U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Prov

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

HOBBS NM 88240 OFFICIAL US

Postage	$ $0.49	0124
Certified Fee	$3.30	06
Return Receipt Fee (Endorsement Required)	$2.70	Postm Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.49	01/12/2015

Sent To R-360 HOBBS OFFICE
Street, Apt. No.; or PO Box No. 4507 W CARLSBAD Hwy
City, State, ZIP+4 HOBBS NM 88240

PS Form 3800, August 2006 See Reverse for

7011 2000 0000 3782 3411

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

R-360 – HOBBS office
4507 W. CARLSBAD Hwy
P.O. 388
HOBBS NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B Garcia ☐ Agent ☐ Addressee

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

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

B. Garcia

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 2000 0000 3782 ~~3404~~ 3411

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provid

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

LOVINGTON NM 88260 OFFICIAL USE

Postage	$ $0.49	0124
Certified Fee	$3.30	06
Return Receipt Fee (Endorsement Required)	$2.70	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.49	01/12/2015

Sent To MIKE GALLAGHER – LEA CTY M
Street, Apt. No.; or PO Box No. 100 N MAIN
City, State, ZIP+4 LOVINGTON NM 88260

PS Form 3800, August 2006 See Reverse for Ins

7011 2000 0000 3782 3398

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MIKE GALLAGHER
LEA CTY MGR
100 N MAIN
LOVINGTON NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jessica Garcia ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jessica Garcia
C. Date of Delivery 1-15-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 2000 0000 3782 3398

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Prov

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

HOBBS NM 88240 OFFICIAL US

Postage	$ $0.49	0124
Certified Fee	$3.30	06
Return Receipt Fee (Endorsement Required)	$2.70	Postm Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.49	01/12/2015

Sent To US-BLM – HOBBS Field S
Street, Apt. No.; or PO Box No. 414 W TAYLOR
City, State, ZIP+4 HOBBS NM 88240-115

PS Form 3800, August 2006 See Reverse fo

7011 2000 0000 3782 3381

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

US-BLM
HOBBS Field ST
414 W TAYLOR
HOBBS NM 88240-1157

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☑ Addressee

B. Received by (Printed Name) Linda Jimenez
C. Date of Delivery 1/16/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 2000 0000 3782 ~~3374~~ 3381

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540