.
c/o James Bruce
P. O. Box 1056
Santa Fe, New Mexico 87501

Re: *Administrative application for an exception to Division Rule 104.B (1), revised by Division Order No. R-11231, issued by the New Mexico Oil Conservation Commission in Case No. 12119 on August 12, 1999, for Devon Energy Production Company, L.P.'s proposed Eagle "35H" Federal Well No. 14 at an unorthodox oil well location 2560 feet from the North line and 760 feet from the East line (Unit H) of Section 35, Township 17 South, Range 27 East, NMPM, Undesignated Northeast Red Lake-Glorieta-Yeso Pool (96836), Eddy County, New Mexico, within a standard 40-acre oil spacing and proration unit comprising the SE/4 NE/4 of Section 35.*

Dear Mr. Bruce:

This letter acknowledges your administrative application dated July 9, 2003 for the above described well that is to be drilled at an extreme unorthodox oil well location in the Undesignated Northeast Red Lake-Glorieta-Yeso Pool. The Division received your application on July 10, 2003, and assigned it **NMOCD administrative application reference No. pMES0-319250237**. Please refer to this number in future correspondence with the Division.

I've reviewed your application and feel additional support data is needed for this well that is only 80 feet from its spacing unit boundary line and to another unit with different ORRI. This location indicates possible correlative rights violation to these offset interests.

Please submit a detailed topographic map of the entire quarter-quarter section (Unit H) showing all of the surface features that are preventing Devon from drilling this well within the required standard location window for oil wells spaced on 40 acres [see Division Rule 104.B (1)]. Please explain why Devon cannot use one of the existing well pads to drill its Eagle "35-H" Federal Well No. 14. You also stated "[t]his is the only location in the quarter-quarter section which the Bureau of Land Management will approve." Please explain this statement in detail and provide a written statement from the BLM confirming this.

Since the submitted information is insufficient to review, the application was ruled as incomplete on July 30, 2003. Please submit the above stated information by Monday, August 7, 2003.

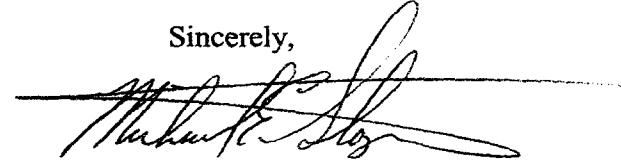
The Division cannot proceed with your application until the required information is submitted. Upon receipt, the Division will continue to process your application. The additional information can be faxed to (505) 476-3462, or mailed to the Division in Santa Fe. If the necessary information is not submitted, your application will be returned to you.

Devon Energy Production Company, L.P.
July 30, 2003
Page 2

c/o James Bruce

Should you have any questions concerning this matter, please contact me in Santa Fe at (505) 476-3465 or e-mail me at "mstogner@state.nm.us." Thank you.

Sincerely,



Michael E. Stogner
Chief Hearing Officer/Engineer

cc: New Mexico Oil Conservation Division – Artesia
 U. S. Bureau of Land Management – Carlsbad
 U. S. Bureau of Land Management – Roswell
 U. S. Bureau of Land Management – Santa Fe

AMOCO
HONDO FED GAS COM #2
3627

AMOCO PEMBROKE
HONDO FED GAS COM #1
3778770

▲ NEXT 7 YESO WELLS

◇ 7 RENEW APDS

◇ 10 NEW APDS

● 3 RECENT YESO WELLS

ENERGY CORP
FEDERAL #7
549

DEVON ENERGY CORP
EAGLE 34F FEDERAL #6
7648

DEVON ENERGY CORP
EAGLE 34B FEDERAL #3
2699

MARBOB ENERGY CORP
ARCO FEDERAL #1
2675

DEVON ENERGY CORP
EAGLE 34E FEDERAL #1
7999

AMOCO
GORDON FED GAS COM #1
FEDERAL #9
1120

S D X RESOURCES INC
TRIGO FEDERAL #3
0

HAYNES OWEN
HAROLD FEDERAL #1
481

JENKINTON JR. J.
HAROLD FEDERAL #1
314

WAGGONER
HAROLD FEDERAL #1
1145

EVANS JAY
HAROLD FEDERAL #1
247

JENKINTON JR. J.
HAROLD FEDERAL #1
475

WAGGONER
HAROLD FEDERAL #1
314

EVANS JAY
HAROLD FEDERAL #1
247

JENKINTON JR. J.
HAROLD FEDERAL #1
475

S D X RESOURCES INC
ENRON FEDERAL #8

Devon acreage



34

ROY CORP
FEDERAL #72
99

DEVON ENERGY CORP
EAGLE 34K FEDERAL #1
2600

DEVON ENERGY CORP
EAGLE 34G FEDERAL #13
2649

DEVON ENERGY CORP
EAGLE 34F FEDERAL #8
2600

DEVON ENERGY CORP
EAGLE 34L FEDERAL #17
EAGLE 34K FEDERAL #8
2600

DEVON ENERGY CORP
LOGAN 35 FEDERAL #1
3600

J E BEINGFIELD
BROWELL ROBERT H
SRLO UNIT #10
2978

ROY CORP
FEDERAL #73
99

DEVON ENERGY CORP
EAGLE 34K FEDERAL #21
2600

DEVON ENERGY CORP
EAGLE 34K FEDERAL #21
2600

DEVON ENERGY CORP
EAGLE 34K FEDERAL #28
2600

DEVON ENERGY CORP
EAGLE 35 FEDERAL #2
2700

DEVON ENERGY CORP
LOGAN 35 FEDERAL #2
3600

BROWELL ROBERT
SRLO UNIT #27
1772

ROY CORP
FEDERAL #74
99

DEVON ENERGY CORP
EAGLE 34L FEDERAL #24
2600

DEVON ENERGY CORP
EAGLE 34K FEDERAL #72
2700

DEVON ENERGY CORP
EAGLE 34L FEDERAL #31
2700

DEVON ENERGY CORP
EAGLE 35 FEDERAL #2
2700

DEVON ENERGY CORP
LOGAN 35 FEDERAL #2
3600

BROWELL ROBERT
SRLO UNIT #27
1772

ROY CORP
FEDERAL #75
99

DEVON ENERGY CORP
EAGLE 34Y FEDERAL #3
2600

DEVON ENERGY CORP
EAGLE 34Y FEDERAL #3
2600

DEVON ENERGY CORP
EAGLE 34Y FEDERAL #3
2600

DEVON ENERGY CORP
LOGAN 35 FEDERAL #13
3700

DEVON ENERGY CORP
LOGAN 35 FEDERAL #13
3600

BROWELL ROBERT
SRLO UNIT #27
1772

ROY CORP
FEDERAL #76
99

DEVON ENERGY CORP
EAGLE 34M FEDERAL #6
2600

DEVON ENERGY CORP
EAGLE 34M FEDERAL #6
2600

DEVON ENERGY CORP
EAGLE 34M FEDERAL #1
2600

DEVON ENERGY CORP
CARTER SMILEY #1
3700

DEVON ENERGY CORP
LOGAN 35 FEDERAL #13
3600

BROWELL ROBERT
SRLO UNIT #27
1772

ROY CORP
FEDERAL #77
99

DEVON ENERGY CORP
FALCON 3C FEDERAL #3
2600

DEVON ENERGY CORP
FALCON 3C FEDERAL #1
2600

DEVON ENERGY CORP
FALCON 3C FEDERAL #1
2600

MARBOB ENERGY CORP
CARTER SMILEY #1
3875

DEVON ENERGY CORP
LOGAN 35 FEDERAL #13
3600

BROWELL ROBERT
SRLO UNIT #27
1772

ROY CORP
FEDERAL #78
99

PAN AMERICAN
USA MALIC REF H #9

PAN AMERICAN
USA MALIC REF H #9

PAN AMERICAN
USA MALIC REF H #9

MARBOB ENERGY CORP
CARTER SMILEY #1
3875

DEVON ENERGY CORP
LOGAN 35 FEDERAL #13
3600

PAN AM
USA MALIC

ROY CORP
FEDERAL #79
99

PAN AMERICAN
USA MALIC REF H #9

PAN AMERICAN
USA MALIC REF H #9

PAN AMERICAN
USA MALIC REF H #9

MARBOB ENERGY CORP
CARTER SMILEY #1
3875

DEVON ENERGY CORP
LOGAN 35 FEDERAL #13
3600

PAN AM
USA MALIC

Bloomberg No. 5208



EXHIBIT

100'

1800'

GCNM BPL

BLK-BPL



Section 335

2560'

1650'

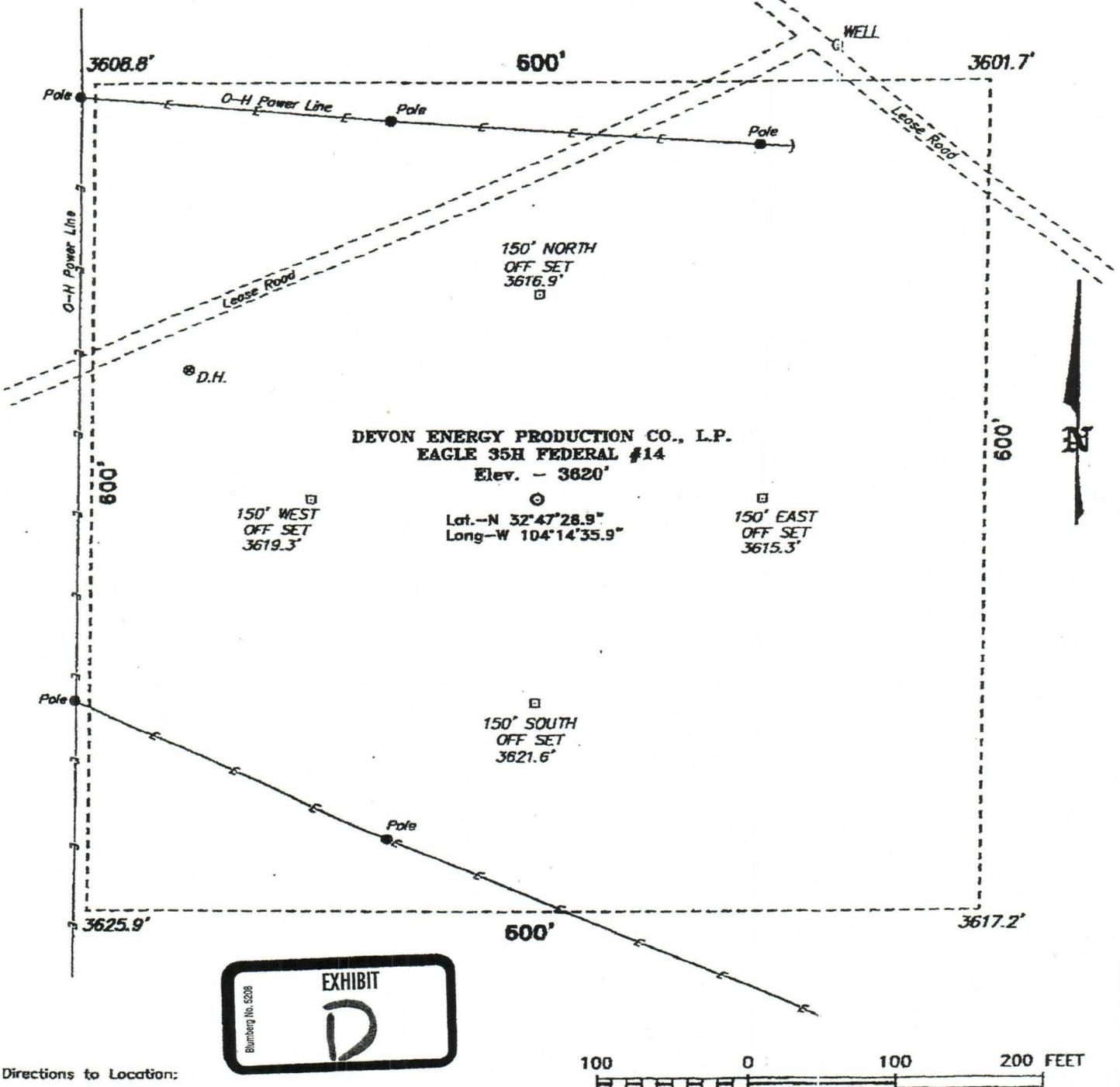
2" Sill Flume

330'

LEGEND

- Gold: Pipeline
- Brown: Lease Road
- Pink: Archaeological Site
- Hash Mark: Overhead Electric Line
- Purple: Quarter-Quarter Section Line

**SECTION 35, TOWNSHIP 17 SOUTH, RANGE 27 EAST, N.M.P.M.,
EDDY COUNTY, NEW MEXICO.**



Directions to Location:

FROM THE JUNCTION OF CO. RD. 204 AND CO. RD. 258, GO SOUTH ON CO. RD. 204 FOR APPROX. 0.25 MILE TO CO. RD. 225; THENCE SOUTHWESTERLY ON CO. RD. 225 FOR APPROX. 1.25 MILE TO A LEASE

ROAD; THENCE EASTERLY ON LEASE ROAD FOR APPROX. 0.1 MILE; THENCE SOUTHEAST FOR 0.1 MILE; THENCE NORTHEAST FOR 0.1 MILE TO A POINT ON THE PROPOSED WELL PAD.

BASIN SURVEYS P.O. BOX 1786—HOBBS, NEW MEXICO

W.O. Number: 3229

Drawn By: K. GOAD

DEVON ENERGY PROD. CO., L.P.

REF: EAGLE 35H FED. NO. 14 / Well Pad Topo

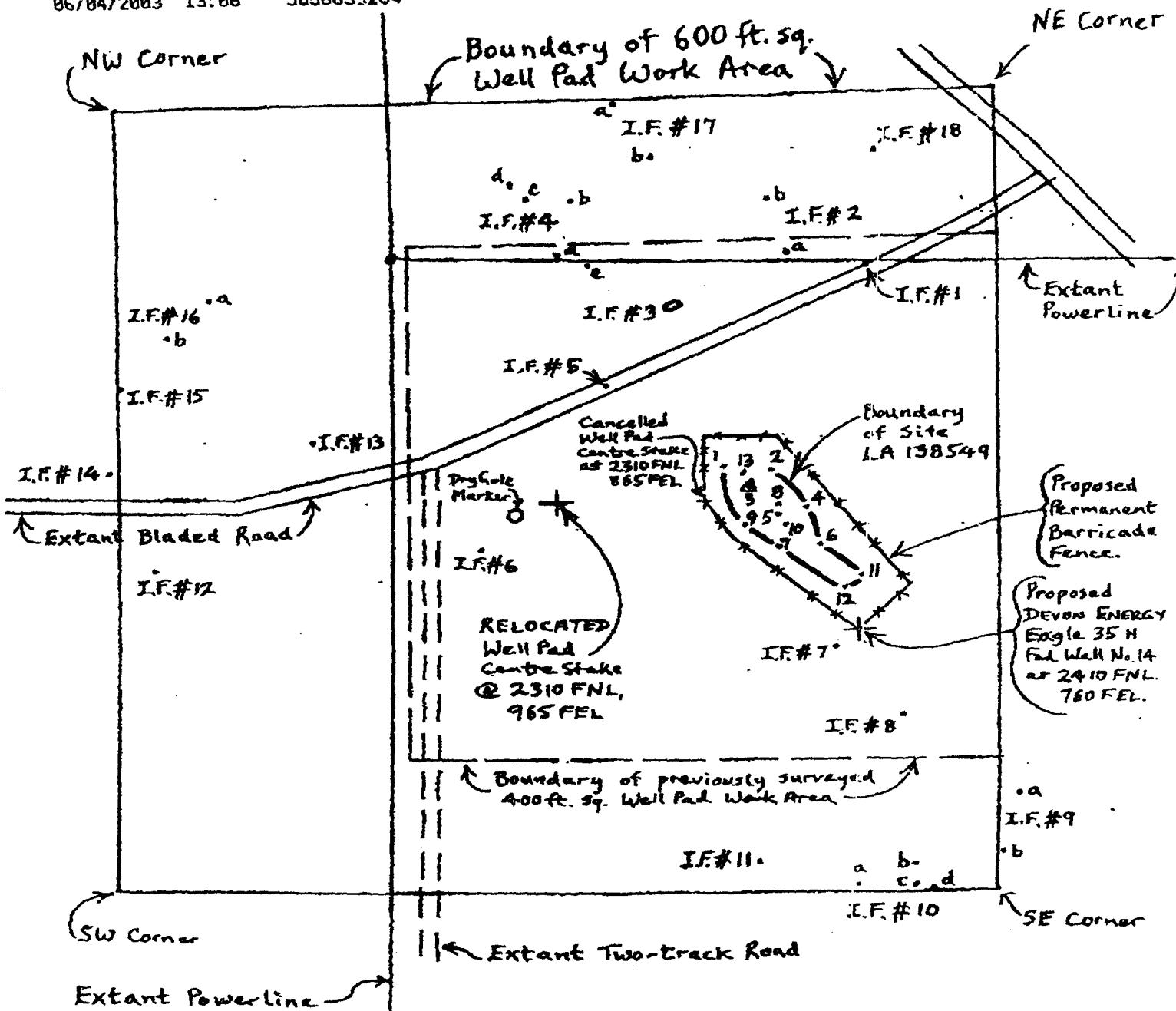
THE EAGLE 35H FED. NO. 14 LOCATED 2410' FROM THE NORTH LINE AND 760' FROM THE EAST LINE OF SECTION 35, TOWNSHIP 17 SOUTH, RANGE 27 EAST, N.M.P.M., EDDY COUNTY, NEW MEXICO.

07/07/2003 15:33 FAX 4055528113
06/18/2003 12:48 5056714760

DEVON ENERGY
SNMAS, INC.
BLM

004/008
PAGE 01
PAGE 02

06/04/2003 13:06 5056859264



MOQUADRANGLE, L.L.C.
RELOCATED MIDNIGHT MATADOR FEDERAL WELL NO. 1 and ACCESS ROAD R/W

Site LA 138549
T17S, R27E, Section 35 (SW $\frac{1}{4}$, SE $\frac{1}{4}$, NE $\frac{1}{4}$), Eddy County, New Mexico.

ASC Report 03-030

Mapped by means of Garmin 12 G.P.S. unit utilizing U.T.M. Grid Zone 13, 1927 North American Datum. Original recording: JVS/DMG, 21 December 2002.
Site update: JVS/DMG, 21 March 2003; and JVS/DMG, 21 May 2003.



JAMES BRUCE
ATTORNEY AT LAW

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jamesbruc@aol.com

July 9, 2002

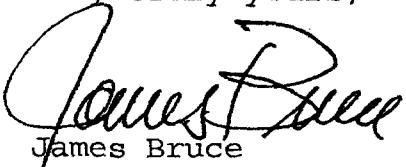
CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., requesting administrative approval of an unorthodox oil well location in the Glorieta/Yeso formations formation in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 35, Township 17 South, Range 27 East, NMPM, Eddy County, New Mexico. You own an interest offsetting the well's location. If you object to the well's location, you must notify the Division in writing no later than Tuesday, July 29, 2003 (1220 South St. Francis Drive, Santa Fe, New Mexico 87505; attention: Michael E. Stogner). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,



James Bruce

Attorney Devon Energy Production Company, L.P.



EXHIBIT A

Katherine K. McIntyre
620 Camino Real
El Paso, TX 79922

George W. Fitt
W188 Tulip Drive
Genoa City, WI 53128

Rebekah Fitt-Peaster
4500 19th Street, Lot 101
Boulder, CO 80304

Christopher Fitt
10807 Cape Cod Lane
Huntley, IL 60142

Jonathan Fitt
10016 Ashley Ct.
Huntley, IL 60142

Charles W. Froehlich, Jr.
1444 Windsong Lane
Escondido, CA 92026

Francine C. Sweeney
3335 Colony Drive
San Antonio, TX 78230

Gary W. Sweeney
12938 King Circle
Cypress, TX 77429

Jenny Fitt-Peaster
5101 Pennsylvania Avenue
Boulder, CO 80303

Stephen C. Fitt
1180 Mercury Drive
Lafayette, CO 80026

Violet Verna Fitt
129 S. Spruce #108
Wood Dale, IL 60191

Arthur Fitt
6083 S. Emporia Ct.
Englewood, CO 80111

Nathanial Fitt
6900 Center Avenue
Hanover Park, IL 60103

Pamela June Krueger
No Address

Wilma Donahue Mo'leen Foundation
C/O Chase Manhattan Bank
P.O. Box 200486
Houston, TX 77216

Richard H. Sweeney, III
P.O. Box 1803
Forney, TX 75126

Kay Sorvillo
3507 Stonehaven
San Antonio, TX 78230

Ruby B. Griggs Estate
Kay Sweeney Sorvillo,
Independent Executix
3507 Stonehaven
San Antonio, TX 78230

**U.S. Postal Service™
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OFFICIAL USE

Postage	\$ 0.89
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To:
Street/Appt./No.
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

*Billie Fitt-Poaster
101 Pennsylvania Avenue
Boulder, CO 80303*

7/15/03

USPS

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jay Bahadur* Agent
 Addressee

B. Received by / Printed Name) *Jay Bahadur* Date of Delivery
9/14/03

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

If YES, enter delivery address below:

1. Article Addressed to:

Jenny Fitt-Poaster
101 Pennsylvania Avenue
Boulder, CO 80303

2. Article Number
(Transfer from service label) *7003 0500 0002 3972 3368*

PS Form 3811, August 2001

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

4. Restricted Delivery? (Extra Fee) Yes
 No *7/15/03*

102595-01-M-0381

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OFFICIAL USE

Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.83

*Postage
Paid
7/15/03
SANTA FE
NM
USPS*

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jay Bahadur* Agent
 Addressee

B. Received by / Printed Name) *Jay Bahadur* Date of Delivery
7/15/03

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

If YES, enter delivery address below:

1. Article Addressed to:

Kay Sorillo
3507 Stonehaven
San Antonio, TX 78230

PS Form 3800, June 2002

2. Article Number
(Transfer from service label) *7003 0500 0002 3972 3429*

PS Form 3811, August 2001 Domestic Return Receipt

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

4. Restricted Delivery? (Extra Fee) Yes
 No *7/15/03*

*Billie Fitt-Poaster
101 Pennsylvania Avenue
Boulder, CO 80303
City, State, ZIP+4*

102595-01-M-0381

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jay Bahadur* Agent
 Addressee

B. Received by / Printed Name) *Jay Bahadur* Date of Delivery
7/15/03

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

If YES, enter delivery address below:

1. Article Addressed to:

Kay Sorillo
3507 Stonehaven
San Antonio, TX 78230

PS Form 3800, June 2002

2. Article Number
(Transfer from service label) *7003 0500 0002 3972 3429*

PS Form 3811, August 2001 Domestic Return Receipt

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

4. Restricted Delivery? (Extra Fee) Yes
 No *7/15/03*

*Billie Fitt-Poaster
101 Pennsylvania Avenue
Boulder, CO 80303
City, State, ZIP+4*

102595-01-M-0381

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.

Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.83

66EE 226E 2000 0050 0002 Sent To
Street, Apt. No.;
or PO Box No.
City, State, ZIP+4

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

U.S. Postal Service CERTIFIED MAIL RECEIPT
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OFFICIAL USE

PS Form 3800, June 2002



7501-9998
U.S. POSTAL SERVICE

Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.83

5002 2000 0050 0002 Sent To
Charles W. Proehlrich, Jr.
1444 WindSong Lane
Bakersfield, CA 93206

See Reverse for Instructions

PS Form 3800, June 2002

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 W. Proehlrich, Jr.
1444 WindSong Lane
Bakersfield, CA 93206

7501-9998
U.S. POSTAL SERVICE

Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.83

5002 2000 0050 0002 Sent To
Richard H. Sweeney, III
P.O. Box 1803
Pomery, TX 75126

PS Form 3800, June 2002

7501-9998
U.S. POSTAL SERVICE

7003 0500 0002 3972 3443
7003 0500 0002 3972 3443
7003 0500 0002 3972 3443
7003 0500 0002 3972 3443
7003 0500 0002 3972 3443

PS Form 3811, August 2001

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature	X <i>Richard H. Sweeney, III</i>	Agent	<input type="checkbox"/>
B. Received by (Printed Name)	R. Sweeney	Addressee	<input type="checkbox"/>
C. Date of Delivery	7/7/2003		
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Richard H. Sweeney, III P.O. Box 1803 Pomery, TX 75126
--

3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443	102585-01-M-0381
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U.S. Postal Service CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443	102585-01-M-0381
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7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443	102585-01-M-0381
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7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443 7003 0500 0002 3972 3443	102585-01-M-0381
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SENDER: COMPLETE THIS SECTION		COMPLETED: THIS SECTION ON DELIVERY	
<p>U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i></p> <p>For delivery information visit our website at www.usps.com.</p> <p style="font-size: 2em; font-weight: bold;">OFFICIAL USE</p>			
<p>Postage 2000</p> <p>Certified Fee 0050</p> <p>Return Receipt Fee (Endorsement Required) 0000</p> <p>Restricted Delivery Fee (Endorsement Required) 0000</p> <p>Total Postage & Fees 0000</p> <p>Street, Apt. No., or PO Box No. 226E</p> <p>City, State, ZIP+4 226E</p> <p>PS Form 3800, June 2002</p>		<p>87501-9999 Postmark Here JUL 10 2003</p> <p>U.S.P.S.</p> <p>See Reverse for Instructions</p>	
<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) George W. Ritt C. Date of Delivery 7/15/03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: Kathleen K. McIntyre 620 Camino Real El Paso, TX 79922 City, State, ZIP+4</p> <p>3. Service Type <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Postage 0.83</p> <p>Certified Fee <input type="checkbox"/> Return Receipt Fee <input type="checkbox"/> Restricted Delivery Fee <input type="checkbox"/> Endorsement Required</p> <p>Total Postage & Fees 2000</p> <p>Sent To Kathleen K. McIntyre 620 Camino Real El Paso, TX 79922 City, State, ZIP+4</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>2. Article Number (Transfer from service label) 7003 0500 0002 3972 3351</p> <p>PS Form 3800, August 2001</p> <p>PS Form 3800, June 2002</p>			
<p>U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i></p> <p>For delivery information visit our website at www.usps.com.</p> <p style="font-size: 2em; font-weight: bold;">OFFICIAL USE</p>			
<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) George W. Ritt C. Date of Delivery 7/15/03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: George W. Ritt W188 Tulip Drive Genoa City, WI 53128</p> <p>3. Service Type <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery Fee <input type="checkbox"/> Endorsement Required</p> <p>Postage 0.83</p> <p>Certified Fee <input type="checkbox"/> Return Receipt Fee <input type="checkbox"/> Restricted Delivery Fee <input type="checkbox"/> Endorsement Required</p> <p>Total Postage & Fees 2000</p> <p>Sent To George W. Ritt W188 Tulip Drive Genoa City, WI 53128</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>2. Article Number (Transfer from service label) 7003 0500 0002 3972 3351</p> <p>PS Form 3800, August 2001</p> <p>PS Form 3800, June 2002</p>			

See Reverse for Instructions.

PS Form 3800, June 2002

102595-01-M-0381

PS Form 3800, June 2002

102595-01-M-0381

U.S. Postal Service™ CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$.83

Send To:

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

Violet Verna Flitt
129 S. Spruce #108
Wood Dale, IL 60191

PS Form 3800, June 2002
See Reverse for Instructions

U.S. MAIL 07/01/2003 SAN JUAN
Postmark 100-1998

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:

Jonathan Flitt
10016 Ashley Ct.
Huntley, IL 60142

2. Article Number
(Transfer from service label)

7003 0500 0002 3972 3337

PS Form 3811, August 2001

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

D

102585-01-M-0361

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Jonathan Flitt

B. Received by (Printed Name)
V.I.C. ET. F.I.T.

C. Date of Delivery
7-18-03

D. Is delivery address different from item 1?
If YES, enter delivery address below:
Jonathan Flitt
10016 Ashley Ct.
Huntley, IL 60142

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

D

102585-01-M-0361

U.S. Postal Service™ CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.83

Send To:

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

Violet Verna Flitt
129 S. Spruce #108
Wood Dale, IL 60191

PS Form 3800, June 2002
See Reverse for Instructions

U.S. MAIL 07/01/2003 SAN JUAN
Postmark 100-1998

U.S.P.S.

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 Verna Flitt
129 S. Spruce #108
Wood Dale, IL 60191

2. Article Number
(Transfer from service label)

7003 0500 0002 3972 3436

PS Form 3811, August 2001

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

D

102585-01-M-0361

U.S. Postal Service™ CERTIFIED MAIL RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.83

Send To:

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

Jonathan Flitt
10016 Ashley Ct.
Huntley, IL 60142

PS Form 3800, June 2002
See Reverse for Instructions

U.S. MAIL 07/01/2003 SAN JUAN
Postmark 100-1998

SENDER: COMPLETE THIS SECTION	
COMPLETE THIS SECTION ON DELIVERY	
<p>A. Signature</p>  <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by / Printed Name</p> <p><i>Christopher Pitt</i></p> <p>C. Date of Delivery</p> <p>07-14-03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address: <i>Christopher Pitt 10807 Cape Cod Lane Huntley, IL 60142</i></p>	
<p>1. Article Addressed to:</p> <p>Christopher Pitt 10807 Cape Cod Lane Huntley, IL 60142</p> <p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 3972 3481</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p> <p>D 102595-01-M-0381</p>	
<p>U.S. Postal ServiceTM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)</p> <p>For delivery information visit our website at www.usps.com</p> <p>OFFICIAL USE</p> <p>Postage \$ 0.63</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees</p> <p>Street, Apt. No., or P.O. Box No. City, State, ZIP+4</p> <p>Ruby B. Griggs Estate Kay Sweeney Sorville, Independent Executive 3507 Stoneshaven San Antonio, TX 78230</p> <p>Sent To</p> <p>PS Form 3800, June 2002</p> <p>See Reverse for Instructions</p>	
<p>SENDER: COMPLETE THIS SECTION</p> <p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature</p>  <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by / Printed Name</p> <p><i>Christopher Pitt</i></p> <p>C. Date of Delivery</p> <p>7/15/03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>1. Article Addressed to:</p> <p>Ruby B. Griggs Estate Kay Sweeney Sorville, Independent Executive 3507 Stoneshaven San Antonio, TX 78230</p> <p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 3972 3405</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p> <p>D 102595-01-M-0381</p>	
<p>U.S. Postal ServiceTM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)</p> <p>For delivery information visit our website at www.usps.com</p> <p>OFFICIAL USE</p> <p>Postage \$ 0.81</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees</p> <p>\$ 0.81</p> <p>Sent To</p> <p>Christopher Pitt 10807 Cape Cod Lane Huntley, IL 60142</p> <p>PS Form 3800, June 2002</p> <p>See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION

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OFFICIAL USE

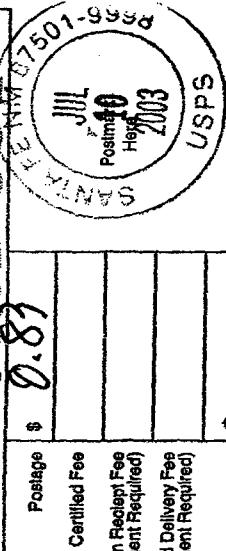
Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.83

Sent To:

Street, Apt. No.,
or PO Box No. 3335 Colony Drive
City, State, ZIP 78230

PS Form 3800, June 2002

See Reverse for Instructions



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X **K. Green** Addressee

B. Received by (Printed Name) C. Date of Delivery
JILL **16/08**

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

1. Article Addressed to:

Wilma Donahue Molena Foundation
CO Chase Manhattan Bank
P.O. Box 200486
Houston, TX 77216

2. Article Number
(Transfer from service label)
7003 0500 0002 3972 3450

PS Form 3811, August 2001

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

4. Restricted Delivery? (Extra Fee) Yes

102895-01-M-0381

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Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.83

Sent To:

Street, Apt. No.,
or PO Box No. 3335 Colony Drive
City, State, ZIP 78230

PS Form 3800, June 2002

See Reverse for Instructions

1. Article Addressed to:

Wilma Donahue Molena Foundation
CO Chase Manhattan Bank
P.O. Box 200486
Houston, TX 77216

2. Article Number
(Transfer from service label)
7003 0500 0002 3972 3450

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

4. Restricted Delivery? (Extra Fee) Yes

102895-01-M-0381

**U.S. Postal Service®
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OFFICIAL USE

Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.83

Sent To:

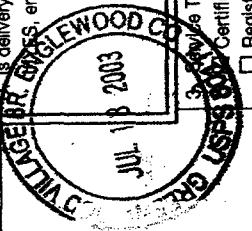
Street, Apt. No.,
or PO Box No. 3335 Colony Drive
City, State, ZIP 78230

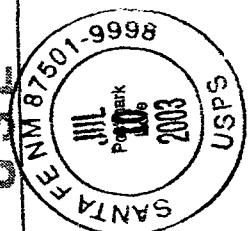
PS Form 3800, June 2002

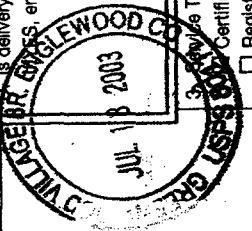
See Reverse for Instructions

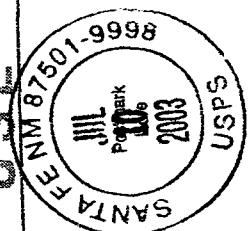
FMS-Form 3800, June 2002

102895-01-M-0381

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Date of Delivery B. Received by (Printed Name) C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: Arthur Fitt <i>6083 S. Emporia Ct.</i> <i>Buglewood, CO 80111</i>	
1. Article Addressed to:			
1. Article Addressed to: Arthur Fitt <i>6083 S. Emporia Ct.</i> <i>Buglewood, CO 80111</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7003 0500 0002 3972 3412	
PS Form 3811, August 2001		D Domestic Return Receipt 102595-01-M-0381	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Date of Delivery B. Received by (Printed Name) C. Nathanial Fitt <i>6900 Center Avenue</i> <i>Hanover Park, IL 60103</i>	
1. Article Addressed to:			
1. Article Addressed to: Nathanial Fitt <i>6900 Center Avenue</i> <i>Hanover Park, IL 60103</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7003 0500 0002 3972 3474	
PS Form 3811, August 2001		D Domestic Return Receipt 102595-01-M-0381	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Date of Delivery B. Received by (Printed Name) C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: Arthur Fitt <i>6083 S. Emporia Ct.</i> <i>Englewood, CO 80111</i>	
1. Article Addressed to:			
1. Article Addressed to: Arthur Fitt <i>6083 S. Emporia Ct.</i> <i>Englewood, CO 80111</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7003 0500 0002 3972 3412	
PS Form 3811, August 2001		D Domestic Return Receipt 102595-01-M-0381	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Date of Delivery B. Received by (Printed Name) C. Nathanial Fitt <i>6900 Center Avenue</i> <i>Hanover Park, IL 60103</i>	
1. Article Addressed to:			
1. Article Addressed to: Nathanial Fitt <i>6900 Center Avenue</i> <i>Hanover Park, IL 60103</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7003 0500 0002 3972 3474	
PS Form 3811, August 2001		D Domestic Return Receipt 102595-01-M-0381	

Gary W. Sweeney
12938 King Circle
Cypress, TX 77429

7/15/03
7/23/03
7/27/03

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:

Gary W. Sweeney
12938 King Circle
Cypress, TX 77429

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery

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

2. Article Number
(Transfer from service label)

7003 0500 0002 3972 3375

3. Service Type

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

4. Article Number
(Transfer from service label)

7003 0500 0002 3972 3375

PS Form 3811, August 2001

Domestic Return Receipt

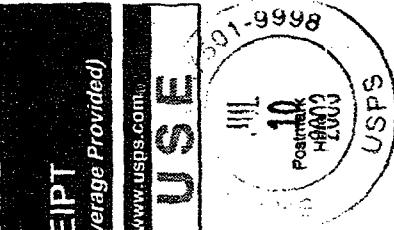
D

102595-01-M-0321

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only. No Insurance Coverage Provided)</small>	
For delivery information visit our website at www.usps.com .	
OFFICIAL USE	
Postage	\$ 0.83
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Street: Apt #: or PO Box No. City, State, Zip+4	
Quay W. Sweeney 1238 King Circle Cypress, TX 77429	

PS Form 3800, June 2002
See Reverse for Instructions

527E 276E 2000 0050 0002



**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

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

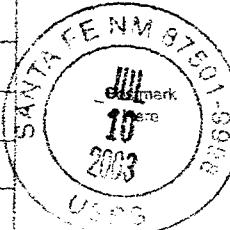
Postage \$ 0.83

Certified Fee

Return Recipient Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Send To:

Street, Apt. No.,
or P.O. Box No.
City, State, Zip Code

Rebekah Fitt-Peaster
4500 19th Street, Lot 101
Boulder, CO 80304

PS Form 3811, June 2002

See Reverse for Instructions

Rebekah Fitt-Peaster
4500 19th Street, Lot 101
Boulder, CO 80304

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rebekah Fitt-Peaster
4500 19th Street, Lot 101
Boulder, CO 80304

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) 7003 05000 0002 3972 3320
PS Form 3811, August 2001

102595-01-M-0361

Domestic Return Receipt

BRUCE
1056
87504

s385

01 AUG 2003
1ST NOTICE
NO NOTICE
AND RETURN

- Not Deliverable As Addressed
Unreachable To Forward
 Insufficient Address
 Moved, Left No Address
 Undeliverable
 Attempted - Not Known
 No Such Street
 Vacant
 Number
 Illegible
 No Mail Reception
 Box Closed - No Order
 Return For Better Address
Postage Due

Stephen C. Fitt
1180 Mercury Drive
Lafayette, CO 80026

COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
X	<input type="checkbox"/> Addressee
B. Printed Name	C. Date of Delivery
Stephen C. Fitt	7/19/03

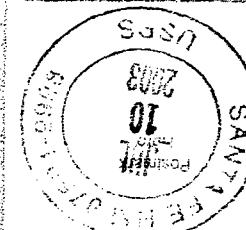
D. Is delivery address different from item 1? Yes No

E. YES NO Return to my address below:

Addressed to:
 Not Deliverable
Unreachable To Forward
 Insufficient Address
 Moved, Left No Address
 Undeliverable
 Attempted
 No Such Street
 Vacant
 Number
 Illegible
 No Mail Reception
 Box Closed - No Order
 Return For Better Address
Postage Due

Stephen C. Fitt
1180 Mercury Drive
Lafayette, CO 80026

See Reverse for additional instructions



0.83

PS Form 3811, August 2001
from service label

Domestic Return Receipt
102595-01-M-0381