



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com
 7110 6605 9590 0011 8818

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

1994 KENYON FAMILY TRUST
 C/O DAVID G KENYON
 7200 REDWOOD BLVD STE 404
 NOVATO, CA 94945

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8818

1994 KENYON FAMILY TRUST
 C/O DAVID G KENYON
 7200 REDWOOD BLVD STE 404
 NOVATO, CA 94945

Batch #: 2183
 Article #: 71106605959000118818
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number 7110 6605 9590 0011 8818	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)
1. Article Addressed to: 1994 KENYON FAMILY TRUST C/O DAVID G KENYON 7200 REDWOOD BLVD STE 404 NOVATO, CA 94945	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

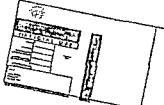


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

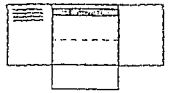
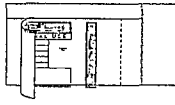
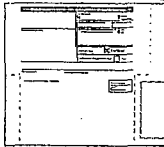
Lisa Hunter, Land Department
 SJBU ConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

Batch #: 2183
 Article #: 71106605959000118818
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



3 LIFT HERE

Reorder Form LCD-8 Rev. 01/07



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)

7110 6605 9590 0011 8948

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
ALBERT V. WORKS, JR.
 10315 PIPING ROCK
 HOUSTON, TX 77042
 9/1/10

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8948

ALBERT V. WORKS, JR.
10315 PIPING ROCK
HOUSTON, TX 77042

Batch #: 2183
 Article #: 71106605959000118948
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number:
7110 6605 9590 0011 8948

1. Article Addressed to:
ALBERT V. WORKS, JR.
 10315 PIPING ROCK
 HOUSTON, TX 77042

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

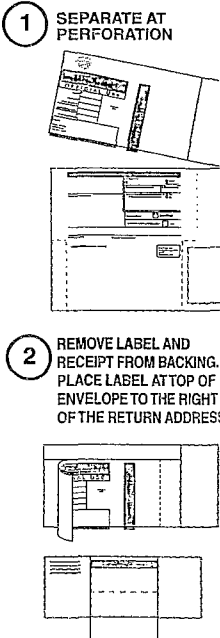
A. Signature
X Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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 USPS
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Lisa Hunter, Land Department
 SJBUConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

Batch #: 2183
 Article #: 71106605959000118948
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0011 9099

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To
 street, Apt. No.,
 PO Box No.
 city, State, Zip+4

ANDREW B KELLY JR
2575 SUNSET DR
ATLANTA, GA 30345-1946

9/1/10

Form 3800, Article 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9099

ANDREW B KELLY JR
2575 SUNSET DR
ATLANTA, GA 30345-1946

Batch #: 2183
 Article #: 71106605959000119099
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0011 9099

1. Article Addressed to:

ANDREW B KELLY JR
2575 SUNSET DR
ATLANTA, GA 30345-1946

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

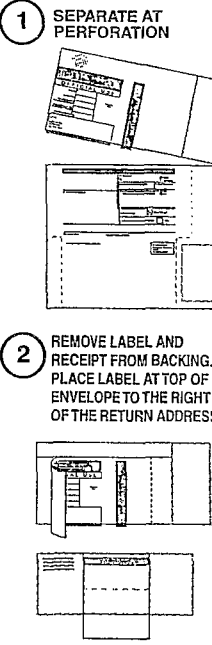
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

Domestic Return Receipt

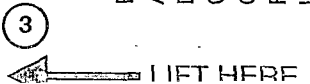
UNITED STATES POSTAL SERVICE



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Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
 Article #: 71106605959000119099
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Delivery Information Visit our website at www.usps.com

7110 6605 9590 0011 9112

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9112

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Batch #: 2183
 Article #: 71106605959000119112
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

2. Article Number

7110 6605 9590 0011 9112

1. Article Addressed to:

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

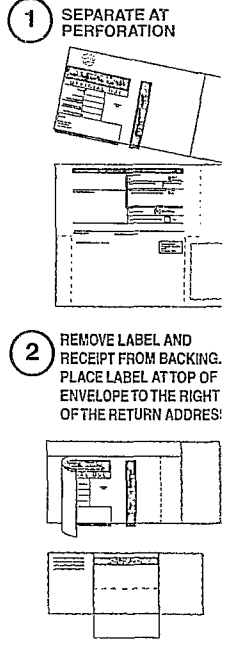
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

Domestic Return Receipt

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USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

3

 LIFT HERE

Batch #: 2183
 Article #: 71106605959000119112
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0011 9075

Postage	\$ 1.05
Certified Fee	\$ 2.80
Return Receipt Fee (endorsement Required)	\$ 2.30
Restricted Delivery Fee (endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.15

Postmark Here

sent To
 Andrea Davenport
 PO BOX 311852
 NEW BRAUNFELS, TX 78130
 9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9075

ANDREA DAVENPORT
 PO BOX 311852
 NEW BRAUNFELS, TX 78130

Batch #: 2183
 Article #: 71106605959000119075
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0011 9075

1. Article Addressed to:

ANDREA DAVENPORT
 PO BOX 311852
 NEW BRAUNFELS, TX 78130

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

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Domestic Return Receipt

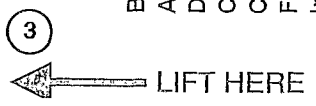
UNITED STATES POSTAL SERVICE



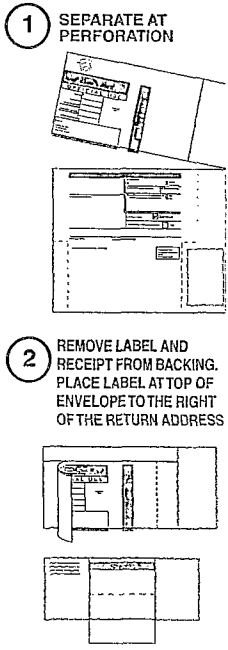
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

Lisa Hunter, Land Department
 SJBUConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

Batch #: 2183
 Article #: 71106605959000119075
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD rev. 01/07





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Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Delivered To: **ANNIE MAE COOPER**
1301 CR 406
TAYLOR, TX 76574
 9/1/10
 Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



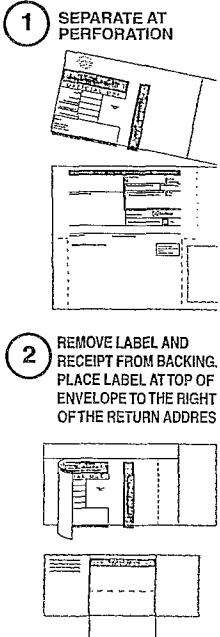
7110 6605 9590 0011 9204

ANNIE MAE COOPER
1301 CR 406
TAYLOR, TX 76574

Batch #: 2183
 Article #: 71106605959000119204
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9204		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ANNIE MAE COOPER 1301 CR 406 TAYLOR, TX 76574		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



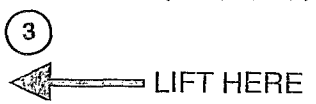
PS Form 3811 Domestic Return Receipt

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 Permit No. G-10

Lisa Hunter, Land Department
 SJBUConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

Batch #: 2183
 Article #: 71106605959000119204
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0011 8825

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To: **A RAY DAVIS**
P. O. BOX 79188
HOUSTON, TX 77279
 9/1/10
 Form 3811, August 2008 See reverse for instructions

Code: Allocation Project - D.Howell

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

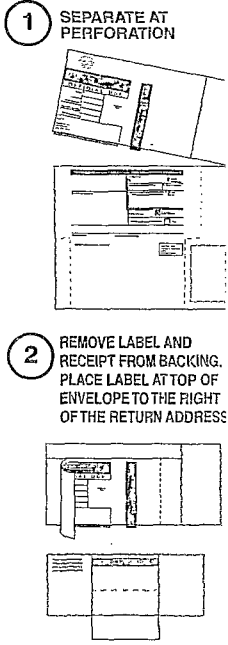
7110 6605 9590 0011 8825

A RAY DAVIS
P. O. BOX 79188
HOUSTON, TX 77279

Batch #: 2183
 Article #: 71106605959000118825
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8825	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
A RAY DAVIS P. O. BOX 79188 HOUSTON, TX 77279	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811 Domestic Return Receipt

2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8825	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
A RAY DAVIS P. O. BOX 79188 HOUSTON, TX 77279	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2183
 Article #: 71106605959000118825
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
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 7110 6605 9590 0011 8832

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

A WILLIAM RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702-3186

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

IF FACED WITH TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, HOLD AND PULL IN
CERTIFIED MAIL™

7110 6605 9590 0011 8832

A WILLIAM RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702-3186

Batch #: 2183
 Article #: 71106605959000118832
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 8832

1. Article Addressed to:

A WILLIAM RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702-3186

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

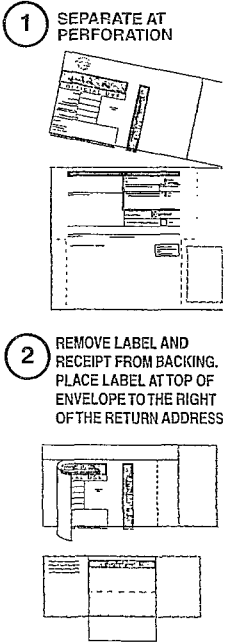
A. Signature Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 8832

1. Article Addressed to:

A WILLIAM RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702-3186

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

H.W. Rutter Jr 9/1/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118832
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(The Mail Only, Not Insurance Coverage Provided)
 7110 6605 9590 0011 8849

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To: **ABEL LOBATO**
 4206 LEHIGH DR
 MIDLAND, TX 79707
 9/1/10

Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8849

ABEL LOBATO
 4206 LEHIGH DR
 MIDLAND, TX 79707

Batch #: 2183
 Article #: 71106605959000118849
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD, rev. 01/07

2. Article Number

7110 6605 9590 0011 8849

1. Article Addressed to:

ABEL LOBATO
 4206 LEHIGH DR
 MIDLAND, TX 79707

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

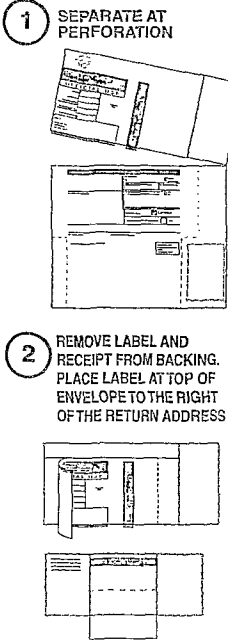
X

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 8849

1. Article Addressed to:

ABEL LOBATO
 4206 LEHIGH DR
 MIDLAND, TX 79707

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X *Abel Lobato*

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

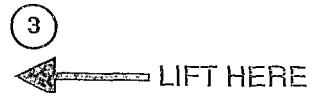
Abel Lobato *9-3-10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118849
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Postage and Insurance Coverage Provided)
 For information visit our website at www.usps.com
 7110 6605 9590 0011 8856

Postage	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Postage to: **ABQ ENERGY GROUP LTD**
3022 CORRALES RD
CORRALES, NM 87048
 91110

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8856

ABQ ENERGY GROUP LTD
 3022 CORRALES RD
 CORRALES, NM 87048

Batch #: 2183
 Article #: 71106605959000118856
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 Rev. 7/07 See Reverse for Instructions

Reorder Form LCD-1 rev. 01/07

2: Article Number
 7110 6605 9590 0011 8856

1. Article Addressed to:
 ABQ ENERGY GROUP LTD
 3022 CORRALES RD
 CORRALES, NM 87048

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

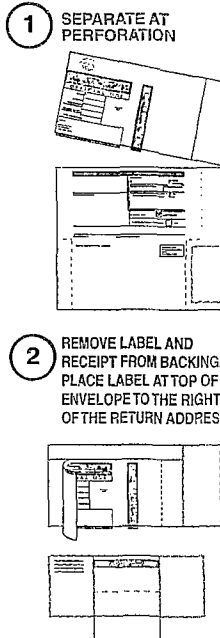
A. Signature Agent Addressee
X

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

4. Restricted Delivery? (Extra Fee) Yes



2: Article Number
 7110 6605 9590 0011 8856

1. Article Addressed to:
 ABQ ENERGY GROUP LTD
 3022 CORRALES RD
 CORRALES, NM 87048

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Maria Weck*

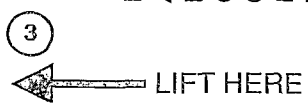
B. Received by (Printed Name) C. Date of Delivery
Maria Weck *8/31/10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118856
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 8863

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 ACCORD DU LAC PARTNERSHIP LLLP
 P O BOX 676281
 RANCHO SANTA FE, CA 92067-6281
 9/1/10

Code: Allocation Project - D.Howell

Form 3811 August 2006 See Reverse for Instructions

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

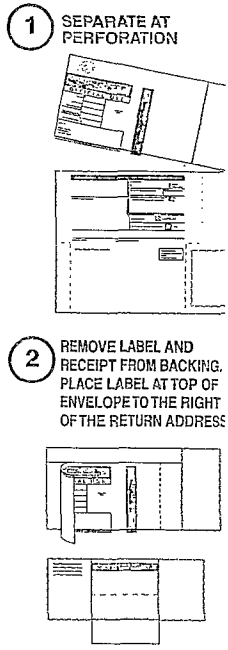
7110 6605 9590 0011 8863

ACCORD DU LAC PARTNERSHIP LLLP
 P O BOX 676281
 RANCHO SANTA FE, CA 92067-6281

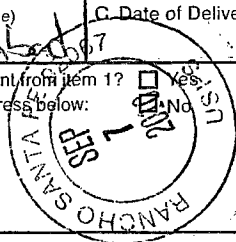
Batch #: 2183
 Article #: 71106605959000118863
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8863	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ACCORD DU LAC PARTNERSHIP LLLP P O BOX 676281 RANCHO SANTA FE, CA 92067-6281	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8863	A. Signature X <i>Hesslee</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ACCORD DU LAC PARTNERSHIP LLLP P O BOX 676281 RANCHO SANTA FE, CA 92067-6281	B. Received by (Printed Name) <i>Reginald Abate</i>	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



Batch #: 2183
 Article #: 71106605959000118863
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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7110 6605 9590 0011 8870

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

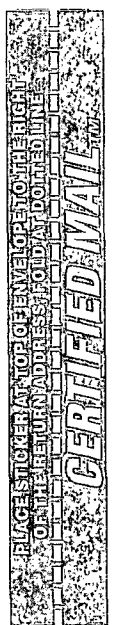
Delivered To
ACOMA OIL CORPORATION
408 ST PETER STREET #434
SAINT PAUL, MN 55102

Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

9/1/10

Form 3800, August 2009. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8870

ACOMA OIL CORPORATION
 408 ST PETER STREET #434
 SAINT PAUL, MN 55102

Batch #: 2183
 Article #: 71106605959000118870
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2 Article Number

7110 6605 9590 0011 8870

1. Article Addressed to:

ACOMA OIL CORPORATION
408 ST PETER STREET #434
SAINT PAUL, MN 55102

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

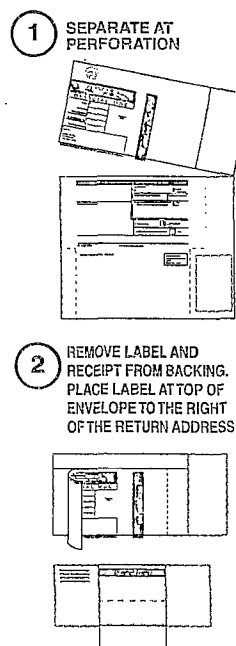
A. Signature
X Agent
 Addressee

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**

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0011 8870

1. Article Addressed to:

ACOMA OIL CORPORATION
408 ST PETER STREET #434
SAINT PAUL, MN 55102

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sheryl Bate* Agent
 Addressee

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

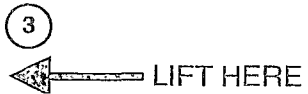
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

Sheryl Bate

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118870
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 8887

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered To
ACTON ENERGY LP
 508 W WALL, SUITE 500
 MIDLAND, TX 79701
 9/6/10

Form 3811, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8887

ACTON ENERGY LP
 508 W WALL, SUITE 500
 MIDLAND, TX 79701

Batch #: 2183
 Article #: 71106605959000118887
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 8887

1. Article Addressed to:

ACTON ENERGY LP
 508 W WALL, SUITE 500
 MIDLAND, TX 79701

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

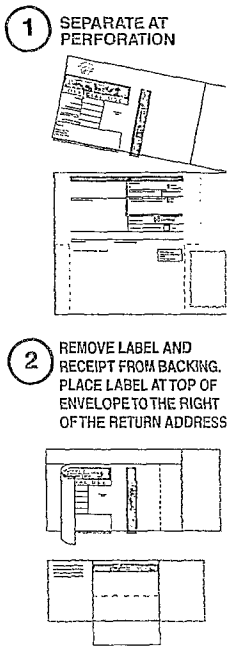
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 8887

1. Article Addressed to:

ACTON ENERGY LP
 508 W WALL, SUITE 500
 MIDLAND, TX 79701

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Ray Brown*

B. Received by (Printed Name) C. Date of Delivery
Ray Brown 9-7-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118887
 Date/Time: 8/31/2010 9:48:14 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 8894

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ADELANTE OIL & GAS LLC
P O BOX 2471
DURANGO, CO 81302
9/1/10

Postnet, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 8894

7110 6605 9590 0011 8894

ADELANTE OIL & GAS LLC
P O BOX 2471
DURANGO, CO 81302

Batch #: 2183
 Article #: 71106605959000118894
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0011 8894

1. Article Addressed to:

ADELANTE OIL & GAS LLC
P O BOX 2471
DURANGO, CO 81302

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

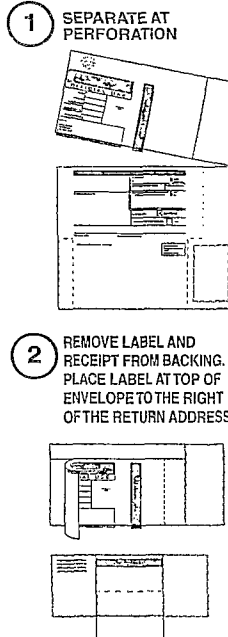
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 8894

1. Article Addressed to:

ADELANTE OIL & GAS LLC
P O BOX 2471
DURANGO, CO 81302

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *(Signature)*

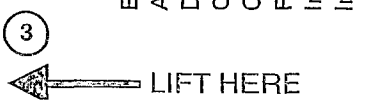
B. Received by (Printed Name) C. Date of Delivery
Anne Finney 9/1/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118894
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 8900

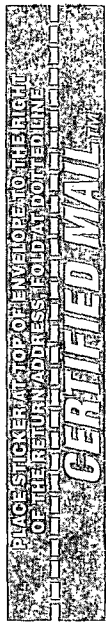
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 ALAN D JERMAN
 344 N ALTA VISTA AVE
 MONROVIA, CA 91016
 9/1/10

Street, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8900

ALAN D JERMAN
344 N ALTA VISTA AVE
MONROVIA, CA 91016

Batch #: 2183
 Article #: 71106605959000118900
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number
7110 6605 9590 0011 8900

1. Article Addressed to:
ALAN D JERMAN
344 N ALTA VISTA AVE
MONROVIA, CA 91016

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

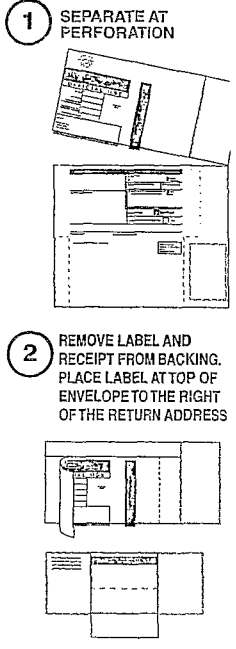
Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
7110 6605 9590 0011 8900

1. Article Addressed to:
ALAN D JERMAN
344 N ALTA VISTA AVE
MONROVIA, CA 91016

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

Agent
 Addressee

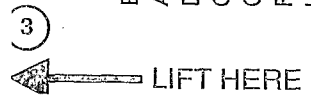
B. Received by (Printed Name)
C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118900
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 8917

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 ALAN HANNIFIN
 PO BOX 8874
 DENVER, CO 80201-8874
 9/1/10

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8917

ALAN HANNIFIN
 PO BOX 8874
 DENVER, CO 80201-8874

Batch #: 2183
 Article #: 71106605959000118917
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0011 8917

1. Article Addressed to:

ALAN HANNIFIN
 PO BOX 8874
 DENVER, CO 80201-8874

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

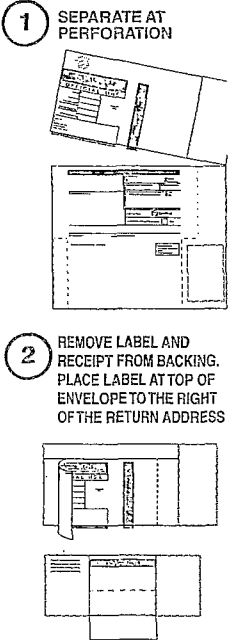
A. Signature Agent Addressee
 X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 8917

1. Article Addressed to:

ALAN HANNIFIN
 PO BOX 8874
 DENVER, CO 80201-8874

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Alan L.*

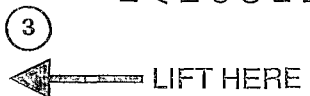
B. Received by (Printed Name) C. Date of Delivery
 Alan L. 9/1/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118917
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 8924

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered To
 ALBERT HOLLY
 7919 FRIARS COURT LN
 SPRING, TX 77379
 9/1/10

Code: Allocation Project - D.Howell

PLEASE STICKER TO THE ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0011 8924

ALBERT HOLLY
 7919 FRIARS COURT LN
 SPRING, TX 77379

Batch #: 2183
 Article #: 71106605959000118924
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Recorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0011 8924

1. Article Addressed to:

ALBERT HOLLY
 7919 FRIARS COURT LN
 SPRING, TX 77379

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

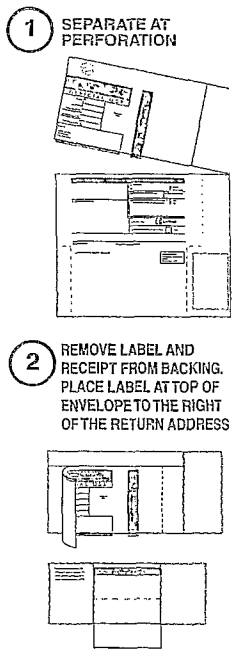
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 8924

1. Article Addressed to:

ALBERT HOLLY
 7919 FRIARS COURT LN
 SPRING, TX 77379

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Albert Holly

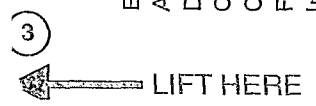
B. Received by (Printed Name) C. Date of Delivery
 Albert Holly 9/1/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118924
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 8931

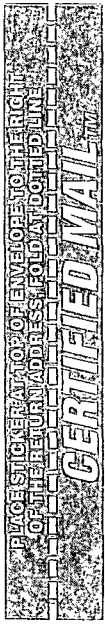
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Post To
 ALBERT L HOPKINS JR
 6 LA COSTA WAY
 PALM COAST, FL 32137-4701
 9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8931

ALBERT L HOPKINS JR
 6 LA COSTA WAY
 PALM COAST, FL 32137-4701

Batch #: 2183
 Article #: 71106605959000118931
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 8931

1. Article Addressed to:

ALBERT L HOPKINS JR
 6 LA COSTA WAY
 PALM COAST, FL 32137-4701

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

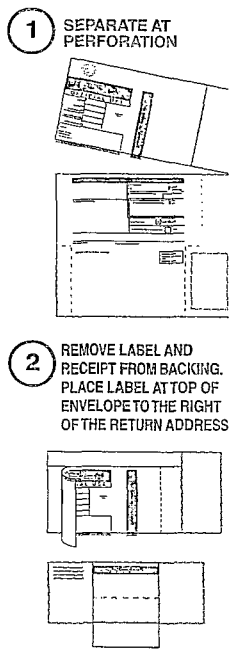
A. Signature Agent Addressee
 X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 8931

1. Article Addressed to:

ALBERT L HOPKINS JR
 6 LA COSTA WAY
 PALM COAST, FL 32137-4701

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

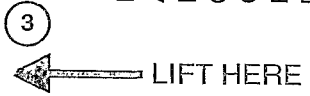
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118931
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 8955

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Delivered to: ALICE BROWN
 PO BOX 554
 GREENWOOD, IN 46142-0554
 9/11/10

Form 3809, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8955

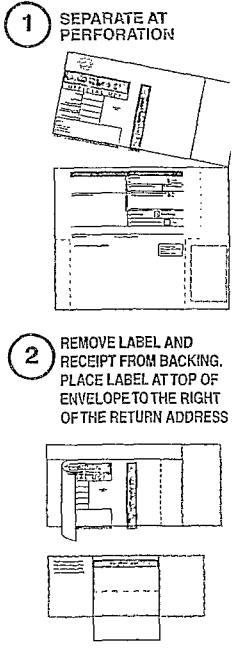
ALICE BROWN
 PO BOX 554
 GREENWOOD, IN 46142-0554

Batch #: 2183
 Article #: 71106605959000118955
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8955	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ALICE BROWN PO BOX 554 GREENWOOD, IN 46142-0554		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: Allocation Project - D.Howell

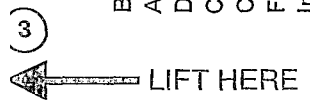


PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8955	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ALICE BROWN PO BOX 554 GREENWOOD, IN 46142-0554	Alice Brown	9-7-10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: Allocation Project - D.Howell

Batch #: 2183
 Article #: 71106605959000118955
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
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7110 6605 9590 0011 8962

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

ALICE JANE WEBB
3525 TURTLE CREEK BLVD #19A
DALLAS, TX 75219-5514

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8962

ALICE JANE WEBB
3525 TURTLE CREEK BLVD #19A
DALLAS, TX 75219-5514

Batch #: 2183
 Article #: 71106605959000118962
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 8962

1. Article Addressed to:

ALICE JANE WEBB
3525 TURTLE CREEK BLVD #19A
DALLAS, TX 75219-5514

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

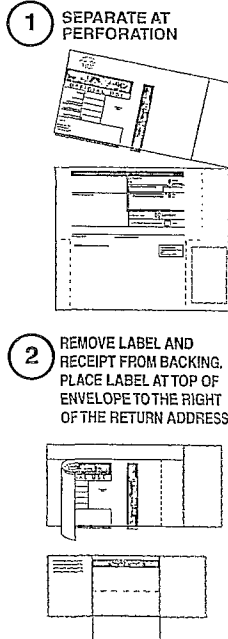
A. Signature Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 8962

1. Article Addressed to:

ALICE JANE WEBB
3525 TURTLE CREEK BLVD #19A
DALLAS, TX 75219-5514

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

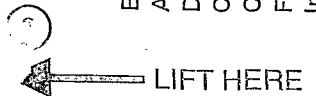
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118962
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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 For more information visit post.usps.com or call 1-800-375-8749

7110 6605 9590 0011 8986

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered To
 ALICE RAINS
 202 CR 162
 BALLINGER, TX 76821
 9/1/10

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 8986

ALICE RAINS
 202 CR 162
 BALLINGER, TX 76821

Batch #: 2183
 Article #: 711066059590000118986
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0011 8986

1. Article Addressed to:

ALICE RAINS
 202 CR 162
 BALLINGER, TX 76821

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

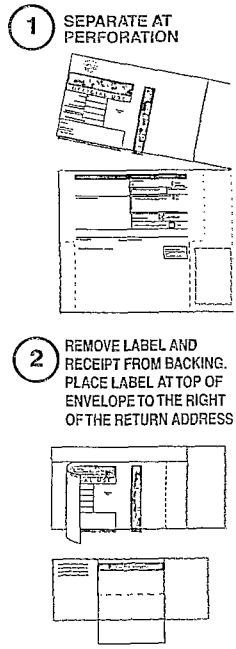
A. Signature Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 8986

1. Article Addressed to:

ALICE RAINS
 202 CR 162
 BALLINGER, TX 76821

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

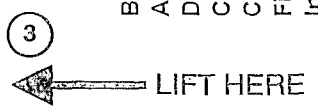
ALICE RAINS 9-8-10-2K

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 711066059590000118986
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD rev. 01/07



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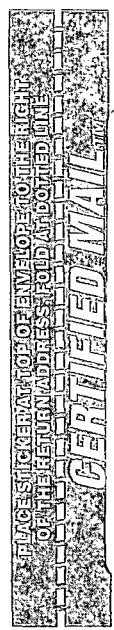
7110 6605 9590 0011 8979

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ALICE M VICENTI
 9020 TWIN HARBOR NW
 ALBUQUERQUE, NM 87121
9/1/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8979

ALICE M VICENTI
 9020 TWIN HARBOR NW
 ALBUQUERQUE, NM 87121

Batch #: 2183
 Article #: 71106605959000118979
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-2 rev. 01/07

2 Article Number

7110 6605 9590 0011 8979

1. Article Addressed to:

ALICE M VICENTI
 9020 TWIN HARBOR NW
 ALBUQUERQUE, NM 87121

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

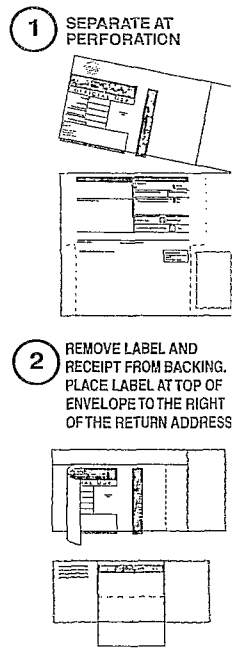
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0011 8979

1. Article Addressed to:

ALICE M VICENTI
 9020 TWIN HARBOR NW
 ALBUQUERQUE, NM 87121

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Mary Herrera Addressee

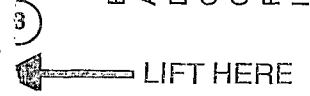
B. Received by (Printed Name) C. Date of Delivery
Mary Herrera *9/1/10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000118979
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





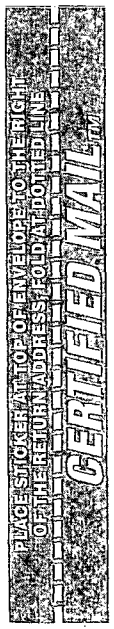
U.S. Postal Service
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Domestic Mail Only, No Insurance Coverage Provided
 For more information visit our website at www.usps.com

7110 6605 9590 0011 8993

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Delivered To
 ALISON A GOTTSTEIN
 9433 NE 14TH ST
 CLYDE HILL, WA 98004
 91110
 Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8993

ALISON A GOTTSTEIN
 9433 NE 14TH ST
 CLYDE HILL, WA 98004

Batch #: 2183
 Article #: 71106605959000118993
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 8993

1. Article Addressed to:

ALISON A GOTTSTEIN
 9433 NE 14TH ST
 CLYDE HILL, WA 98004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 8993

1. Article Addressed to:

ALISON A GOTTSTEIN
 9433 NE 14TH ST
 CLYDE HILL, WA 98004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Alison Gottstein*

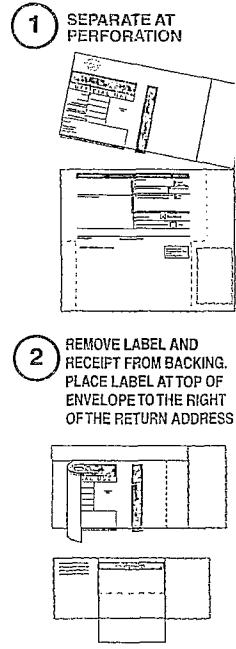
B. Received by (Printed Name) C. Date of Delivery

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

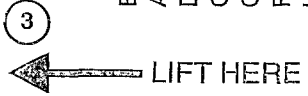
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



Batch #: 2183
 Article #: 71106605959000118993
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9006

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Code: Allocation Project - D.Howell

9/11/10

AMBER CROWLEY
 934 EAST 300 S
 PROVO, UT 84606

PS Form 3800, August 2006 See Reverse for Instructions

PLACER STICKER ON TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS (HOLD TO DOTTED LINE)
CERTIFIED MAIL

7110 6605 9590 0011 9006

AMBER CROWLEY
 934 EAST 300 S
 PROVO, UT 84606

Batch #: 2183
 Article #: 71106605959000119006
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 rev. 01/07

2. Article Number

7110 6605 9590 0011 9006

1. Article Addressed to:

AMBER CROWLEY
 934 EAST 300 S
 PROVO, UT 84606

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

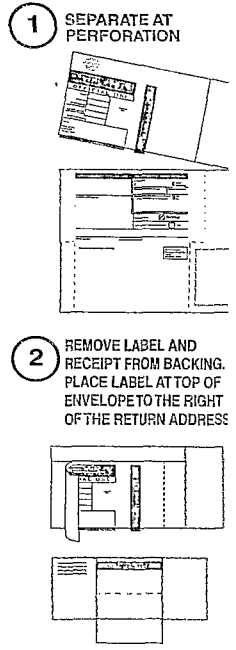
A. Signature
 X Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9006

1. Article Addressed to:

AMBER CROWLEY
 934 EAST 300 S
 PROVO, UT 84606

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Amber Hennrich* Agent
 Addressee

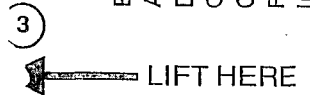
B. Received by (Printed Name) C. Date of Delivery
Amber Hennrich SEP - 7 2010

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No 2:09 pm

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119006
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9013

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 street, Apt. No.,
 PO Box No.,
 city, State, Zip+4

AMELIA ANNE SUNDBERG
 1915 BROWN SCHOOL CT
 RICHMOND, TX 77406

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9013

AMELIA ANNE SUNDBERG
 1915 BROWN SCHOOL CT
 RICHMOND, TX 77406

Batch #: 2183
 Article #: 71106605959000119013
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9013

1. Article Addressed to:

AMELIA ANNE SUNDBERG
 1915 BROWN SCHOOL CT
 RICHMOND, TX 77406

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

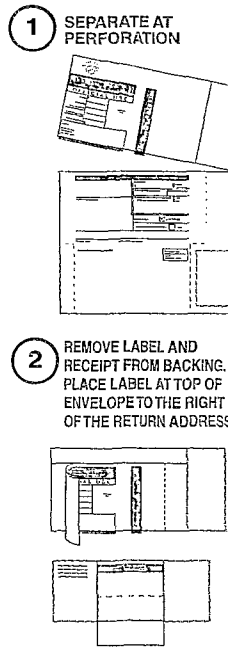
A. Signature Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9013

1. Article Addressed to:

AMELIA ANNE SUNDBERG
 1915 BROWN SCHOOL CT
 RICHMOND, TX 77406

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

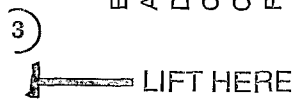
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119013
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9020

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

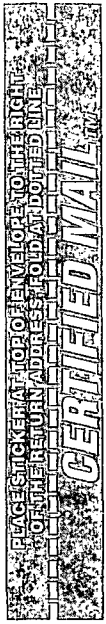
Delivered to
 Street, Apt. No., PO Box No., City, State, Zip+4

AMELIA C KELLY
 4585 JORDAN SPUR RD
 BOZEMAN, MT 59715

9/11/10

Form 3811, August 2009. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9020

AMELIA C KELLY
 4585 JORDAN SPUR RD
 BOZEMAN, MT 59715

Batch #: 2183
 Article #: 71106605959000119020
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9020

1. Article Addressed to:

AMELIA C KELLY
 4585 JORDAN SPUR RD
 BOZEMAN, MT 59715

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

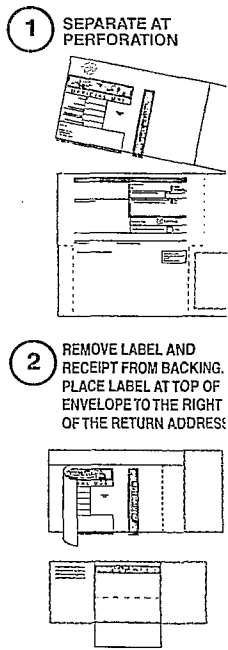
A. Signature Agent Addressee
 X

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9020

1. Article Addressed to:

AMELIA C KELLY
 4585 JORDAN SPUR RD
 BOZEMAN, MT 59715

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Amelia C Kelly

B. Received by (Printed Name) C. Date of Delivery
 Amelia C Kelly 9/9/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119020
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9037

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

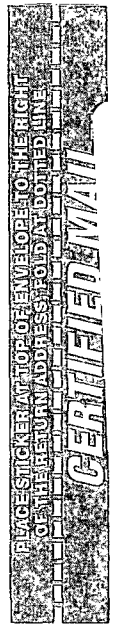
Postmark Here

Postage to: **AMERICAN ASSURANCE 2000 LP**
PO BOX 41027
HOUSTON, TX 77241-1027

9/1/10

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9037

AMERICAN ASSURANCE 2000 LP
 PO BOX 41027
 HOUSTON, TX 77241-1027

Batch #: 2183
 Article #: 71106605959000119037
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9037

1. Article Addressed to:

AMERICAN ASSURANCE 2000 LP
 PO BOX 41027
 HOUSTON, TX 77241-1027

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

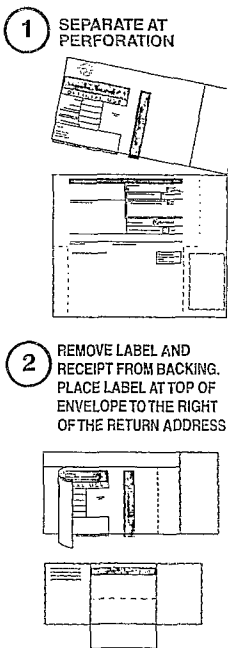
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9037

1. Article Addressed to:

AMERICAN ASSURANCE 2000 LP
 PO BOX 41027
 HOUSTON, TX 77241-1027

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

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

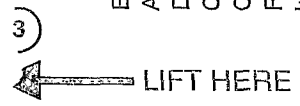
ENVARNO TAGS INDIEN 9-7-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119037
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9044

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered to
AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

Postmark: 9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9044

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

Batch #: 2183
 Article #: 71106605959000119044
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0011 9044

1. Article Addressed to:

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

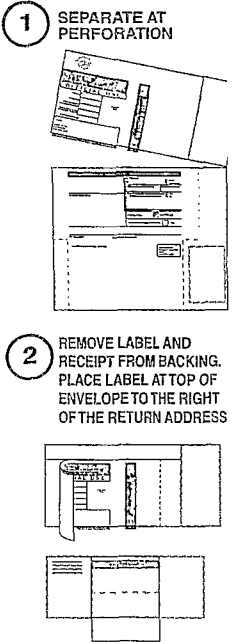
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9044

1. Article Addressed to:

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

COMPLETE THIS SECTION ON DELIVERY

A. Signature *5/11/10 E. ...* Agent Addressee

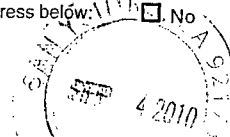
B. Received by (Printed Name) *E. Camasillo* C. Date of Delivery *9-4-10*

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

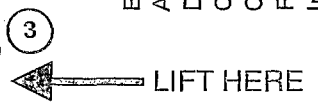
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



Batch #: 2183
 Article #: 71106605959000119044
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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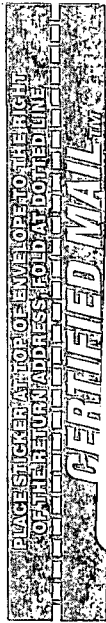
7110 6605 9590 0011 9051

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Post To
AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9051

AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201

Batch #: 2183
Article #: 71106605959000119051
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9051

1. Article Addressed to:

AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

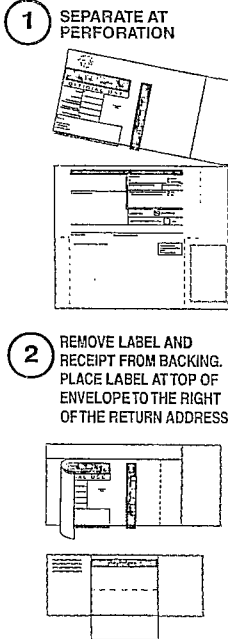
A. Signature
X Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9051

1. Article Addressed to:

AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Dennis M. Reed* 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

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
Article #: 71106605959000119051
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9068

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

91110

ANDERSON LIVING TRUST APRIL 29 2003
 JAMES & JACQUELINE ANDERSON TRUSTEE
 2401 STATEHOOD DR
 BLUFFDALE, UT 84065

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9068

ANDERSON LIVING TRUST APRIL 29 2003
 JAMES & JACQUELINE ANDERSON TRUSTEE
 2401 STATEHOOD DR
 BLUFFDALE, UT 84065

Batch #: 2183
 Article #: 71106605959000119068
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9068

1. Article Addressed to:

ANDERSON LIVING TRUST APRIL 29 2003
 JAMES & JACQUELINE ANDERSON TRUSTEE
 2401 STATEHOOD DR
 BLUFFDALE, UT 84065

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

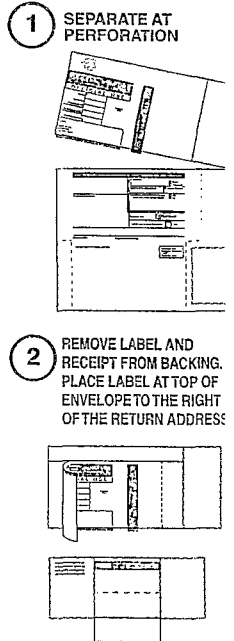
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9068

1. Article Addressed to:

ANDERSON LIVING TRUST APRIL 29 2003
 JAMES & JACQUELINE ANDERSON TRUSTEE
 2401 STATEHOOD DR
 BLUFFDALE, UT 84065

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Jackie Anderson* Addressee

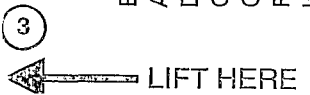
B. Received by (Printed Name) C. Date of Delivery
Jackie Anderson

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119068
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9075

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
 Andrea Davenport
 PO BOX 311852
 NEW BRAUNFELS, TX 78130
 9/1/10

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9075

ANDREA DAVENPORT
 PO BOX 311852
 NEW BRAUNFELS, TX 78130

Batch #: 2183
 Article #: 71106605959000119075
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9075

1. Article Addressed to:

ANDREA DAVENPORT
 PO BOX 311852
 NEW BRAUNFELS, TX 78130

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

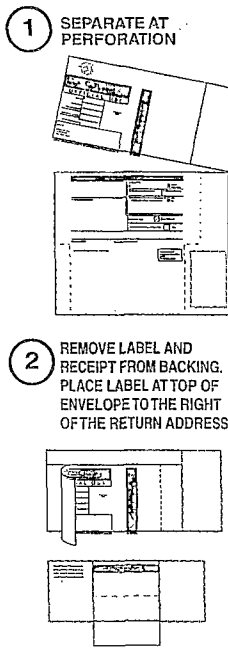
A. Signature Agent Addressee
X

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9075

1. Article Addressed to:

ANDREA DAVENPORT
 PO BOX 311852
 NEW BRAUNFELS, TX 78130

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Andrea Davenport*

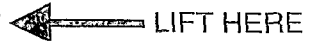
B. Received by (Printed Name) C. Date of Delivery
Andrea Davenport 9/13/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119075
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9082

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ANDREA T LUCERO
 505 N. 4TH
 BLOOMFIELD, NM 87413
9/1/10

Form 3800, August 2006, PSN 7520-01-000-9000 See Reverse for Instructions

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

Code: Allocation Project - D.Howell

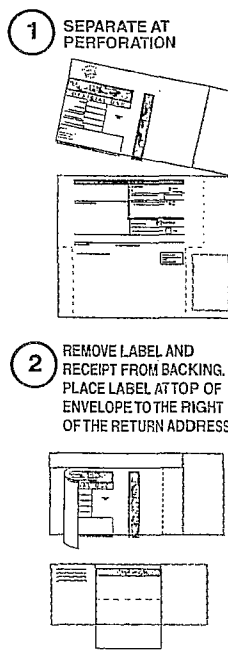
7110 6605 9590 0011 9082

ANDREA T LUCERO
 505 N. 4TH
 BLOOMFIELD, NM 87413

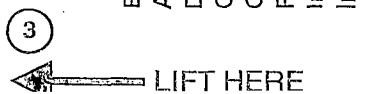
Batch #: 2183
 Article #: 71106605959000119082
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9082	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ANDREA T LUCERO 505 N. 4TH BLOOMFIELD, NM 87413		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9082	A. Signature X <i>Andrea Lucero</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ANDREA T LUCERO 505 N. 4TH BLOOMFIELD, NM 87413	<i>Andrea Lucero</i>	<i>9/1/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



Batch #: 2183
 Article #: 71106605959000119082
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0011 9105

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9105

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210

Batch #: 2183
 Article #: 71106605959000119105
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2 Article Number

7110 6605 9590 0011 9105

1. Article Addressed to:

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

2 Article Number

7110 6605 9590 0011 9105

1. Article Addressed to:

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

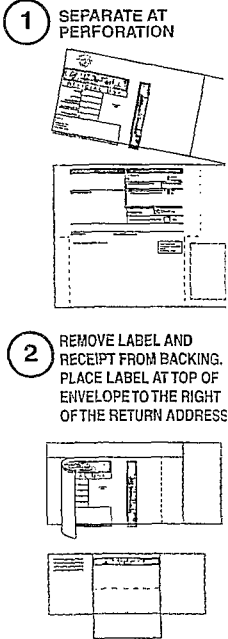
B. Received by (Printed Name) C. Date of Delivery
A. Homburger **9-3-10**

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

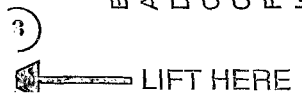
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



Batch #: 2183
 Article #: 71106605959000119105
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9112

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

ANGELA SLAIS
 17020 CALLE DE LINA
 MURRIETA, CA 92562

9/1/10

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9112

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Batch #: 2183
 Article #: 71106605959000119112
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-011 rev. 01/07

2. Article Number

7110 6605 9590 0011 9112

1. Article Addressed to:

ANGELA SLAIS
 17020 CALLE DE LINA
 MURRIETA, CA 92562

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

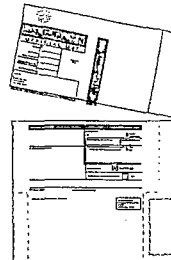
B. Received by (Printed Name) C. Date of Delivery

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

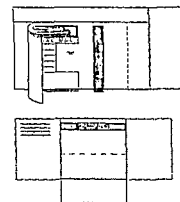
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9112

1. Article Addressed to:

ANGELA SLAIS
 17020 CALLE DE LINA
 MURRIETA, CA 92562

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

Betty Hicks *9/13/10*

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

*1243 Jones Ranch Rd
 Gardnerville NV 89460*

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119112
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 2722

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

ANGELINA BURKIN
 PO BOX 12882
 WILMINGTON, NC 28405

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 2722

ANGELINA BURKIN
 PO BOX 12882
 WILMINGTON, NC 28405

Batch #: 2269
 Article #: 71106605959000132722
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

2. Article Number

7110 6605 9590 0013 2722

1. Article Addressed to:

ANGELINA BURKIN
 PO BOX 12882
 WILMINGTON, NC 28405

COMPLETE THIS SECTION ON DELIVERY

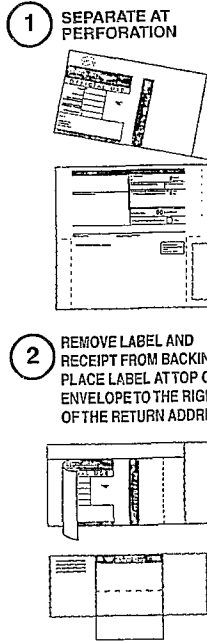
A. Signature Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 2722

1. Article Addressed to:

ANGELINA BURKIN
 PO BOX 12882
 WILMINGTON, NC 28405

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

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2269
 Article #: 71106605959000132722
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0011 9129

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4
ANITA BRIGGS
115 FISH & GAME RD
CHERRY VALLEY, NY 13320
 9/11/10
 Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9129

ANITA BRIGGS
115 FISH & GAME RD
CHERRY VALLEY, NY 13320

Batch #: 2183
 Article #: 71106605959000119129
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9129

1. Article Addressed to:

ANITA BRIGGS
115 FISH & GAME RD
CHERRY VALLEY, NY 13320

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

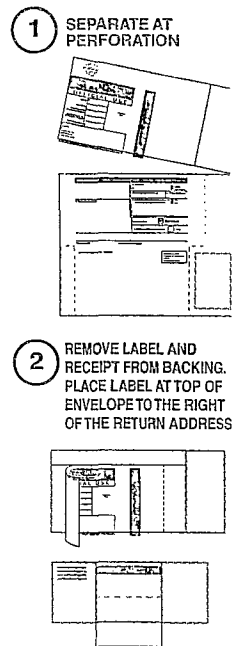
A. Signature Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9129

1. Article Addressed to:

ANITA BRIGGS
115 FISH & GAME RD
CHERRY VALLEY, NY 13320

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 ANITA BRIGGS 9/12/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

LIFT HERE

Batch #: 2183
 Article #: 71106605959000119129
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0011 9136

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Postmark To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4
ANN BOYD
6140 DELOACHE
DALLAS, TX 75225-2811

9/11/10

Form 3800, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9136

ANN BOYD
 6140 DELOACHE
 DALLAS, TX 75225-2811

Batch #: 2183
 Article #: 71106605959000119136
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

2 Article Number

7110 6605 9590 0011 9136

1. Article Addressed to:

ANN BOYD
6140 DELOACHE
DALLAS, TX 75225-2811

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

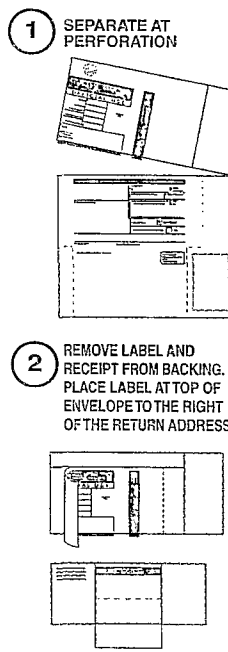
A. Signature
X Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0011 9136

1. Article Addressed to:

ANN BOYD
6140 DELOACHE
DALLAS, TX 75225-2811

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

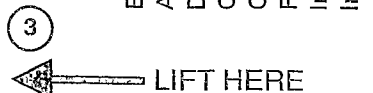
B. Received by (Printed Name) C. Date of Delivery
Charles Boyd **9/3/10**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119136
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9143

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

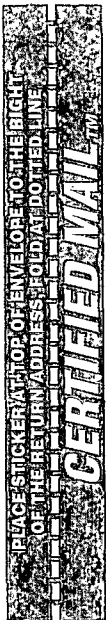
sent To
 street, Apt. No.,
 PO Box No.
 city, State, Zip+4

ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

9/1/10

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9143

ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

Batch #: 2183
 Article #: 71106605959000119143
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-4 rev. 01/07

1 Article Number

7110 6605 9590 0011 9143

1. Article Addressed to:

ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

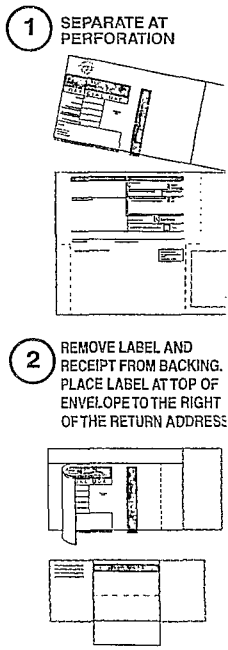
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0011 9143

1. Article Addressed to:

ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

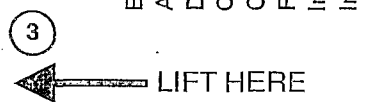
B. Received by (Printed Name) C. Date of Delivery
 KE Emmerson 9-4-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119143
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9150

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Code: Allocation Project - D.Howell

mt To
 ANN MARIE MITCHELL
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

reet, Apt. No.;
 PO Box No.
 ty, State, Zip+4
 91110

Form 3811, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions



7110 6605 9590 0011 9150

ANN MARIE MITCHELL
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Batch #: 2183
 Article #: 71106605959000119150
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9150

1. Article Addressed to:

ANN MARIE MITCHELL
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

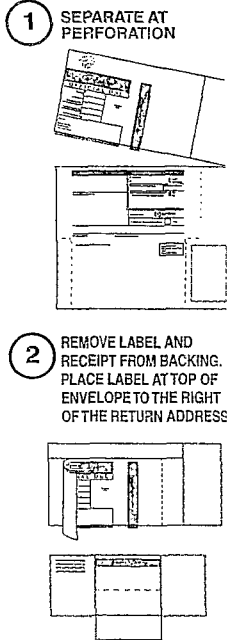
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9150

1. Article Addressed to:

ANN MARIE MITCHELL
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

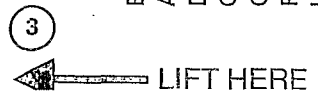
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119150
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9167

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Post To
 ANNA CELIA HOWELL HILTON
 1507 E LA RUA ST
 PENSACOLA, FL 32501

Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

9/1/10

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9167

7110 6605 9590 0011 9167

ANNA CELIA HOWELL HILTON
 1507 E LA RUA ST
 PENSACOLA, FL 32501

Batch #: 2183
 Article #: 71106605959000119167
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD, rev. 01/07

2. Article Number

7110 6605 9590 0011 9167

1. Article Addressed to:

ANNA CELIA HOWELL HILTON
 1507 E LA RUA ST
 PENSACOLA, FL 32501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

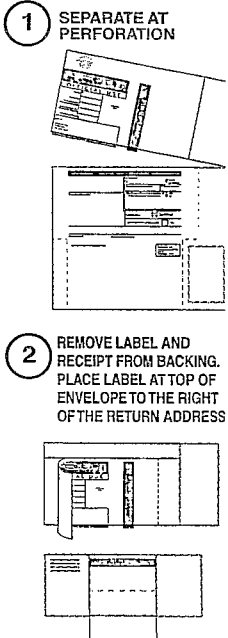
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9167

1. Article Addressed to:

ANNA CELIA HOWELL HILTON
 1507 E LA RUA ST
 PENSACOLA, FL 32501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Celia Hilton* Addressee

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

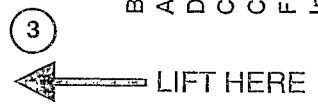
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2183
 Article #: 71106605959000119167
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9174

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Delivered To: ANNA MARIE LUCAS
 14431 FAIR KNOLL WAY
 HOUSTON, TX 77062

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9174

ANNA MARIE LUCAS
 14431 FAIR KNOLL WAY
 HOUSTON, TX 77062

Batch #: 2183
 Article #: 71106605959000119174
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0011 9174

1. Article Addressed to:

ANNA MARIE LUCAS
 14431 FAIR KNOLL WAY
 HOUSTON, TX 77062

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

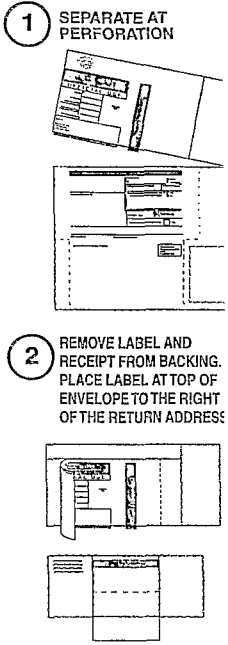
A. Signature Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9174

1. Article Addressed to:

ANNA MARIE LUCAS
 14431 FAIR KNOLL WAY
 HOUSTON, TX 77062

Code: Allocation Project - D.Howell

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

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119174
 Date/Time: 8/31/2010 9:48:15 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





U.S. Postal Service
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7110 6605 9590 0011 9181

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered to: ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

Street, Apt. No.;
PO Box No.
City, State, Zip+4

9/1/10

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9181

ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

Batch #: 2183
Article #: 71106605959000119181
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0011 9181

1. Article Addressed to:

ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

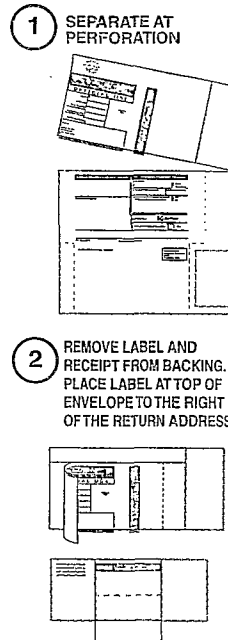
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

2. Article

7110 6605 9590 0011 9181

1. Article Addressed to:

ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

Code: Allocation Project - D.Howell

Ward Delkrug Agent
 Addressee

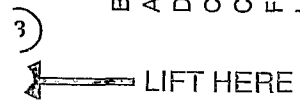
B. Received by (Printed Name) C. Date of Delivery
9-4-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
Article #: 71106605959000119181
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9198

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered to
 Recipient, Apt. No., PO Box No., City, State, Zip+4
ANNE MCCORD MILLER
PO BOX 840738
DALLAS, TX 75284-0738

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9198

ANNE MCCORD MILLER
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2183
 Article #: 71106605959000119198
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0011 9198

1. Article Addressed to:

ANNE MCCORD MILLER
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

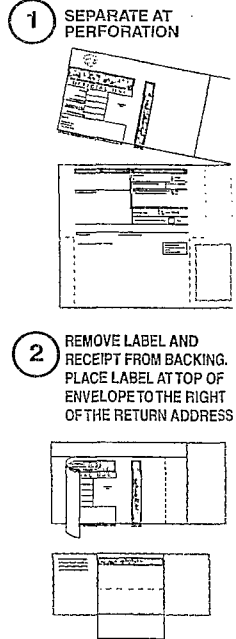
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

2 Article Number

7110 6605 9590 0011 9198

1. Article Addressed to:

ANNE MCCORD MILLER
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
ANNE MCCORD MILLER **SEP 05 2010**

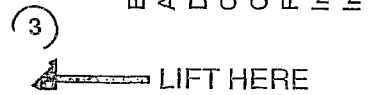
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119198
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3811 Domestic Return Receipt






7230 6605 9590 0011 9211

Refer Fund

ANTHONY BARD BOARD
25464 W CUBA RD
BARBERS PT, FL 33009

BOARD



-  **Use the following options to indicate how you want to handle the return of this item:**
- Insufficient Address
 - Undelivered, Left No Address
 - Attempted - Not Returned
 - No Such Street
 - Vacant
 - No Mail Recipients
 - Bad Check - No Order
 - Returned For Sender Address
 - Postage Due



0006557587 SEP 01 2010
MAILED FROM ZIP CODE 87402



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Postage Paid Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com
 7110 6605 9590 0011 9211

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To **ANTHONY BARD BOARD**
 25464 W CUBA RD
 BARRINGTON, IL 60010
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4
 9/1/10
 Form 3811, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



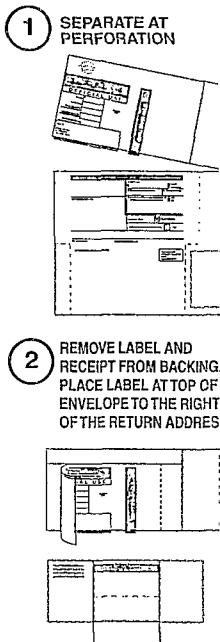
7110 6605 9590 0011 9211

ANTHONY BARD BOARD
 25464 W CUBA RD
 BARRINGTON, IL 60010

Batch #: 2183
 Article #: 71106605959000119211
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9211		A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ANTHONY BARD BOARD 25464 W CUBA RD BARRINGTON, IL 60010		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811

Domestic Return Receipt

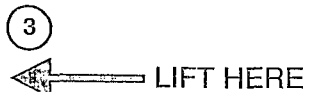
UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

Lisa Hunter, Land Department
 SJBU ConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

Batch #: 2183
 Article #: 71106605959000119211
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
 7110 6605 9590 0011 9228

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postage to: **APCO MINERALS LTD**
221 JACKSON PL
CORPUS CHRISTI, TX 78411

Street, Apt. No., PO Box No., City, State, Zip+4
 9/10/10

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9228

APCO MINERALS LTD
 221 JACKSON PL
 CORPUS CHRISTI, TX 78411

Batch #: 2183
 Article #: 71106605959000119228
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number
 7110 6605 9590 0011 9228

1. Article Addressed to:
APCO MINERALS LTD
221 JACKSON PL
CORPUS CHRISTI, TX 78411

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

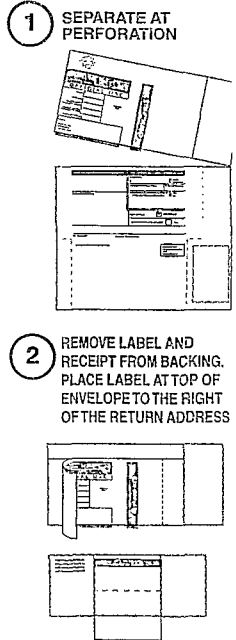
A. Signature Agent Addressee
X

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0011 9228

1. Article Addressed to:
APCO MINERALS LTD
221 JACKSON PL
CORPUS CHRISTI, TX 78411

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Ella Sanchez

B. Received by (Printed Name) C. Date of Delivery
E. Sanchez 8-4-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119228
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





U.S. Postal Service
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7110 6605 9590 0011 9235

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Post To: ARCH W SHAW II TRUST UAD FEB 1 1971
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9235

ARCH W SHAW II TRUST UAD FEB 1 1971
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438

Batch #: 2183
 Article #: 71106605959000119235
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2 Article Number 7110 6605 9590 0011 9235

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

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

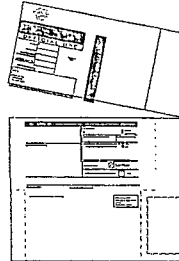
1. Article Addressed to:
 ARCH W SHAW II TRUST UAD FEB 1 1971
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438

3. Service Type Certified

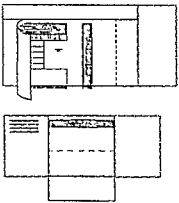
4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2 Article Number 7110 6605 9590 0011 9235

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *D. Howell*

B. Received by (Printed Name) C. Date of Delivery
 9-4-10

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

1. Article Addressed to:
 ARCH W SHAW II TRUST UAD FEB 1 1971
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2183
 Article #: 71106605959000119235
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



Reorder Form LCD-8 Rev. 01/07



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Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To **ARCHER PEARL ENERGY LLC**
 112 E PECAN ST, SUITE 500
 SAN ANTONIO, TX 78205

Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9242

ARCHER PEARL ENERGY LLC
 112 E PECAN ST, SUITE 500
 SAN ANTONIO, TX 78205

Batch #: 2183
 Article #: 71106605959000119242
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9242

1. Article Addressed to:

ARCHER PEARL ENERGY LLC
 112 E PECAN ST, SUITE 500
 SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

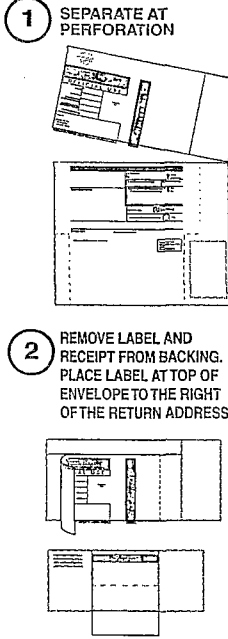
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9242

1. Article Addressed to:

ARCHER PEARL ENERGY LLC
 112 E PECAN ST, SUITE 500
 SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *B. Scheel*

B. Received by (Printed Name) C. Date of Delivery
B. Scheel 9-7-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119242
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3231

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

sent To
 ARMONDO E ESPINOSA
 PO BOX 371
 BLANCO, NM 87412

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3231

ARMONDO E ESPINOSA
 PO BOX 371
 BLANCO, NM 87412

Batch #: 2272
 Article #: 71106605959000133231
 Date/Time: 9/14/2010 3:26:43 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0013 3231

1. Article Addressed to:

ARMONDO E ESPINOSA
 PO BOX 371
 BLANCO, NM 87412

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

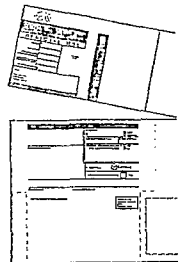
B. Received by (Printed Name) C. Date of Delivery

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

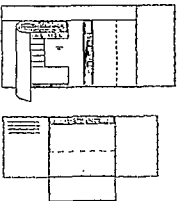
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS!



2. Article Number

7110 6605 9590 0013 3231

1. Article Addressed to:

ARMONDO E ESPINOSA
 PO BOX 371
 BLANCO, NM 87412

COMPLETE THIS SECTION ON DELIVERY

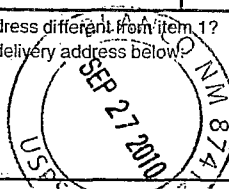
A. Signature Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2272
 Article #: 71106605959000133231
 Date/Time: 9/14/2010 3:26:43 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0013 2739

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

ent To
 ARNE L FILAN
 40 S DIVISION ST
 WALLA WALLA, WA 99362

Form 3800, August 2006 (See Reverse for Instructions)

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

7110 6605 9590 0013 2739

ARNE L FILAN
 40 S DIVISION ST
 WALLA WALLA, WA 99362

Batch #: 2269
 Article #: 71106605959000132739
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code 2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8, rev. 01/07

2. Article Number

7110 6605 9590 0013 2739

1. Article Addressed to:

ARNE L FILAN
 40 S DIVISION ST
 WALLA WALLA, WA 99362

COMPLETE THIS SECTION ON DELIVERY

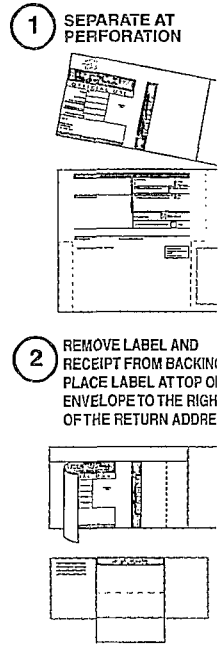
A. Signature
 Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 2739

1. Article Addressed to:

ARNE L FILAN
 40 S DIVISION ST
 WALLA WALLA, WA 99362

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 9-24-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2269
 Article #: 71106605959000132739
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code 2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered To
 ART CUNNINGHAM
 5141 N 40 ST
 PHOENIX, AZ 85018
 9/1/10
 Form 3800, August 2006, PSN 7520-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9259

ART CUNNINGHAM
 5141 N 40 ST
 PHOENIX, AZ 85018

Batch #: 2183
 Article #: 71106605959000119259
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number
 7110 6605 9590 0011 9259

1. Article Addressed to:
 ART CUNNINGHAM
 5141 N 40 ST
 PHOENIX, AZ 85018

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

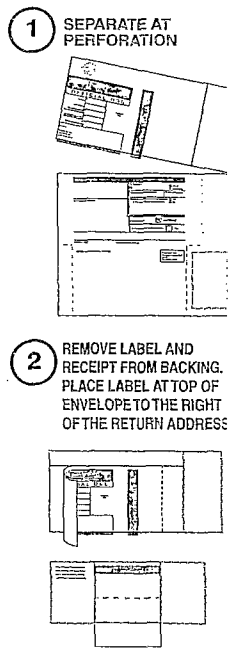
A. Signature Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

2. Article Number
 7110 6605 9590 0011 9259

1. Article Addressed to:
 CUNN141# 850182070 1310 29 09/06/10
 NOTIFY SENDER OF NEW ADDRESS
 CUNNINGHAM' ART
 PMB 819
 3219 E CAMELBACK RD
 PHOENIX AZ 85018-2307

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

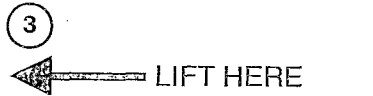
A. Signature Agent
 Addressee

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

Certified

Yes



Batch #: 2183
 Article #: 71106605959000119259
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



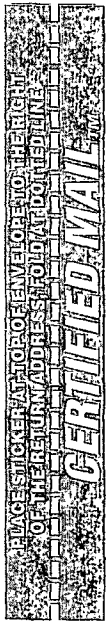
U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Restrict Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0011 9266

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
 ASCENCION T WALKER
 606 MESA RIDGE
 SAN ANTONIO, TX 78258
 9/1/10

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9266

ASCENCION T WALKER
 606 MESA RIDGE
 SAN ANTONIO, TX 78258

Batch #: 2183
 Article #: 71106605959000119266
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number
 7110 6605 9590 0011 9266

1. Article Addressed to:
 ASCENCION T WALKER
 606 MESA RIDGE
 SAN ANTONIO, TX 78258

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

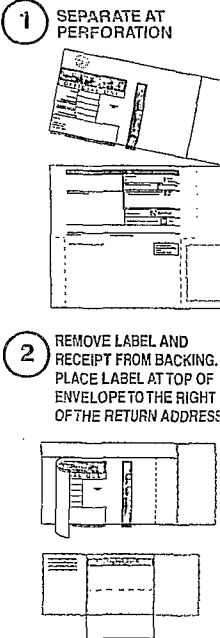
A. Signature Agent
 Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0011 9266

1. Article Addressed to:
 ASCENCION T WALKER
 606 MESA RIDGE
 SAN ANTONIO, TX 78258

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

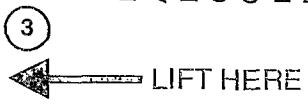
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119266
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0011 9273

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To **ASHBURN LIVING TRUST**
 7095 69TH ST.
 VERO BEACH, FL 32967-4810

Post Office, Apt. No., PO Box No., City, State, Zip+4
 9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9273

ASHBURN LIVING TRUST
 7095 69TH ST.
 VERO BEACH, FL 32967-4810

Batch #: 2183
 Article #: 71106605959000119273
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- Rev. 01/07

2. Article Number

7110 6605 9590 0011 9273

1. Article Addressed to:

ASHBURN LIVING TRUST
 7095 69TH ST.
 VERO BEACH, FL 32967-4810

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

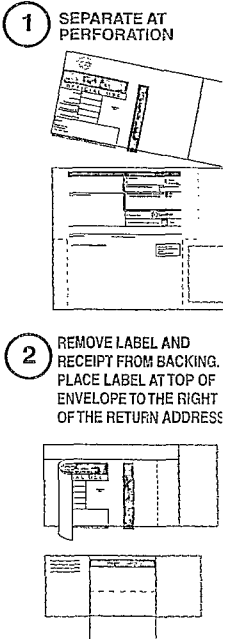
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9273

1. Article Addressed to:

ASHBURN LIVING TRUST
 7095 69TH ST.
 VERO BEACH, FL 32967-4810

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 Ashburn 9/4/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119273
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0011 9280

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To **ATKO PARTNERS LTD**
 260 IH 45 S, SUITE A
 HUNTSVILLE, TX 77340
 9/1/10

Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

Form 3800, August 2006 (7-11) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9280

ATKO PARTNERS LTD
 260 IH 45 S, SUITE A
 HUNTSVILLE, TX 77340

Batch #: 2183
 Article #: 71106605959000119280
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0011 9280

1. Article Addressed to:

ATKO PARTNERS LTD
 260 IH 45 S, SUITE A
 HUNTSVILLE, TX 77340

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

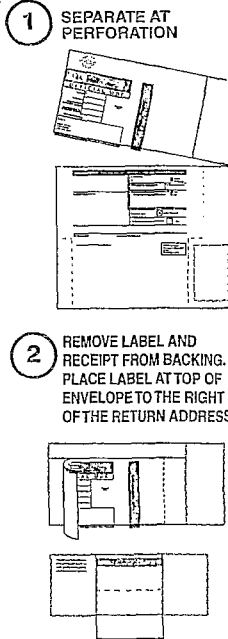
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9280

1. Article Addressed to:

ATKO PARTNERS LTD
 260 IH 45 S, SUITE A
 HUNTSVILLE, TX 77340

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2183
 Article #: 71106605959000119280
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





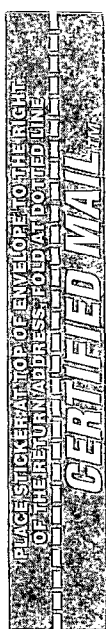
U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only; No Insurance Coverage Provided)
 For information visit our website at www.usps.com

7110 6605 9590 0011 9297

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered to: ATLANTIC PARTNERS
 P. O. BOX 3759
 MIDLAND, TX 79702
 9/11/10

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9297

ATLANTIC PARTNERS
 P. O. BOX 3759
 MIDLAND, TX 79702

Batch #: 2183
 Article #: 71106605959000119297
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0011 9297

1. Article Addressed to:

ATLANTIC PARTNERS
 P. O. BOX 3759
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

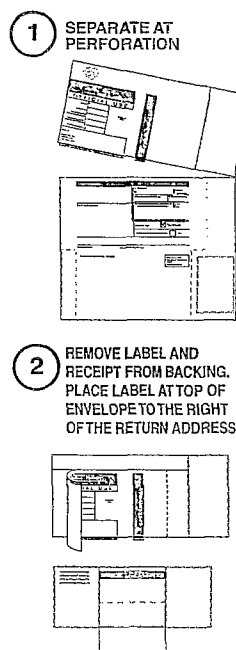
A. Signature Agent Addressee
X

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0011 9297

1. Article Addressed to:

ATLANTIC PARTNERS
 P. O. BOX 3759
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Kathryn Clark*

B. Received by (Printed Name) C. Date of Delivery
Kathryn Clark 9/7/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2183
 Article #: 71106605959000119297
 Date/Time: 8/31/2010 9:48:16 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

