STATE OF NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES OIL CONSERVATION DIVISION

APPLICATION OF MARBOB ENERGY CORPORATION FOR STATUTORY UNITIZATION OF THE DODD FEDERAL UNIT AREA AND TO AUTHORIZE UNORTHODOX WELL LOCATIONS IN THE DODD FEDERAL UNIT, EDDY COUNTY, NEW MEXICO.

CASE NOS. 11350 AND 13349

AFFIDAVIT

STATE OF NEW MEXICO) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of Marbob Energy Corporation, the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

William F. Carr

SUBSCRIBED AND SWORN to before me this 6th

day of September 2004 by

William F. Carr.
OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC STATE OF NEW MEXICO

My commission expires 01/14/07

My Commission Expires:

ı M-

Notary

BEFORE THE OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Case Nos. 13349 & 13350 Exhibit No. 10 Submitted by:

Marbob Energy Corporation Hearing Date: October 7, 2004

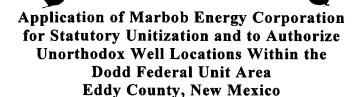


Exhibit A

Kyle L. Fulton P. O. Box 65264 Lubbock, TX 794645810

Stanley William Rosenfield Trust Stanley W. Rosenfield Trustee 2029 Century Park East Los Angeles, CA 90667

Pitch Energy Corporation Post Office Box 304 Artesia, NM 88211-0304

Sylvia H. Oliver 2431 Condor Colorado Springs, CO 80909

Elks National Foundation James W. O. Kelley Director 2750 N. Lakeview Avenue Chicago, IL 60614-1089

Timothy T. Leonard Post Office Box 2625 Eagle Pass, TX 78852

Shattuck-St. Mary's School Post Office Box 218 Faribault, MN 55021-02185

Roger Penske Penske Corporation 187 Highway 36 West Long Branch, NJ 07764-1304

George S. McCall 400 Spillar Lane Austin, TX 78746-4437

Dana Lyn Bukowski Trust #175 Northern Trust Bank of Texas P. O. Box 226270 Dallas, TX 75222-6270 Charles and Jan Mee Rev. Trust 1208 Larchmont Lane Oklahoma City, OK 73116-6104

Donald & Marilyn Harris Trust Donald A. Harris 2249 Elsinore Road Riverside, CA 92506

Marbob Energy Corporation Post Office Box 227 Artesia, NM 88211-0227

Boys & Girls Clubs of America National Headquarters 1230 W. Peachtree Street, NW Atlanta, GA 30309-3447

Leonard Trust Robert J. and Marion Leonard Trustees Post Office Box 400 Roswell, NM 88202-0400

New Mexico Boys and Girls Ranches, Inc. formerly New Mexico Boys Ranch Inc. Business Office 6209 Hendrix Rd NE Albuquerque, NM 87110-1334

Gary B. Laughlin 3831 Turtle Creek Blvd #18-D Dallas, TX 75219-4414

Nancy Harrell James E. Harrell 4928 Post Oak Timber Drive Houston, TX 77056-2212

James E. Lyon Estate c/o John D. Hughes Independent Ex. 1415 Louisiana Suite 3700 Houston, Texas 77002

David Frame, Jr. PMB 919 1302 Waugh Drive Houston, TX 77019 Edward J. Hudson, Jr. c/o Blaffer Interests 35 N. Wynden Drive Houston, TX 77056

Robert H. Hannifin Post Office Box 218 Midland, TX 79702-0318

Kyle L. Fulton Post Office Box 64923 Lubbock, TX 79464

Patrick J. Hannifin 765 Santa Camelia Drive Solana Beach, CA 92075-1612

Betty H. Adkins 7107 S. Hudson Circle Littleton, CO 80122-2541

Regents, University of New Mexico Leonard Trust UNM Pre-Audit Dept. Scholes Hall Room #260 Albuquerque, NM 87131-3111

Richard Lance Chase Post Office Box 359 Artesia, NM 88211-0359

Charles B. Dowaliby 211 W. Tilden Roswell, NM 88201-5746

Grethe Hostmalingen Gamle Roisliveien 17 N 2613 Lillehammer Norway

Allan C. George 280 Beacon Street Boston, MA 02116-1241

Petco Limited
Post Office Box 911
Breckenridge, TX 76424-0911

Jennifer Stewart Lyon Trust Compass Bank Co. TRE #0254 P. O. Box 4886 Houston, TX 77210-4886

MEXCO Energy Corporation P. O. Box 10502 Midland, TX 79702

Robert Lee Blaffer Hudson 35 N. Wynden Drive Houston, TX 77056

Robert C. Chase Post Office Box 297 Artesia, NM 88211-0297

Marilyn Jean Van Petten 1555 Alabama Street Amarillo, TX 79102-2226

Kathryn McCormick 2905 San Pablo Street NE Albuquerque, NM 87110-2716

Margaret Wycocki 721 Robins Road Lansing, MI 48917-2022

The Bishop Whipple Schools Shattuck-St. Mary's School Post Office Box 218 Faribault, MN 55021-02185

James M. Dowaliby 5353 Townsend Avenue New Haven, CT 06512-3626

Mary Evelyn Roberts 1111 North Pennsylvania Avenue Roswell, NM 88201-5046

Hans Teisner Sognsveien 63 A 0851 Oslo Norway

Sylvia H. Oliver 618 Oakwood Place NE Albuquerque, NM 87123

Melissa Lyon Fuller Simon Tr Compass Bank Co. TRE #0213 P. O. Box 4886 Houston, TX 77210-4886

Gregg E. Goodall, et ux, Jean P. O. Box 1152
Breckenridge, TX 76424

John F. Haire 3502 W Avenue K-4 Lancaster, CA 93536 Betty J. Haire 116 Travis Drive Euless, TX 76039-2019

S. E. Murphree Jr. Apt. 103 9333 Memorial Drive Houston, TX 77024-5735

Central Texas Operating Inc. Attn: Gregg Goodall P. O. Box 1152 Breckenridge, TX 76424-1152

OOPS Inc. Attn: Anne D. Owen 5120 Woodway Drive, Suite 9001 Houston, TX 77056-1724

Loneta S. Curtis Trustee Loneta S. Curtis Lvg Trust P. O. Box 261427 Plano, TX 75026-1427

James Blaffer Owen
Blaffer Agency Min Sec Acct No 1013067
JP Morgan Chase Bank Agent & AIF
P. O. Box 200336
Houston, TX 77216-0336

Joyce Blaffer Von Bother c/o Lawson & Holland One Linden Place Great Neck, NY 11021

Bruce W. McClymond P. O. Box 41 Breckenridge, TX 76424

Veslemoy Andresen Roer Gullkroken 5 0377 Oslo Norway

Nuevo Seis Ltd Partnership P. O. Box 2588 Roswell, NM 88202-2588

H. L. Brown Operating LLC Attn: Accounting Department P. O. Box 2237 Midland, TX 79702-2237 Molly M. Azopardi P. O. Box 620 Wimberley, TX 78676

R. H. Fulton Estate Joe K. Fulton Foreign Ind. Ex. P. O. Box 16860 Lubbock, TX 79490-6860

Chase Oil Corporation P. O. Box 1767 Artesia, NM 88211-1767

David M. Munson, Jr. P. O. Box 671096 Dallas, TX 75367-1096

Jack Fulton Jr.
P. O. Box 16860
Lubbock, TX 79490-6860

Carolyn B. Wood Trustee Wood Heritage Trust P. O. Drawer 1011 Refugio, TX 78377-1011

Bean Family Limited Company P. O. Box 1738 Roswell, NM 88202-1738

Nancy K. McClymond S/F P. O. Box 513 Ranchos de Taos, NM 87557

John M. McCoy 108 Vista Del Sol Belen, NM 87002

Elizabeth M. Brown Trust BB Acct. No. W0110300 Frost National Bank P. O. Box 1600 San Antonio, TX 78296

Claire Beine George 7102 South Harrison Court Littleton, CO 80122 Robert Blaffer Hudson Chase Bank Post Office Box 200336 Houston, TX 77216-0336

James E. Lyon Estate
Sherry Norman
Compass Bank Asset Management Group
P. O. Box 4886
Houston, TX 77210-4886

Gerene Dianne Chase Crouch Oil Account P. O. Box 693 Artesia, NM 88211-0693

Joyce Blaffer Von Bother Chase Bank P. O. Box 200336 Houston, TX 77216-0336

Tex Zia Properties Loneta S. Curtis Trustee Loneta S. Curtis Lvg Trust P. O. Box 261427 Plano, TX 75026-1427

Hanson Energy R342 S. Haldeman Road Artesia, NM 88210

C. O. Fulton P. O. Box 1121 Artesia, NM 88211-1121

Featherstone Development Corp. 1801 West Second Street Roswell, NM 88201

Latimer Investments, LLC P. O. Box 5422 Hobbs, NM 88241-5422

Webb Oil 2409 Cerro Road Artesia, NM 88210 David M. Munson, Jr. Post Office Box 310 Paris, TX 75461-0310

SOOL, Ltd. Post Office Box 2237 Midland, TX 79702-2237

Roger Penske Penske Corporation 2555 S. Telegraph road Bloomfield Hills, MI 48302-0954

Edward J. Hudson, Jr. Chase Bank P. O. Box 200336 Houston, TX 77216-0336

Tex Zia Properties Loneta S. Curtis Trustee Loneta S. Curtis Lvg Trust 605 S. 15th Artesia, NM 88210

Bill L. Miller P. O. Box 17432 Ft. Worth, TX 76102

Commissioner of Public Lands P. O. Box 1148 Santa Fe, NM 87504-1148

James L. Brown 311 Main Road Ruidoso, NM 88345

Chevron Texaco 1111 Bagby Street Houston, TX 77002

Mack Energy Corporation P. O. Box 960 Artesia, NM 88210

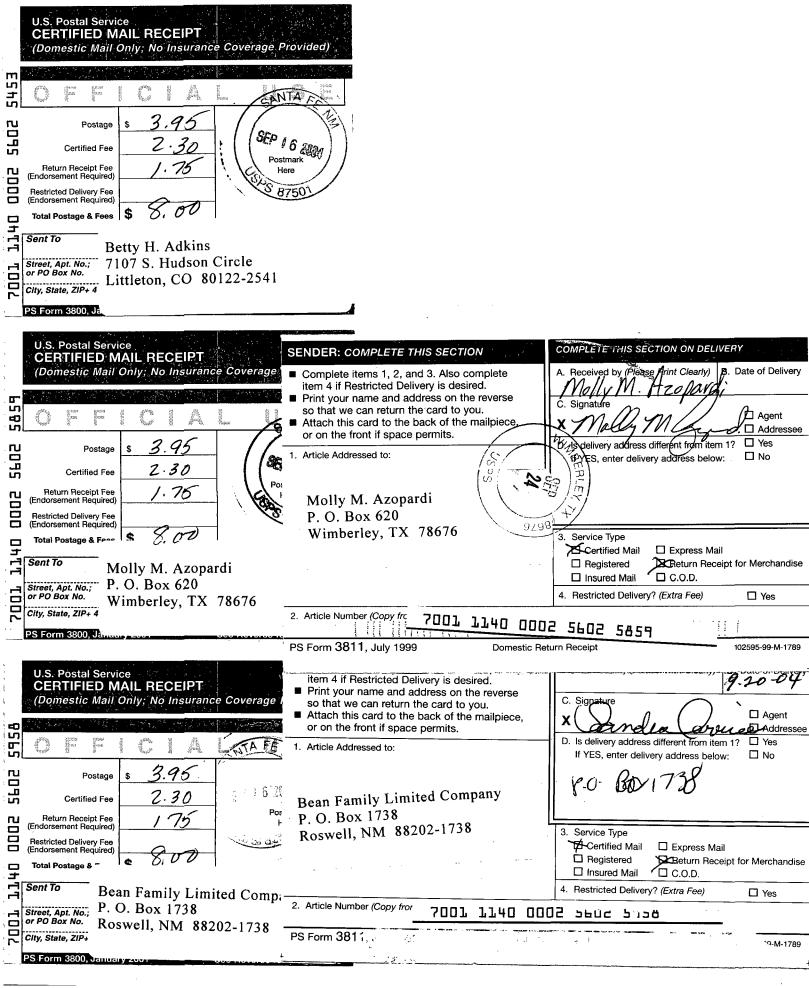
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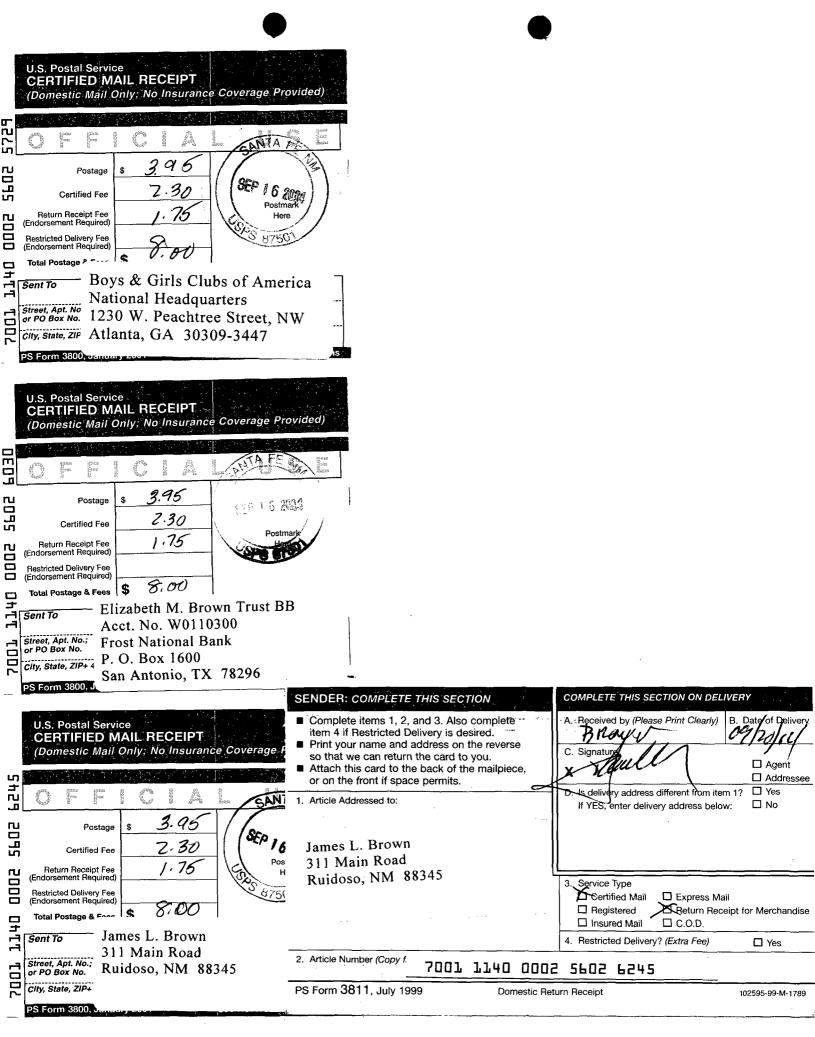
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리	Street, Apt. No P. O. Box 226270		☐ Registered ☐ Receipt for Merchandise☐ Insured Mail ☐ C.O.D.
1	City, State, ZIF Dallas, TX 75222-6270		4. Restricted Delivery? (Extra Fee) ☐ Yes
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2 5880	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Property) Postage \$ 3.95	 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. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Deliver Signature Addresse D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
1140 0002 560	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To Central Texas Operating Inc.	Central Texas Operating Inc. Attn: Gregg Goodall P. O. Box 1152 Breckenridge, TX 76424-1152	3. Service Type Certified Mail
101	Street, Apt. No. Attn: Gregg Goodall or PO Box No. P. O. Box 1152		4. Restricted Delivery? (Extra Fee) ☐ Yes
- 20	PS Form 3800	2. Article Number (Copy from 7001 1140 00 PS Form 3811, July 1999 Domestic Re	102 5602 5880 102595-99-M-1789
5897		 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:
5045 5000 Uhi	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Chase Oil Corporation P. O. Box 1767 Artesia, NM 88211-1767	3. Service Type Certified Mail
<u>-</u>	Chase Oil Corporation	2. Article Number (Copy froi 7001 1140 00	102 5602 5897
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U.S. Postal Service CERTIFIED MAIL RECEIPT		
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Restricted Delivery Fee	Richard Lance Chase	
(Endorsement Required) Total Postage & Fees S E. 00	Post Office Box 359	
T Sent To	Artesia, NM 88211-0359	3. Service Type ☑ Certified Mail □ Express Mail
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or PO Box No. 1 Ost Office Box 339 City, State, ZIP+ Artesia, NM 88211-0359		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes
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Restricted Delivery Fee (Endorsement Required)	Post Office Box 297 Artesia, NM 88211-0297	3. Service Type
	,	Certified Mail
Robert C. Chase		☐ Insured Mail ☐ C.O.D.
Street, Apt. No.; Post Office Box 297 or PO Box No. Artesia, NM 88211-0297	2. Article Number (Copy from :	4. Restricted Delivery? (Extra Fee) Yes
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GANIA	or on the front if space permits.	D. Is delivery address different from item 1? Yes
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Return Receipt Fee 7.75 Pos	Chevron Texaco 1111 Bagby Street	
(Endorsement Required) Restricted Delivery Fee	Houston, TX 77002	3. Service Type
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1111 Bagby Street	2. Article Number (Copy	4. Restricted Delivery? (Extra Fee) ☐ Yes
Street, Apt. No.; Houston, TX 77002	2001 1140 0002	
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Certified Fee 2.30 Return Receipt Fee (Endorsement Required)	Commissi	
Restricted Delivery Fee (Endorsement Required)	Commissioner of Public Lands P. O. Box 1148	STAFE NM
Total Postage & Feas \$ 5,00	Santa Fe, NM 87504-1148	3. Service Type
Commissioner of Public Le		Certified Mail Registered Receipt for Merchandise
Street, Apt. No.; P. O. Box 1148 or PO Box No. Santa Fe, NM 87504-1148		4. Restricted Delivery? (Extra Fee)
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+	so that we can return the card to you. Attach this card to the back of the mailpiece,	C. Signature
nu Postage \$ 3.95	or on the front if space permits.	D. Is gelivery address different from item 1? Yes
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Return Receipt Fee /-75	G. Dianne C. Crouch S/F	·
Restricted Delivery Fee (Endorsement Required)	Post Office Box 693	La Savia Fa
Total Postage & Food \$ 8. 60	Artesia, NM 88211-0693	3. Service Type Certified Mail
G. Dianne C. Crouch S/F		☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
Street, Apt. No Post Office Box 693 or PO Box No. Artesia, NM 88211-0693	Q. Astiala Musebas (Casa	4. Restricted Delivery? (Extra Fee) ☐ Yes
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Certified Fee 7.30 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	1. Article Addressed to: Loneta S. Curtis Trustee Loneta S. Curtis Lvg Trust	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Total Postage & Fance \$ 0.00 Sent To Loneta S. Curtis Trustee Loneta S. Curtis Lvg Trust P. O. Box 261427	P. O. Box 261427 Plano, TX 75026-1427	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
City, State, ZIP+ Plano, TX 75026-1427 PS Form 3800.	2. Article Number (Copy	4. Restricted Delivery? (Extra Fee)
		and the second s
U.S. Postal Service CERTIFIED MAIL RECEIPT	PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
(Domestic Mail Only; No Insurance Coverage	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 9-18-04 C. Signature X Agent D. Is delivery address different from item 1? Yes
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	. 1.1	If YES, enter delivery address below:
Total Postage & r Charles B. Dowaliby Sireet, Apt. No.; 211 W. Tilden or PO Box No. Roswell, NM 88201-5746	Roswell, NM 88201-5746	3. Service Type Certified Mail
City, State, ZIP+	2. Article Number (Copy from sc	, , , , , , , , , , , , , , , , , , , ,
PS Form 3800, January 2001	:: ' · · · · · · · · · · · · · · · · · ·	002 5602 5514
U.S. Postal Service	PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789 102595-99-M-1789
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage	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,	C. Signature
	or on the front if space permits. 1. Article Addressed to:	D. Je pelivery address different from item 1? Yes If YES, enter delivery address pelow: No
Postage \$ 3.96 Certified Fee Z.30	James M. Dowaliby	The rest delivery address pelow:
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	5353 Townsend Avenue New Haven, CT 06512-3626	3. Service Type
Total Postage & Fans \$ 8,00		Certified Mail Registered Insured Mail C.O.D.
James M. Dowaliby		4. Restricted Delivery? (Extra Fee) Yes
Street, Apt. No.; 5353 Townsend Avenue	2. Article Number (Copy fr 7001 1140 000)	2 5602 5507
PS Form 3800, J.	PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT		
(Domestic Mail Only; No Insurance Coverage	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Postage \$ 3.95 SEP	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Cleafity) B. Date of Delivery C. Signature Agent Addressee
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Article Addressed to: Elks National Foundation	D. Is delivery address different from item 1?
Elks National Foundation James W. O. Kelley Director	James W. O. Kelley Director 2750 N. Lakeview Avenue Chicago, IL 60614-1089	3. Service Type ☑ Certified Mail ☐ Express Mail
or Po Box 2750 N. Lakeview Avenue City, State Chicago, IL 60614-1089		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number (Copy from 7001 1140 00	102 5602 5736
U.S. Postal Service CERTIFIED MAIL RECEIPT	PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789
(Domestic Mail Only; No Insurance Coverage	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Frint 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,	A. Received by (Please Print Clearly) B. Date of Delivery G. 21-04 Agent Addressee
Postage \$ 3.96 Certified Fee	or on the front if space permits. 1. Article Addressed to: Featherstone Development Corp. 1801 West Second Street	D is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Total Postage & Food \$ 0.000 Featherstone Development Street, Apt. No.: 1801 West Second Street or PO Box No. Program No. 1801 No. 180201	Roswell, NM 88201	3. Service Type Certified Mail
City, State, ZIP+	2. Article Number (Copy fron	02 5602 6238
PS Form 3800, January 200	PS Form 3811, July 1999 Domestic Re	
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage	 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. Article Addressed to: 	A. Received by (Prease Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Postage \$ 3, 95 Certified Fee 2, 30 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		3. Service Type GCertified Mail □ Express Mail
Total Postage & Fans \$ 87.00		☐ Registered ☐ Insured Mail ☐ C.O.D.
PMB 919		4. Restricted Delivery? (Extra Fee)
or PO Box No. 1302 Waugh Drive City, State, Zi. Houston, TX 77019	70.5	2 5602 5361
PS Form 380b,a.	PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT	· · · · · · · · · · · · · · · · · · ·	
,	(Domestic Mail Only; No Insurance Coverage F	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
02 5602 6214	Postage \$ 3.95 Cartified Fee 2.30	 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 yeu. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Frint Glearly) B. Date of Delivery C. Signature X
7001 1140 00	Restricted Delivery Fee (Endorsement Required) Total Postage & Feee Sent To C. O. Fulton P. O. Box 1121 Street, Apt. No.; or PO Box No. Artesia, NM 88211-1121	C. O. Fulton P. O. Box 1121 Artesia, NM 88211-1121	3. Service Type C-Certified Mail Registered Insured Mail C.O.D.
2	City, State, ZIP+ 4	·	4. Restricted Delivery? (Extra Fee) ☐ Yes
	PS Form 3800, January 2000	2. Article Number (Copy 7001 1140 0002	5602 6214
	CERTIFIED MAIL RECEIPT	PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789
5934	(Domestic Mail Only; No Insurance Coverage I	 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. 	Received by (Please Print Clearly) B. Date of Delivery Am Div 19-23-09 C. Signature X Agent Addressee D. 1s delivery address different/from item 1? Yes
- 0002 SED2		Jack Fulton Jr. P. O. Box 16860 Lubbock, TX 79490-6860	If YES, enter delivery address below: No
017 7740	Jack Fulton Jr. Street, Apt. Ni P. O. Box 16860 or PO Box No		Certified Mail Registered Co.O.D. Express Mail Co.O.D. Express Mail Co.O.D. Express Mail Co.O.D. Express Mail Co.O.D.
7	City, State, Zii Lubbock, 1X /9490-0800 -	2. Article Number (Copy from sen 7001, 1,1,40	0002 5602 5934
	PS Form 3806	PS Form 3811, July 1 Ju	
541,5	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage P	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Deliver C. Signature Agent Addresse D. Is delivery address different from 12 Yes
2095 ZOO	Postage \$ 3.95 Certified Fee 2.30 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		If YES, enter gelivery address below. No
	Total Postage & Fees \$ 6,07	<u> </u>	Certified Mail
0hTT			☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
706	Street, Apt. No. Post Office Box 64923 or PO Box No. Lubbock, TX 79464	2. Article Number (Copy fr 7001 1140 000	2 5602 5415
~	City, State, ZIP	PS Form 3811, July 1999 - Domestic Re	eturn Receipt 102595-99-M-1789

U.S. Postal Service		
GERVIFIED MAIL RECEIPT (Pomestic Mail Only; No Insurance Goverage	- American	т
The state of the s	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
10 F F I C I A L'/6	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
Postage \$ 3,95	Print your name and address on the reverse	C. Signature,
	so that we can return the card to you. Attach this card to the back of the mailpiece,	V Agent □ Agent
Certified Fee 7.30	or on the front if space permits.	D. Is delegated from item 1? Yes
Return Receipt Fee (Endorsement Required)	1. Article Addressed to:	D. Is delivery and the delivery address below:
Restricted Delivery Fee (Endorsement Required)	<u> </u>	1 / 2 / 3 / 1
(Endorsement Required)	77 1 7 P 1400	100
	Kyle L. Fulton P. O. Box 65264	1 1 50 S
Sent To Kyle L. Fulton	Lubbock, TX 794645810	3. Service Type
Street, Apt. N P. O. Box 65264	Lubbock, 17 794013010	Certified Mail
City, State, Z	1,	Registered Return Receipt for Merchandise
PS.Form 830.		☐ Insured Mail
h-o-t-onth-cook	——————————————————————————————————————	4. Nestricted Delivery: (Lixtra Fee)
U.S. Postel Savice	2. Article Number (Copy from 7001 1140 00	02 5602 5712
	PS Form 3811, July 1999 Domestic Re	· · · · · · · · · · · · · · · · · · ·
(Demostle Mill Only) the constitution of the c	<u>ge</u>	
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Pipase Print Clearly) B. Date of Delive
OFFICIAL	☐ Print your name and address on the reverse	C. Signature
	so that we can return the card to you. Attach this card to the back of the mailpiece,	Agent Agent
Postage \$ 3.96	or on the front if space permits.	Address
Certified Fee 2.30 SEP 1.6	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Return Receipt Fee /- 75	A Sta	1 -2 , 8 -2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
(Chabisement Hequired)	D II Fulton Estate	·
(Endorsement Required) 875	Joe K. Fulton Foreign Ind. Ex.	. .
r	P. O. Box 16860	3. Service Type
Sent To R. H. Fulton Estate	Lubbock, TX 79490-6860	3. Service Type Certified Mail
Joe K. Fulton Foreign Ind. Street, Apt. No. P. O. Box 16860	Ex.	Registered Return Receipt for Merchand
City, State, Zii Lubbock, TX 79490-6860		☐ Insured Mail
<u></u>		4. Restricted Delivery? (Extra Fee)
PS Form 830.	2. Article Number (Copy fr 7001 1140 00	102 5602 5873
	PS Form 3811	102595-99-M-17
U.S. Postal Santes Gertified Mail Receipt		95116271111
(Domestic Met) Only, No Insurance Covered	Print your name and address on the reverse so that we can return the card to you.	C. Signature
	Attach this card to the back of the mailpiece,	Agent Agent
	or on the front if space permits.	D. Is delivery address different from item 1? Yes
OFFICIAL	1. Article Addressed to:	If YES, enter delivery address below:
Postage \$ 3.95		
Certified Fee 2.30	Allan C. George	June 1
Beturn Receipt Fee 1 75	Pos 280 Beacon Street	
(Endorsement Nedarica)	Boston, MA 02116-1241	3. Service Type
Restricted Delivery Fee (Endorsement Required)	87	Certified Mail
Total Postage & Fees \$ 8.00		☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
Allan C. George		4. Restricted Delivery? (Extra Fee)
Street, Apt. No.; 280 Beacon Street	2. Article Number (Copy from	
Boston, MA 02116-1241		002 5602 5767
City, State, ZIP+	PS Form 3811, July 1	Peceipt 102595-99-M-1789
PS Form 8800.		•

U.S. Postal Service		
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage		
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
The state of the s	Print your name and address on the reverse so that we can return the card to you.	C. Signature
Postage \$ 3.95	Attach this card to the back of the mailpiece,	Klaise De Agent
Certified Fee 2.70 ::	or on the front if space permits.	D. Is delivery address different from the many days
Return Receipt Fee (Endorsement Required)	1. Article Addressed to:	If YES, enter delivery address below D
Restricted Delivery Fee (Endorsement Required)	· \$	(E) 24 (S)
Total Postage & Fees \$ 8,00	Claire Beine George	2004
Sent To Claima Pains Connec	7102 South Harrison Court Littleton, CO 80122	3. Service Type
Claire Beine George	Littleton, CO 80122	Certified Mail
or PO Box No Littleton, CO 80122	6	☐ Registered Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
City, State, Zi		4. Restricted Delivery? (Extra Fee)
PS Form 380s,	2. Article Number (Copy fro	12 5602 6054
U.S. Postal Service		
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage	, , ,	eturn Receipt 102595-99-M-1789
	■ Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Doros J Whatta F-20.07
15 T	so that we can return the card to you. Attach this card to the back of the mailpiece,	C. Signature A Agent
Postage \$ 3.95	or on the front if space permits.	D is delivery address different from item 17 Yes
Certified Fee 2.30	1. Article Addressed to:	D. Is delivery address different from item to Yes If YES, enter delivery address below:
Return Receipt Fee (Endorsement Required)	'o !	
Restricted Delivery Fee (Endorsement Required)	Gregg E. Goodall, et ux, Jean	
Total Postar Trans & S. OV	P O. Box 1152	
F Sent To Gragg F Coodall V V	Breckenridge, TX 76424	3. Service Type ☑ Certified Mail ☐ Express Mail
Gregg E. Goodall, et ul, Jean Street, Apt. P. O. Box 1152	·	☐ Registered ☐ Receipt for Merchandise
Breckenridge, TX 76424		☐ Insured Mail ☐ C.O.D.
1	2. Article Number (Copy fro	4. Restricted Delivery? (Extra Fee)
PS Form 3800, January 2001	2. Article Number (Copy fro. 7001 1140 00	105 2605 2811
U.S. Postal Service	PS Form 3811, July 1999 Domestic F	Return Receipt 102595-99-M-1789
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage	item 4 if Hestincted Delivery is desired.	
(Domestic Mail Only, No insurance Coverage	so that we can return the card to you.	C. Signature
T	 Attach this card to the back of the mailpiece, or on the front if space permits. 	X NUMA MOTIN Addressee
	1. Article Addressed to:	©. Is delivery address different from item 1? ☐ Yes
Postage \$ 3.95	[\$ \ \J	If YES, enter delivery address below:
Certified Fee 2.20	H. L. Brown Operating LLC	%
Heturn Heceipt Fee	H. L. Brown Operating LLCO Attn: Accounting Department	
Cendorsement Required Restricted Delivery Fee (Endorsement Required)	P. O. Box 2237	3. Service Type
□ Total Postage & Fees \$ 8,00	Midland, TX 79702-2237	Certified Mail
∃ G ^{Sent To} H. L. Brown Operating LLC		☐ Registered ☐ Receipt for Merchandise ☐ C.O.D.
street, Apr. No. Attn: Accounting Department		4. Restricted Delivery? (Extra Fee) ☐ Yes
□ or PO Box No. P. O. Box 2237	2. Article Number (Copy fr. 7001 1140 000	12 5602 FUR2
City, State, ZiP-1 Midland, TX 79702-2237	PS Form 3811, July 1999 Domesti	102595-99-M-1789
		IU∠393-99-M-1789 €

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 3.95 Postage 5602 230 Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 8,00 Total Postar- ° ----Sent To Betty J. Haire 116 Travis Drive Street, Apt. Euliss, TX 76039 City, State, 2 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY U.S. Postal Service CERTIFIED MAIL RECEIPT Complete items 1, 2, and 3. Also complete (Domestic Mail Only; No Insurance Coverage item 4 if Restricted Delivery is desired. enriter Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, ☐ Addresse or on the front if space permits. D. Is delivery addr ss different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: Postage 560 SEP 161 2.30 Certified Fee John F. Haire Return Receipt Fee (Endorsement Required) ш 3502 W Avenue K-4 Restricted Delivery Fee (Endorsement Required) Lancaster, CA 93536 3. Service Type Certified Mail Total Postage & Fees | \$ ☐ Express Mail Registered Beturn Receipt for Merchandise Sent To ☐ Insured Mail ☐ C.O.D. John F. Haire 4. Restricted Delivery? (Extra Fee) ☐ Yes Street, Apt. No 3502 W Avenue K-4 or PO Box No Lancaster, CA 93536 2. Article Number (Copy from s 1140 0002 5602 7001 City, State, ZII PS Form 3811, July 1999 PS Form 380 Domestic Return Receipt Complete items 1, 2, and 3. Also complete Date of Deliver U.S. Postal Service item 4 if Restricted Delivery is desired. CERTIFIED MAIL RECEIPT Print your name and address on the reverse (Domestic Mail Only; No Insurance Coverage so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, ☐ Addresse or on the front if space permits. ☐ Yes 1. Article Addressed to: □ No If YES, enter delivery address below: Postage SEP 16 Patrick J. Hannifin Certified Fee 765 Santa Camelia Drive Solana Beach, CA 92075-1612 Return Receipt Fee (Endorsement Required) Service Type Restricted Delivery Fee (Endorsement Required) Certified Mail ☐ Express Mail Registered Return Receipt for Merchandis Total Postage & Fees ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) Sent To ☐ Yes Patrick J. Hannifin 2. Article Number (Copy fro 0002 5602 5439 Street, Apt. No. 765 Santa Camelia Drive 7001 1140 Solana Beach, CA 92075-16 PS Form 3811, July 38 City, State, ZIP. Paceig. 102595-99-M-1789 PS Form 3800

U.S. Postal Service	The second of th	
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
(Domestic Wan Omy, No instrance Goverage	■ Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
u r	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	1806 Ret HHARAIEN
	so that we can return the card to you.	C. Signature
u Postage \$ 3.95. SEP 16	Attach this card to the back of the mailpiece, or on the front if space permits.	X / Chi AMan f - Addressee
Certified Fee 230	Article Addressed to:	D. Is delivery address different from item 1?
Return Receipt Fee 1, 75	S	
(Endorsement Required) Restricted Delivery Fee		T DOWN TO
(Endorsement Required)	Robert H. Hannifin	O SEP 12
=	Post Office Box 218 Midland, TX 79702-0318	3. Service Type
Robert H. Hannifin	Withing, 174 77702-0316	Certified Mail Expression of Merchandise
Street, Apt. No.; Post Office Box 218		☐ Registered ☐ Receipt for Merchandise ☐ C.O.D.
City, State, ZIP+ Midland, TX 79702-0318		4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3800, 3	2. Article Number (Copy 7001 1140 0002	5602 5392
	PS Form 3811, July 19°	THE PROPERTY OF SECURITY OF THE PROPERTY OF TH
U.S. Postal Service	1 C T Offit CO 1 1, daily 10	¹^2595-99-M-1789
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date or Delivery
	Print your name and address on the reverse	C. Signature
	so that we can return the card to you. Attach this card to the back of the mailpiece,	Agent D Agent
□ □ <u>**</u> *** *** *** / * **** / * ***** / * ****** / * ****** / * ****** / * ******* / * ******** / * **********	or on the front if space permits.	D. Is delivery address different from item 1?
Postage \$ 3.95	Article Addressed to:	If YES, enter delivery address below:
Certified Fee 2.30	; `	
Return Receipt Fee (Endorsement Required)	Hanson Energy	
Restricted Delivery Fee	R342 S. Haldeman Road	
(Endorsement Required) Total Postage & Fees \$ 6.00	Artesia, NM 88210	3. Service Type XD Certified Mail
∃ Sent To	en e	Registered Receipt for Merchandise
Hanson Energy		☐ Insured Mail ☐ C.O.D.
Street, Apt. 1 or PO Box N R342 S. Haldeman Road		4. Restricted Delivery? (Extra Fee) Yes
City, State, 2 Artesia, NM 88210	2. Article Number (Copy from 7001 1140 00	105 2605 6141
PS Form 38	PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
	■ Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
U.S. Postal Service CERTIFIED MAIL RECEIPT	item 4 if Restricted Delivery is desired.	A. Neceived by (Nease Fint Clearly)
(Domestic Mail Only; No Insurance Coverage	Print your name and address on the reverse so that we can return the card to you.	C. Signature
m	Attach this card to the back of the mailpiece,	X Hany July 7 2 1 Agent Addressee
	or on the front if space permits. 1. Article Addressed to:	D. Is delivery andress different from item 1? ☐ Yes
n Chris	1. Alticle Addressed to.	If YES, enter delivery address below: ☐ No
Postage \$ 3.96	á I	(* C. 182)
Certified Fee Z.30 SEP 16 A	James E. Harrell	(8) (8) (8)
Return Receipt Fee (Endorsement Required)	4928 Post Oak Timber Drive	3 Service Type
Restricted Delivery Fee (Endorsement Required)	Houston, TX 77056-2212	3. Service Type . Certified Mail Express Mail
6 8 (97)		☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Total Postage & Face 5 17 17 17 17 17 17 17		4. Restricted Delivery? (Extra Fee) ☐ Yes
James E. Harrell	2. Article Number (Copy from service k כחבר 1.14	0 0005 2805 2353
or PO Box No. 4928 Post Oak Timber Drive		
City, State, ZIP1 Houston, TX 77056-2212	PS Form 3811, July 1999 Domestic Retr	urn Receipt 102595-99-M

PS Form 3800,

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3, Also complete A. Received by (Please Print Clearly) B. Date of Deliver item 4 if Restricted Delivery is desired. DON HARRIS Print your name and address on the reverse Postage 5607 C. Sigmature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, 2.30 Certified Fee or on the front if space permits. ☐ Address Return Receipt Fee (Endorsement Required) D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: □ No Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Donald & Marilyn Harris Trust Donald & Marilyn Harris 7 Sent To Donald A. Harris Donald A. Harris 2249 Elsinore Road 3. Service Type Street, Apt. No. or PO Box No. 2249 Elsinore Road Certified Mail ☐ Express Mail Riverside, CA 92506 City, State, ZIP+ ☐ Registered Return Receipt for Merchandise Riverside, CA 92506 C.O.D. Insured Mail PS Form 3800, 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from 7001 1140 0002 5602/5682 U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789 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, Postage Agent Agent or on the front if space permits. 560 ☐ Addresse 2.30 Certified Fee Is delivery address different from item 1? Article Addressed to: ☐ Yes If YES, enter delivery address below: Return Receipt Fee dorsement Required) Restricted Delivery Fee (Endorsement Required) Edward J. Hudson, Jr. c/o Blaffer Interests Total Postage & Fees 35 N. Wynden Drive Sent To Houston, TX 77056 3. Service Type Edward J. Hudson, Jr. Certified Mail Street, Apt. No. c/o Blaffer Interests or PO Box No. 35 N. Wynden Drive ☐ Express Mail Registered Return Receipt for Merchandise ☐ Insured Mail City, State, ZIF Houston, TX 77056 🗖 C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Copy from se 1140 0002 5602 5378 7001 PS Form 3811; July 1999 **U.S. Postal Service** Domestic Return Receipt CERTIFIED MAIL RECEIPT 102595-99-M-1780 (Domestic Mail Only; No Insurance Coverage Print your name and address on the reverse so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece. □ Addressee or on the front if space permits. ☐ Yes Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: Postage Edward J. Hudson, Jr. Certified Fee Return Receipt Fee (Endorsement Required) Chase Bank P. O. Box 200336 Restricted Delivery Fee (Endorsement Required) 3. Service Type Houston, TX 77216-0336 Certified Mail ☐ Express Mail Total Postage & Free ☐ Registered Return Receipt for Merchandise ☐ Insured Mail ← C.O.D. Edward J. Hudson, Jr. Sent To 4. Restricted Delivery? (Extra Fee) ☐ Yes Chase Bank P. O. Box 200336 Article Number (Copy or PO Box No. 7001 1140 0002 5602 6139 City, State, ZIP+4 Houston, TX 77216-0336 PS Form 38

PS Form 3800. J

Domestic Return Receipt

102595-99-M-1789

N.		
U.S. Postal Service CERTIFIED MAIL RECEIPT		- 1
(Domestic Mail Only; No Insurance Coverage		COMPLETE THIS SECTION ON DELIVERY
un 表示文字符编码 and an an and a factor and a control of the control of	SENDER: COMPLETE THIS SECTION	
\$ S	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by Please Brint Clearly) By Tale of Defivery
	■ Print your name and address on the reverse	C/Signature
Postage \$ 3.95	so that we can return the card to you. Attach this card to the back of the mailpiece,	Agent Addressee
Certified Fee 7.30	or on the front if space permits.	D. Is delivery address different from item 1? Yes
Return Receipt Fee / · 75	Article Addressed to:	If YES, enter delivery address below: ☐ No
Restricted Delivery Fee (Endorsement Required)		
1 + 1 (97)	D. I. a. I. Di Con Hadaan	!
力	Robert Lee Blaffer Hudson 35 N. Wynden Drive	
Robert Lee Blaffer Hudson	Houston, TX 77056	3. Service Type
Street, Apt. No.; or PO Box No. 35 N. Wynden Drive	Troubton, Tr. 77000	Certified Mail
City, State, ZIP+4 Houston, TX 77056	en de la companya de La companya de la co	☐ Insured Mail ☐ C.O.D.
PS Form 3800, Ja		4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number (Copy from st 7001 1140 0	002 5602 5385
U.S. Postal Service	PS Form 3811, J. 1, 1063 F. mastic Rec	THE REPORT OF THE PROPERTY OF
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage		
(Domestic Harrison)	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
	Print your name and address on the reverse so that we can return the card to you.	C. Signature
	Attach this card to the back of the mailpiece,	Y COLORDO Agent □ Agent
Postage \$ 3.95	or on the front if space permits.	D. Is delivery address different from item 1? Yes
Certified Fee 2.30 SE	Article Addressed to:	If YES, enter delivery address below:
Return Receipt Fee 1.76		ł l
(Endorsement Hequired)	Robert Blaffer Hudson	·
(2.100.100.1)	Chase Bank Post Office Box 200336	
Total Postage • Face & 8: 6-0	Houston, TX 77216-0336	3. Service Type
Sent To Robert Blaffer Hudson	Houston, TX 77220	Certified Mail
Chase Bank Street, Apt. No. Post Office Box 200336		☐ Insured Mail ☐ C.O.D.
D		4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number (Copy from servic * 1)	,
PS Form 3800, vanuary 2001 Geo Hovered Re	PS Form 3811, July 1999	+6 14 14 14 1
U.S. Postal Service		in in the first term of the interest of the in
CERTIFIED MAIL RECEIPT	item 4 if Restricted Delivery is desired.	Phoe be la brief neuco 80-1-04
(Domestic Mail Only; No Insurance Coverage	Print your name and address on the reverse so that we can return the card to you.	C. Signature
in the second of	Attach this card to the back of the mailpiece, or on the front if space permits.	X LOGIE Agent
	Article Addressed to:	D. Is delivery address different from item 1? Yes
TU Postage \$ 3.95 SAN		If YES, enter delivery address below: ☐ No
		1
1 1 2 M ms	Latimer Investments, LLC	
(Endorsement Required)	P. O. Box 5422 Hobbs, NM 88241-5422	La Series T
Restricted Delivery Fee (Endorsement Required)	110000, 11111 00211 0122	3. Service Type SCertified Mail
Total Postage & Fees \$ O, OO		Registered Return Receipt for Merchandise
Sent To Latimer Investments, LLC		☐ Insured Mail
Street, Apt. No.; P. O. Box 5422	2. Article Number (Copy from and Inches)	
City, State, ZIP+ Hobbs, NM 88241-5422		02 5602 6252
PS Form 3800, 3	PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

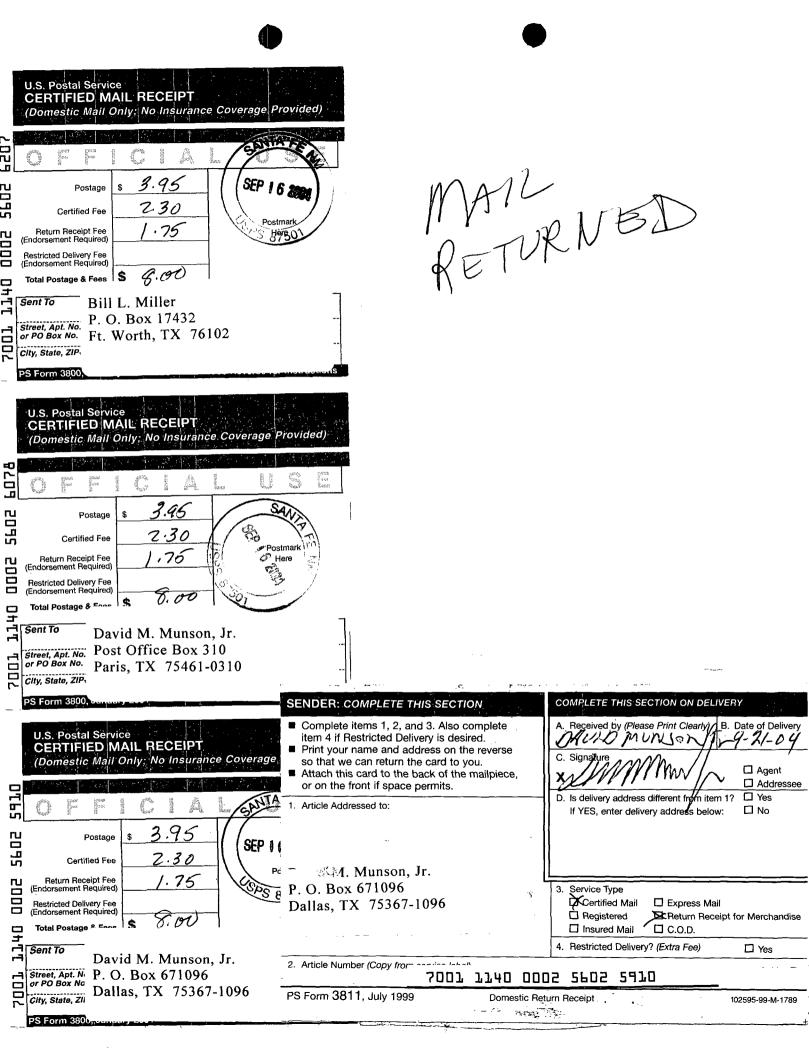
U.S. Postal Service CERTIFIED MAIL RECEIPT	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Postage \$ 3.46 Certified Fee [Endorsement Required] Total Postage & Fees \$ 6.00 Gary B. Laughlin Street, Apt. No.; or PO Box No.; or PO Box No. 3831 Turtle Creek Blvd # Dallas, TX 75219-4414	Complete 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. Article Addressed to: Gary B. Laughlin 3831 Turtle Creek Blvd #18-D Dallas, TX 75219-4414	A. Received by (Please Print Clearly) A. Received by (Please Print Clearly) B. Date or Delivery Agent Addressee Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
PS Form 3800, Ja		1002 5602 5309
U.S. Postal Service CERTIFIED MAIL RECEIPT	PS Form 3811, July 1999 Domestic Ref	
(Domestic Mail Only; No Insurance Coverage	 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, 	A. Signature Agent Clellical Addressee B. Received by (Printed Name) C. Date of Delivery 9 21-04
Postage \$ 3,95 SEP Certified Fee 2 30 Postage Postage	BW 400	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Total Postage & Face & 8,000 Leonard Trust Robert J. and Marion Leon Street, Apr. No.; Trustees	Da . 1707- 88202-	3. Service Type Certified Mail
or PO Box No. City, State, ZiP+ Post Office Box 400		4. Restricted Delivery? (Extra Fee) ☐ Yes
City, State, ZIP+ Roswell, NM 88202-0400	2. Article Number	
PS Form 3800, January		eturn Receipt 102595-02-M-154
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage F	 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. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Sent To Timothy T. Leonard	Timothy T. Leonard Post Office Box 2625 Eagle Pass, TX 78852	3. Service Type Certified Mail Express Mail Registered Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
Street, Apt. No. or PO Box No. Eagle Pass, TX 78852 City, State, ZIP4 PS Form 3800	70 7 0044	0002 5602 5750 C2595-99-M-1789

U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
(Domestic Mail Only; No Insurance Coverage	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1	■ Complete items 1, 2, and 3. Also complete	A. Redeived by (Please Print Clearly) B. Date of Delivery
a official U	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	11.4.000
nu Postage \$ 3.95 SANT	so that we can return the card to you.	C Signature ☐ Agent
Postage \$ 9.75	Attach this card to the back of the mailpiece; or on the front if space permits.	☐ Addressee
Certified Fee	1. Article Addressed to:	Is delivery address different from item 1?
Return Receipt Fee (Endorsement Required) 1 · 75	منية	If YES, effer delivery address below.
Restricted Delivery Fee (Endorsement Required)	James E. Lyon Estate	
0 8 1970	Sherry Norman Compass Bank Asset Management	
James E. Lyon Estate	Group	
Siletry Norman	P. O. Box 4886	3. Service Type ☑ Certified Mail ☐ Express Mail
Street, Apt. No. Group	Houston, TX 77210-4886	Registered Receipt for Merchandise
City, State, ZIP. P. O. Box 4886		☐ Insured Mail ☐ G.O.D.
Houston, TX 77210-4886		4. Restricted Delivery? (Extra Fee)
	2. Article Number (Copy from 7001 1140 00	02 5602 6085
U.S. Postal Service	PS Form 3811, July 1999 Domestic Re	
CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage I		
	Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
T T T T T T T T T T T T T T T T T T T	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	0,50,004
	so that we can return the card to you. Attach this card to the back of the mailpiece,	C. Signature
ru Postage \$ 3.95 13	or on the front if space permits.	X JCW Addressee
Postage \$ 3.95 () 6 % Certified Fee 2.30	Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Pos		
(Endorsement Required)	James E. Lyon Estate c/o John D. Hughes Independent	
Restricted Delivery Fee (Endorsement Required)	Ex.	·
Total Postage & Face S STOO	1415 Louisiana Suite 3700	3. Service Type
James E. Lyon Estate c/o John D. Hughes Independent	Houston Taxas 77002	Certified Mail Express Mail
Street, Apt. No. Ex.		☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
or PO Box No. 1415 Louisiana Suite 3700		
City, State, ZIP. Houston, Texas 77002	2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3800, January		002 5602 5347
	PS Form 3811, July 1999 Domestic R	eturn-Receipt 102595-99-M-1789
U.S. Postal Service CERTIFIED MAIL RECEIPT	יייייייייייייייייייייייייייייייייייייי	A. rypceived by (Fipase Frint Clearly) B. Date of Delivery
(Domestic Mail Only; No Insurance Coverage	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	forge Caylor 9-24-04
- 10:10:10:10:10:10:10:10:10:10:10:10:10:1	so that we can return the card to you.	
h09	Attach this card to the back of the mailpiece, or on the front if space permits.	SEP 2 4 2004 Agent
vi de la	Article Addressed to:	Is delivery address different from item 1? Yes
Postage \$ 3.98	. /	If YES, enter delivery address below: No
Certified Fee 2:36	Jennifer Stewart Lyon Trust	
Return Receipt Fee (Endorsement Required)	Compass Bank Co. TRE #0254	
Restricted Delivery Fee	P. O. Box 4886	<u> </u>
Total Postage & Fees \$ 8.00	Houston, TX 77210-4886	3. Service Type
3	Marian de la companya del companya del companya de la companya de	Registered Receipt for Merchandise
Jennifer Stewart Lyon Trust		Insured Mail C.O.D.
Street, Apt. No.; or PO Box No. P. O. Box 4886	2. Article Number (Copy *-	Yes
City, State, ZIP+ Houston, TX 77210-4886		The first of the state of the s
PS Form 3800,	PS Form 381	2595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT	CENDED COMPLETE THE SECTION	COMPLETE THE SECTION ON DELIVEDY
	(Domestic Mail Only; No Insurance Coverage F	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
ı		Complete items 1, 2, and 3. Also complete	A. Received by (Please Pant Clearly) B. Bate of Delivery
69		item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Sylua terion 7.20.04
집	OFFICIAL <u>u</u>	so that we can return the card to you.	C. Signature
	2 OC SANI	Attach this card to the back of the mailpiece, or on the front if space permits.	Agent Addressee
	Postage \$ 3, 95		D. Je delivery address different from item 1? Yes
56	Certified Fee $\mathcal{L} \cdot 30$	Article Addressed to:	If YES, enter delivery address below: ☐ No
	Return Receipt Fee 1. 75	* .55.0	
	(Endorsement Required)	Mack Energy Corporation	
	Restricted Delivery Fee (Endorsement Required)	Mack Energy Corporation P. O. Box 960	
	Total Postage & Fees \$ 87.00	1. U. BOX 960	
#		Artesia, NM 88210	3. Service Type ✓ Certified Mail □ Express Mail
17	Mack Energy Corporation	· = .	Registered Return Receipt for Merchandise
Н	Street, Apt. No.; p () Roy 960	•	☐ Insured Mail ☐ C.O.D.
	or PO Box No. 1. O. Box you City, State, ZIP+ Artesia, NM 88210		4. Restricted Delivery? (Extra Fee) ☐ Yes
70	Only, Glato, 2.11	2. Article Number (Cop)	
	PS Form 3800,	7001 1140 0002	5602 6283
		PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789
	U.S. Postal Service		1/A- D. 1/4 (D. 10)
	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
	(Domestic Mail Only, no institution	Print your name and address on the reverse	C. Signatylire
μ		so that we can return the card to you. Attach this card to the back of the mailpiece,	o. digitalities 2 1/0 = Agent
70	OFFIC A SING	or on the front if space permits.	Addressee
ហ		1. Article Addressed to:	D. Is delivery address different from item (1) Yes If YES, enter delivery address below:
	Postage \$ 3.96 (SEP 16		If YES, enter delivery address below: U No
25	Certified Fee 2.30		
	Return Receipt Fee 1.75	Marhoh Engrav Communication	·
	(Endorsement Required)	Marbob Energy Corporation Post Office Box 227	<u> </u>
	Restricted Delivery Fee (Endorsement Required)		3. Service Type
_	Total Postage * Each \$ 8,000	Artesia, NM 88211-0227	Certified Mail Express Mail
⇉			Registered Receipt for Merchandise
H	Sent To Marbob Energy Corporatio	•	
-7	street, Apt. No Post Office Box 227		4. Restricted Delivery? (Extra Fee) ☐ Yes
	or PO Box No City, State, ZIF Artesia, NM 88211-0227	2. Article Number (Copy from service	0 0002 5602 5705
~		PS Form 3811, July 1999 Domestic Ret	
	PS Form 3800, danidary 2001	pomosio nec	um receipt 102333-93-10-1709
1		■ Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
	U.S. Postal Service CERTIFIED MAIL RECEIPT	item 4 if Restricted Delivery is desired.	B W CALL 9-21-04
	(Domestic Mail Only; No Insurance Coverage P	■ Print your name and address on the reverse so that we can return the card to you.	C. Signature
		Attach this card to the back of the mailpiece,	x ha na all all agent
문		or on the front if space permits.	Addressee
ш	OFFICIALOT	Article Addressed to:	D. Is deliven and the state of
ιŋί		" 1-7	SEP IE
12	Postage \$ 3.96 See 161		21 6
560	Certified Fee 2.30	George S. McCall	
П	Return Receipt Fee (Endorsement Required)	400 Spillar Lane	
	Restricted Delivery Fee	Austin, TX 78746-4437	3. Service Type USY
	(Endorsement Required)		Certified Mail Registered Express Mail Registered Return Receipt for Merchandise
7	Total Postage & Face \$ 3.00	· · · · · · · · · · · · · · · · · · ·	☐ Insured Mail ☐ C.O.D.
	Sent To Cooper S. M. C. 11		4. Restricted Delivery? (Extra Fee) ☐ Yes
7	George S. McCall	2. Article Number (Copy from popular labor)	
	Street, Apt. No.; 400 Spillar Lane or PO Box No. Austin, TX 78746-4437	7001 1140 00	02 5602 5330
	City, State, ZIP+	PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789
	DS Form 2000		

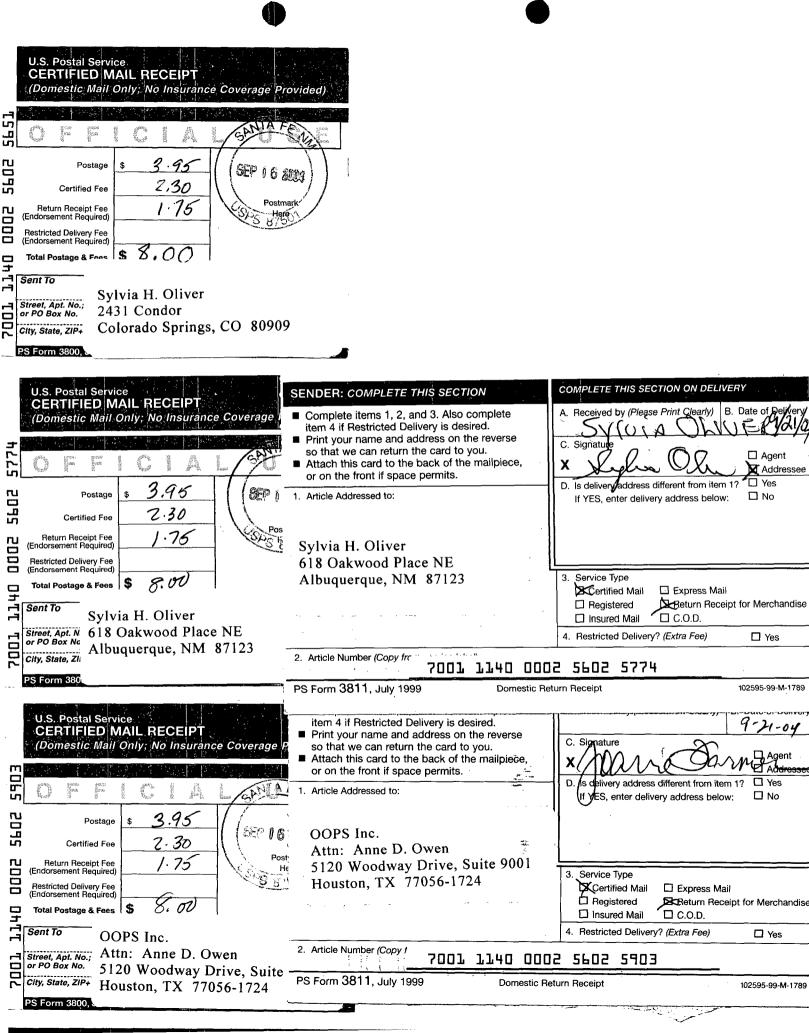
U.S. Postal Service CERTIFIED MAIL RECEIPT	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
(Domestic Mail Only; No Insurance Coverage	Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
y The second second	item 4 if Restricted Delivery is desired.	Anita Lockharts-2009
	Print your name and address on the reverse so that we can return the card to you.	C. Signature Agent
Postage \$ 3.95	Attach this card to the back of the mailpiece, or on the front if space permits.	X ///// / / / Addressee
Certified Fee 7.30	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
(Endorsement Required)	W. M. Channel	,
(Endorsement Required)	Bruce W. McClymond P. O. Box 41	L
4	Breckenridge, TX 76424	3. Service Type
Bruce W. McClymond	_ `	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
Street, Apt. N. P. O. Box 41		☐ Insured Mail ☐ C.O.D.
City, State, Zi. Breckenridge, TX 76424		4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3800, January 2001	2. Article Number (Copy fi 7001 1140 000	2 5602 5965
	PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
U.S. Postal Service CERTIFIED MAIL RECEIPT	■ Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) TB, Date of Delivery
(Domestic Mail Only; No Insurance Coverage I	item 4 if Restricted Delivery is desired.	Nancy McClyman 27 2210
ru and the second second second	Print your name and address on the reverse so that we can return the card to you.	C. Signature)
5 OF FORALWAF	Attach this card to the back of the mailpiece, or on the front if space permits.	X/WWWMCChynord Addressee
N Postana s 296 S	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Certified Fee 2.30 SEP 16		
Return Receipt Fee 1.75	Nancy K McClymond S/F	
Lidorsement Required)	P. O. Box 513	
(Endorsement Required)	Ranchos de Taos, NM 87557	3. Service Type
3 _	· · · · · · · · · · · · · · · · · · ·	Certified Mail Registered Receipt for Merchandise
Nancy K. McClymond S/F		☐ Insured Mail ☐ C.O.D.
or PO Box No P. O. Box 513	2. Article Number (Copy froi	4. Restricted Delivery? (Extra Fee) Yes
· <u>L</u>	7001 1140 001	02 5602 5972
PS Form 380	PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789
U.S. Postal Service	■ Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
CERTIFIED MAIL RECEIPT	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	9-27-4
(Domestic Mail Only; No Insurance Coverage P	so that we can return the card to you. Attach this card to the back of the mailpiece.	C. Signature
Philip O P C A CAMA	or on the front if space permits.	X Wan fill Cinet
SAMTA	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
및 Postage \$ 3.96 (SEP 1.4	:	
Certified Fee 2.30 (SEP 18	Kathryn McCormick	
Return Receipt Fee	NIM 97110 2716	
Restricted Delivery Fee (Endorsement Required)	Albuquerque, Mix 67110-2710	3 Service Type Certified Mail
Total Postage & Fees \$ 8.00	والمستورة والمنافرة والمنافرة والمستورة والمست	Registered Return Receipt for Merchandise
Sent To		☐ Insured Mail ☐ C.O.D. ✓ 4. Restricted Delivery? (Extra Fee) ☐ Yes
Kathryn McCormick Street, Apt. No. 2905 San Pablo Street NE	2. Article Number (Copy from	
or PO Box No. 2505 San Tablo Street NE. City, State, ZIP. Albuquerque, NM 87110-2716	The state of the s	102 5602 5446
PS Form 2900	PS Form 3811, July 1999	102595-99-M-1789

		•	
	U.S. Postal Service CERTIFIED MAIL RECEIPT		COMPLETE THIS SECTION ON DELIVERY
	The Electric to the man to the second	SENDER: COMPLETE THIS SECTION	A. Received by (Please Print Clearly) B. Date of Delivery
9		 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	Mr Ry has med 9/17/04
3	OFFICIAL	Print your name and address on the reverse so that we can return the card to you.	C. Signature
	Postage \$ 3.95 (%)	Attach this card to the back of the mailpiece,	X man fre Can Addressee
9	Postage \$ 3.40 Certified Fee 7.30	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? (1) yes If YES, enter delivery address below: 1 No
n i	Return Receipt Fee 1.75	1. Afficie Addressed to.	II TES, enter delivery address seem
	Restricted Delivery Fee	John M. McCoy	
	(Endorsement Required) Total Postage & Fees \$ 6,00	108 Vista Del Sol	
7 	Sent To	Belen, NM 87002	3. Service Type
┍┩	John M. McCoy	and the second s	Certified Mail Registered Return Receipt for Merchandise
6	Street, Apt. No.; 108 Vista Del Sol		☐ Insured Mail ☐ C.O.D.
리	City, State, ZIP+ 4 Belen, NM 87002		4. Restricted Delivery? (Extra Fee)
.	PS Form 3800, J	2. Article Number (Copy 1 7001 1140 000)	2 5602 6016 ;;;
			eturn Receipt 102595-99-M-1789
	U.S. Postal Service CERTIFIED MAIL RECEIPT		The necesser of Delivery
5	(Domestic Mail Only; No Insurance Coverage P	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	
		so that we can return the card to you.	C. Signature
9	CA SMIA FEA	 Attach this card to the back of the mailpiece, or on the front if space permits. 	X one One Addressee
տ Մ	Postage \$ 3.95	Article Addressed to:	D. Is delivery address different from item 1?
9	7 30 SEP 16 200	·	-
_ ·	Post	Charles and Jan Mee Rev. Trust	
믭	(Endorsement nequired)	1208 Larchmont Lane	Jane Mes
	Restricted Delivery Fee (Endorsement Required)	Oklahoma City, OK 73116-6104	3. Service Type XLCertified Mail □ Express Mail
뫄	Total Postage & Face \$ 81,00	- 1964 - 170 - 170	Registered Receipt for Merchandise
17	Charles and Jan Mee Rev		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
	Street, Apt. No.; 1208 Larchmont Lane	2. Article Number (Copy fro.	
2	or PO Box No. City, State, ZIP+ 4 Oklahoma City, OK 731	7001 1140 001	UC 56UC 5660
	PS Form 3800, January 2001	PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789
1		■ Complete items 1, 2, and 3. Also complete	A. Received by (Pléase Print Clearly) B. Date of Delivery
	U.S. Postal Service CERTIFIED MAIL RECEIPT	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	martha Starck 9-21-04
	(Domestic Mail Only; No Insurance Coverage P	so that we can return the card to you. Attach this card to the back of the mailpiece,	C. Signature
28		or on the front if space permits.	Martha Kull Addressee
580	OFFICIAL TSA	Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: TX O
ГU	Postage \$ 3.95		Jamo 100 y
560		MEXCO Energy Corporation	
LTI	75 P		(3)
	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Midland, TX 79702	3. Service Type Service Type Express Mail
	(Endorsement Required) Total Postage		Registered Return Receipt for the Indice
1,40	One To		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
7	MEACO Energy Corporation	2. Article Number (Copy from service Inhall	
100	Street, Apt. N P. O. Box 10502 or PO Box No Midland, TX 79702		102 5602 5828
7	City, State, Zi	· PS Form (\$100)	102595-99-M-1789



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage		
(Domestic Wall Omy, No modifies	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
CATTLE OF CAMER	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Received by (Please Print Clearly) Rabert Clark 99104
Postage \$ 3.45 (SEP)	so that we can return the card to you. Attach this card to the back of the mailpiece.	C. Signature Agent Addressee
	Pc 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Restricted Delivery Fee (Endorsement Required) Total Postage 8	S. E. Murphree Jr. Apt. 103	\
S. E. Murphree Jr.	9333 Memorial Drive	I. Control Tree
Street, Apt. No. 9333 Memorial Drive	Houston, TX 77024-5735	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
City, State, ZIP, Houston, TX 77024-5735		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3800, January 2001	2. Article Number (Copy fro	
	3007 7740 AA	
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)	e	eturn Receipt 102595-99-M-1789
	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
	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.	X (Agent Addressee
7.00	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
17/	P New Mexico Boys and Girls Ranches,	
Restricted Delivery Fee	Inc. formerly New Mexico Boys Ranch Inc.	
(Endorsement Required) Total Postage & Fees \$	Business Office 6209 Hendrix Rd NE	2 Service True
New Mexico Boys and Girls	Albuquerque, NM 87110-1334	3. Service Type ☐ Certified Mail ☐ Express Mail
inc. Street, Apt. No.; formerly New Mexico Boys	!	Registered Receipt for Merchandise C.O.D.
or PO Box No. Business Office City, State, ZIP+4 6209 Hendrix Rd NE		4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3800, Ja Albuquerque, NM 87110-11	2. Article Number (Copy fron 7001 1140 00	02 5602 5286
	PS Form 381	4.0495-99-M-1789
U.S. Postal Service CERTIFIED MAIL RECEIPT	item 4 if Restricted Delivery is desired.	
(Domestic Mail Only; No Insurance Coverage	Print your name and address on the reverse so that we can return the card to you.	C. Signature
	Attach this card to the back of the mailpiece, or on the front if space permits.	X Montesta Agent Addressee
OFFICIAL	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Postage \$ 3.95 SEP	i a control De de control	
⊓ _ Return Receipt Fee 1.76	Nuevo Seis Ltd Partnership P. O. Box 2588	
Restricted Delivery Fee (Endorsement Required)	Roswell, NM 88202-2588	3. Service Type A Certified Mail □ Express Mail
Total Postage & Face \$ 8.00	···	Registered Return Receipt for Merchandise
Nuevo Seis Ltd Partnershi	n	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
Street, Apt. No.; P. O. Box 2588	2. Article Number (Copy fr.	
or PO Box No. City, State, ZIP+ Roswell, NM 88202-2588	DC Farm 2011	2 5602 6023
PS Form 3800, January	PS Form 36 I I, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance		MPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	
61130 F F O I A	Complete ite item 4 if Res Print your na so that we c	ems 1, 2, and 3. Also complete stricted Delivery is desired. The same and address on the reverse can return the card to you. Card to the back of the mailpiece, and if space permits.	A. Received by (Please Print Clearly) SEP 2 47	☐ Agent ☐ Addressee
Postage \$ 3.95 Certified Fee 230 Return Receipt Fee (Endorsement Required) 175	1. Article Address	ssed to:	D. Is pelivery address different from item 17 If YES, enter delivery address below:	No □ No
Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To James Blaffer Owen	Blaffer Ag JP Morgan P. O. Box Houston, 1	ency Min Sec Acct No 101306 Chase Bank Agent & AIF	3. Service Type Certified Mail	t for Merchandise
Blaffer Agency Min Sec Street, Apr. JP Morgan Chase Bank A or PO Box A P. O. Box 200336 Houston, TX 77216-033	Agent & AIF		□ Insured Mail '□ C.O.D. 4. Restricted Delivery? (Extra Fee)	☐ Yes
PS Form 38	2. Article Num	1111		102595-99-M-1789
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance) Postage \$ 3.95 Certified Fee 2.30	item 4 if Re Print your r so that we Attach this or on the fr	estricted Delivery is desired. name and address on the reverse can return the card to you. card to the back of the mailpiece, ront if space permits.	C. Signature D. Is delivery address different from item If YES, enter delivery address below:	Date of Delivery 7-27-04 Agent Addressee
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To Roger Penske	2555 S. Bloomf	enske Corporation Telegraph road ield Hills, MI 48302-095	3. Service Type Certified Mail Express Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	pt for Merchandise
Street, Apt. A Penske Corporation or PO Box N. 2555 S. Telegraph r		nber (Copy f 7001 1140 (1005 2605 6112	
City, State, 21 Bloomfield Hills, M	II 48302-0 PS Form 38		stic Return Receipt	102595-99-M-1789
Postage \$ 3.95 Certified Fee Z.30 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fan Sent To Roger Penske Sireet, Apt. No.; or PO Box No. City, State, ZIP+ West Long Branch	SEP 1 6 2004 Postmark Here SPS 31001	Mal	A second	

PS Form 3800, 3

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U.S. Postal Service		
CERTIFIED MAIL RECEIPT		· · · · · · · · · · · · · · · · · · ·
(Domestic Mail Only; No Insurance Coverage	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
GALLES CONTRACTOR	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Received by (Please Print Clearly) B. Date of Delivery
u Postage \$ 3.95 SEP 1	 Print your name and address on the reverse so that we gan return the card to you. 	C. Signature
Postage \$ 3.90 Certified Fee 2.30	Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes
Return Receipt Fee (Endorsement Required)	1. Article Addressed to:	If YES, enter delivery address below:
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$ 87.09	Petco Limited Post Office Box 911	
Sent To Petco Limited	Breckenridge, TX 76424-0911	3. Service Type
Street, Apt. No Post Office Box 911	2.77	Certified Mail
City, State, Zif Breckenridge, TX 76424-09		☐ Insured Mail ☐ 6.0 D
PS Form 3800,		4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number (Copy fron 7001 1140 000	12 5602 5781
CERTIFIED MAIL RECEIPT	PS Form 3811, July 1999 Domestic Retu	
(Domestic Mail Only; No Insurance Coverage	■ Complete items 1, 2, and 3. Also complete	Please Print Clearly B. Date of Delivery
COL	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	C. Signature
40 F F C A L/9 0	so that we can return the card to you. Attach this card to the back of the mailpiece,	X Mist · McLur Dagent
nu Postage \$ 3.95 (SEP)	or on the front if space permits.	D. Is delivery address different from item 1 ☐ Yes
Certified Fee 7.30	Article Addressed to:	If YES, enter delivery address below: No
Return Receipt Fee 1.76		
Restricted Delivery Fee	Pitch Energy Corporation	<u> </u>
□ Total Postage & Fees \$ 8.00	Post Office Box 304	3. Şervice Type
Pitch Energy Corporation	Artesia, NM 88211-0304	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Registered ☐ Receipt for Merchandise
Street, Apt. No. Post Office Box 304		☐ Insured Mail ☐ C.O.D.
or PO Box No. City, State, ZIP+ Artesia, NM 88211-0304		4. Restricted Delivery? (Extra Fee)
PS Form 3800,	2. Article Number (Copy from sen 7001 1140	0002 5602 5699
		eturn Receipt 102595-99-M-1789
U.S. Postal Service	ger .	
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage I	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	C. Signeture
 □ (1) (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	so that we can return the card to you. Attach this card to the back of the mailpiece,	C. Signature X Padella Agent
TO TO TO	or on the front if space permits.	D. Is delivery address different from item 1? Yes
1007	1. Article Addressed to:	If YES, enter delivery address below: ☐ No
7	Regents, University of New Mexico	SEP 13
Certified Fee 2.30	Leonard Trust	[[[] (]]]]
u Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Oldin i lo Madit Bopt.	3. Service Type
- (Endoisement Required)	Albuquerque, NM 87131-3111	Certified Mail Express Mail
T D D II I I C N C N C N C N C N C N C N C N		☐ Registered
Leonard Trust		4. Restricted Delivery? (Extra Fee) ☐ Yes
Street, Apt. No. UNM Pre-Audit Dept.	2. Article Number (Copy from parties tabe)	102 5602 5477
City, State, ZIP. Scholes Hall Room #260 Albuquerque, NM 87131-31	DO 5 - 2011 1 : 40	6819 Reck 1 102595-99-M-1789
PS Form 3800), Albuquerque, TVIVI 8/131-31	· · · · · · · · · · · · · · · · · · ·	

(Domestic Mail Only; No Insurance Coverage I	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Postage \$ 3.95 Certified Fee 230	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes YES, enter delivery address below: No
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fore	Mary Evelyn Roberts 1111 North Pennsylvania Avenue Roswell, NM 88201-5046	3. Service Type
Sent To Mary Evelyn Roberts Sireet, Apt. No.; 1111 North Pennsylvania Avor PO Box No. Roswell, NM 88201-5046		☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
- City. State. ZiP+	2. Article Number (Co) 7001 1140 0002	4. Restricted Delivery? (Extra Fee) ☐ Yes
	PS Form 3814 1 to 1990 / Ten	
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)	 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, 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
Postage \$ 3.95 Certified Fee	or on the front if space permits. 1. Article Addressed to: Stanley William Rosenfield Trust	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Total Postage & Fees \$ 8.00 Stanley William Rosenfield Trust	Stanley W. Rosenfield Trustee 2029 Century Park East Los Angeles, CA 90667	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
Street, Apt. No or PO Box Nc City, State, Zii 2029 Century Park East PS Form 380. Los Angeles, CA 90667		4. Restricted Delivery? (Extra Fee)
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage P	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from the print of
Postage \$ 3.96 SEP 6 % Post 6	Shattuck-St. Mary's School Post Office Box 218	20 SS 2004 SS
Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Fort To Shattuck-St. Mary's School	Faribault, MN 55021-02185	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
Street, Apt. Post Office Box 218 or PO Box N City, State, 2 Faribault, MN 55021-02185	2. Article Number (Copy frc 7001 1140 00 PS Form 3d 1, 16 19 Dr 16 F	02 5602 5293 102595-99-M-1789
PS Form 38		EDITING SE-CECAGO

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U.S. Postal Service CERTIFIED MAIL RECEIPT	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	RY
(Domestic Mail Only; No Insurance Coverage	■ Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B	Date of Deliver
Postage \$ 3.95	 item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	C. Signature D: Is delivery address different from item If YES, enter delivery address below:	Agent Addresse Yes No
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To Melissa Lyon Fuller Simon Tr Sireet, Apt. 7 Compass Bank Co. TRE #021.	Melissa Lyon Fuller Simon Tr Compass Bank Co. TRE #0213 P. O. Box 4886 Houston, TX 77210-4886	3. Service Type Certified Mail	ot for Merchandi
City, State, Z Houston, TX 77210-4886	2. Article Number (Copy from position labor)		
PS Form 386	7001 1140 000		· :
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Pr	PS Form 3811, July 1999 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) Debra Marin C. Signature X	B. Date of Deli
Postage \$ 3.96 Certified Fee 2 30 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee	1. Article Addressed to: SOOL, Ltd. Post Office Box 2237 Midland, TX 79702-2237	D. Is delivery address different from item If YES, enter deliven address below	☐ Addres 17 ☐ Yes 17 ☐ No
(Endorsement Required) Total Postage & Face Sont To Sont To SOOL, Ltd.		LI C.O.D.	pt for Merchand
Street, Apr. No. Post Office Box 2237 or PO Box No. Midland, TX 79702-2237	2. Article Number (Copy from. 7001, 1,140, 00	4. Restricted Delivery? (Extra Fee)	☐ Yes
	DC F 2011		
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr		Turn Receipt	102595-99-M-178
GT O F C A L FEA	\$200.00 \$100.0		
Postage \$ 3.96 Certified Fee		JED	
Tex Zia Properties Loneta S. Curtis Trustee Street, Apr. No. or PO Box No. City, State, Zii City, State, Zii Tex Zia Properties Loneta S. Curtis Lvg Trust 605 S. 15th Artesia, NM 88210			

U.S. Po	ostal Service		
(Dome	그는 그 사람들은 사람들은 사람들은 사람들은 사람들이 되었다.	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Return (Endorsen) Restricted (Endorsen)	Postage \$ 3.95 Certified Fee 2.30: Receipt Fee lent Required) Stage & Fees \$ 8.00 Tex Zia Properties Loneta S. Curtis Trustee In Action of the Court of the Cou	 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. Article Addressed to: Tex Zia Properties Loneta S. Curtis Trustee Loneta S. Curtis Lvg Trust P. O. Box 261427 Plano, TX 75026-1427 	A. Received by (Please Print Clearly) B. Date/of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
PS Form	380.	2. Article Number (Copy fr. 7001 1140 000	2 5602 6146
CER	ostal Service TIFIED MAIL RECEIPT estic Mail Only; No Insurance Coverage P	PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789
2745	Postage \$ 3.95 Certified Fee 2.30	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,	A. Received by (Please Print Clearly) iB. Date of Delivery C. Signature X Duly Vau Luu Agresse D. Is delivery address different from item 1? Yes If YES, enter delivery address below: N
(Endorser Restricte (Endorser Total Po	n Receipt Fee nent Required d Delivery Fee nent Required stage & Fees \$ 8.00 Marilyn Jean Van Petten	Marilyn Jean Van Petten 1555 Alabama Street Amarillo, TX 79102-2226	3. Service Type Certified Mail
	N. 1555 Alabama Street N. No Amarillo, TX 79102-2226		4. Restricted Delivery? (Extra Fee) ☐ Yes
City, Stat	Amarmo, 17 /9102-2220	2. Article Number (Copy from service 121-17	0002 5602 5422
PS Form	3806	PS Form 3811, July 1999 Domestic	the state of the same of the state of the same of the
CER	ostal Service TIFIED MAIL RECEIPT estic Mail Only; No Insurance Coverage P.	■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	C. Signature X OM Journal Agent Addressee D. Is deliven address different/from item 1? Yes If YES anter delivery address below: No
(Endorser	Postage \$ 3.95 Certified Fee 7.30 In Receipt Fee nent Required) 1.75 He	Joyce Blaffer Von Bother c/o Lawson & Holland & Hart LLP	3. Service Type Certified Mail Express Mail
(Endorser	d Delivery Feenent Required)	,	Registered Return Receipt for Merchandise
Total Po	- r Dicc Van Dathan	,	☐ Insured Mail ☐ C.O.B. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Sent To	Chase Bank	2. Article Number (Copy from servic 7001 11.4	0 0002 5602 6184
Street, Al	x1 P. O. Box 200336	PO 5 0014	
City, State	Houston, TX 77216-0336	<u> </u>	leturn Receipt 102595-99-M-1789
T-C-T-UIII	38bo, vanuary 2001 See neverse for	TANA DE LA CONTRACTOR D	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		
(Domestic Wall Only, No Insurance Coverage	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
19d	- 2 malete items 1, 2, and 3, Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
		SEP 2 8 2004
Postage \$ 3.95	 Print your name and address on the reverse so that we can return the card to you. 	C. Signature Agent Addressee
9 70 (56)	 Attach this card to the back of the mailpiece, or on the front if space permits. 	1 miles
		D. Is delivery address different from item 1?
Return Receipt Fee (Endorsement Required)	Article Addressed to:	
Restricted Delivery Fee (Endorsement Required)	Dathor	
Total Postage & Face \$ \\ Yi O' \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Joyce Blaffer Von Bother	
Joyce Blaffer Von Bother	Chase Bank	3. Service Type
c/o Lawson & Holland & Ho.	P. O. Box 200336 Houston, TX 77216-0336	Certified Mail
Street, Apt. No. One Linden Place City, State, ZIP Great Neck, NY 11021	Houston, 1	☐ Registered ☐ Return Receipt for Microtate
		4. Restricted Delivery? (Extra Fee)
PS Form 3800, vanuary 2007		,
	2. Article Number (Copy fron 7001 1140 0	002 5602 6122
U.S. Postal Service CERTIFIED MAIL RECEIPT	PS Form 2	102595-99-11 179-
(Domestic Mail Only; No Insurance Coverage I	4,	A. Received by (Please Print Clearly) B. Date of Delivery
	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	KDWEBB 9:32-4
rui () () ()	so that we can return the card to you.	C. signature
- 206 SANTA	or on the front if space permits.	X S W
Postage \$ 3.75	Article Addressed to:	D. Is delivery address different from item 1? Yes
Certified Fee 2.30 (SEP)	•	If YES, enter delivery address below:
Return Receipt Fee (Endorsement Required)	Webb Oil	
Restricted Delivery Fee (Endorsement Required)	2409 Cerro Road	
	Artesia, NM 88210	3. Service Type
Total Postage & Fees 5 U, U I		Certified Mail
Webb Oil		Registered Receipt for Merchandise
or PO Box No. 2409 Cerro Road Chi. State 719. Artesia, NM 88210		Insured Mail
City, State, ZIP+. Artesia, NM 88210	2. Article Number (Copy fn	1
PS Form 3800, J.		2 5602 6276
	PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
U.S. Postal Service	Complete representation of the second	
CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage)	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Sonne Poffing 7-23-04
(Bolliestic Man Only, No Ilisurance Coverage	so that we can return the card to you. Attach this card to the back of the mailpiece,	Agent Agent
	or on the front if space permits.	D. Is delivery address different from item 1? Yes
OFF C A SMA	Article Addressed to:	If YES, enter delivery address below:
IU Postana I \$ 2.75 I//	Whinnle Schools	1
3	The Bishop Whipple Schools Shattuck-St. Mary's School	
Po	Occino Boy 718	
(Endorsement Required)	Faribault, MN 55021-02185	3 Service Type
Restricted Delivery Fee (Endorsement Required)		Sertified Mail
Total Postage - C J. U J	· ·	☐ Insured Mail ☐ C.O.D.
The Bishop Whipple Schools Shattuck-St. Mary's School	·	4. Restricted Delivery? (Extra Fee)
Street, Apt. N Post Office Roy 219	2. Article Number (Copy f. 7001 1140 0006	2 5605 PJP0
city, State, Zi Faribault, MN 55021-02185		
PS Form 3800, January 2001	PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
0.00		

IIS Boots Switz		
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
(Domestic Mail Only: No Insurance Coverage Postage \$ 3.95 Certified Fee 2.30 SEP 1 Return Receipt Fee 1.26	 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. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature X. Mount Guilley Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Restricted Delivery Fee	Carolyn B. Wood Trustee	
Total Postage & Fees \$ 8.00 Sent To Carolyn B. Wood Trustee Street, Apt. No. Or PO Box No. P. O. Drawer 1011	Wood Heritage Trust P. O. Drawer 1011 Refugio, TX 78377-1011	3. Service Type Certified Mail
City, State, ZIP. Refugio, TX 78377-1011	2. Article Number (Copy from : 7001 1140 00	; 102 5602 5941
-S FOIII 3600	PS Form 3811	102595-99-M-1789
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage	■ 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,	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
24F	or on the front if space permits.	D. Is delivery address different from item 12 2 Yes
Postage \$ 3.95 Certified Fee 2.30 Return Receipt Fee (Endorsement Required) 1.76	121 Robins Road	If YES, enter delivery address below:
Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ 8.000	Lansing, MI 48917-2022	3. Service Type Certified Mail Registered Insured Mail C.O.D.
Margaret Wycocki		4. Restricted Delivery? (Extra Fee)
or PO Box No. Lansing, MI 48917-2022	Po = 0044	02 5602 5460
PS Form 3800,	PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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Affidavit of Publication

	NO.		18608	
STATE OF NEW ME	EXICO			
County of Eddy:				
Gary D. Scott				being duly
sworn,says: That he	is the	Pu	blisher	of The
Artesia Daily Press,	a daily ne	wspape	er of gene	eral
circulation, publishe	d in Engli	sh at Ar	tesia, sai	d county
and county and state	e, and tha	it the he	ere to atta	ched
		Le	gal Noti	ce
was published in a r	egular an	d entire	issue of	the said
Artesia Daily Press,	a daily ne	wspape	er duly qu	alified
for that purpose with	nin the me	eaning o	of Chapte	r 167 of
the 1937 Session L	aws of th	e state	of New M	lexico for
1 consecu	tive week	s/days	on the sa	me
day as follows:				
First Publication	Septe	mber	19	2004
Second Publication				
Third Publication	1			1
Fourth Publication	// 7		<u> </u>	
//	us,	$\sqrt{}$	Sca	H
Subscribed and swo	orn to bef	ore me	this	
20th Day	Septe	mber	2004	
21	1	P	1 1	

Notary Public, Eddy County, New Mexico

My Commission expires

September : 23, 2007

Copy of []

NOTICE OF
PUBLICATION
STATE OF NEW
MEXICO
ENERGY, MINERALS
AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION
DIVISION
SANTA FE,
NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pur-suant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on Oc-tober 7, 2004, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qulified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson 505-476-3458 or through the New Mexico Relay
N e t w o r k
1-800-659-1779 by September 28, 2004. Public
documents including the
agenda and minutes, can be provided in various accessible Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW
MEXICO TO:
All named parties and
persons having any
right, title, interest
or claim in the following cases and notice to
the public.

the public.
(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

case 13349:
Application of Marbob Energy Corporation for authorization of unorthodox well locations within its Dodd Federal Unit, Eddy County, New Mexico. Applicant seeks authority to drill producting wells at unorthodox locations within its Dodd Federal Unit located in portions of Township 17 South, Range 29 East, NMPM, provided said locations shall be no cioser than 330 feet to the outer boundary of the Unit Area nor closer than 25 feet to any quarter section line or quarter-quarter section line. Said unit to be designated the Dodd Federal Unit.

Given under the Seal of the State of New Mexi-

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 16th day of September 2004.

STATE OF NEW MEXICO OIL CONSERVATION DIVISION Mark E. Fesmire, P.E., Director

Published in the Artesia

Affidavit of Publication

STATE (OF NEW	MEXICO
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County of Eddy:

Gary D. Scott		
owers cove: That he	o ic tho	Dul

being duly

of The Publisher

Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and county and state, and that the here to attached

Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for

1	consecutive	weeks/days	on th	e same
		-		

day as follows:

First Publication

September

2004

19

Second Publication

Third Publication

Fourth Publication

Subscribed and sworn to before me this

20th

Day

September

2004

Notary Public, Eddy County, New Mexico

My Commission expires

September 23, 2007

Copy of Publication:

NOTICE OF PUBLICATION STATE OF NEW **MEXICO** ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION SANTA FE

NEW MEXICO The State New of Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on October 7, 2004, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a for the hearing. disability who is in need of a reader, amplifier, qulified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson 505-476-3458 or through the New Mexico Relay N e t w o r k , 1-800-659-1779 by September 28, 2004. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed. STATE OF NEW

MEXICO TO: All named parties and persons having any right, title, interest or claim in the following cases and notice to

the public. (NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 13350: Application of Marbob

Energy Corporation for statutory unitization of the Dodd Federal Unit Area, Eddy County, New Mexico. Applicant in the above-styled cause, seeks an order unitizing, for the purpose of an enhanced recovery

lowing acreage:
TOWNSHIP 17 SOUTH,
RANGE 29 EAST, Section 10: F/2 E/2 W/2

LEGAL NOTICE project, all mineral interest in the Seven Rivers, Queen Grayburg, San

Grayburg-Jackson

ers-Queen-Grayburg-San Andres) Pool and the

tions, East Empire-Yeso Pool, underlying 2400.00 acres, more or less, of

Federal lands in the fol-

formations,

Riv-

and

forma-

Section 11: Section_14: All

Andres.

(Seven

Glorieta

Yeso/Paddock

Section 15: E/2 Section 22:

SE/4 SW/4, E/2 NE/4, SW/4 NE/4

Said unit to be designated the Dodd Federal Unit.

Among the matters to be considered at the hearing will be the necessity ofg unit operations; the designation of a unit operator; the designation of horizontal and vertical limits of the unit area; the determination of the fair, reasonable, and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investment in wells and equipment and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including but not limited to, unit voting procedures, selection. removal or substitution of unit operator, and time of commencement and termination of unit operations. Said unit area is located approximately 3.3 miles West of Loco Hills, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 16th day of September 2004.

STATE OF NEW **MEXICO** OIL CONSERVATION DIVISION Mark E. Fesmire, P.E., Director

Published in the Artesia Daily Press, Artesia, N.M. September 19,

Legal 18609



HOLLAND&HART

SANTA FE, NEW MEXICO 87501 MAILING ADDRESS P.O. BOX 2208 SANTA FE, NEW MEXICO 87504-2208 110 NORTH GUADALUPE JEFFERSON PLACE

Loneta S. Curtis Trustee Loneta S. Curtis Lvg Trust Tex Zia Properties Artesia, NM 88210 605 S. 15th

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

 Print your name and address on the reverse Attach this card to the back of the mailpiece,

item 4 if Restricted Delivery is desired. so that we can return the card to you. or on the front if space permits.

■ Complete items 1, 2, and 3. Also complete SENDER: COMPLETE THIS SECTION

CURTEOUS 882102027 1803 04 09/23/04 FORMIS END KIN TO SEND PO BOX 231429— PLANO IN 75026-1427

☐ Addressee

If YES, enter delivery address below:

1. Article Addressed to:

2 []

RETURN TO SENDER HALLELLE HALLE HALLE HALLELLE HALLE HALLELLE HALLELLE HALLELLE HALLE H

Tex Zia Properties Loneta S. Curtis Trustee	Artesia, NM 88210 13. Service Type 14. Service Type 15. Service Type 16. Service Type 16. Service Type 16. Service Type 17. Service Type 16. Service Type 17. Service Type 17. Service Type 18. Service Type 18. Service Type 19. Service	4. Restricted Delivery? (Extra Fee)	2. Article Number (Copy from 7001, 1,140, 0002, 5602, 61,53	PS Form 3811 . July 1999 Domestic Return Beceipt
Tex Zia Pro Loneta S. (605 S. 15th Artesia, NM		2. Article Number (PS Form 3811.

No. of Street,

HART	,
D&F	
LLAN	
HO	~



Euliss, TX 76039 116 Travis Drive Betty J. Haire



Section 1	Ev.
G.S	300
C	7.0
	Car.
11. ILAN	C.
oc.	

☐ Agent☐ Addressee☐ Yes☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

C. Signature

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so that we can return the card to you.

Attach this card to the back of the mailpiece, Print your name and address on the reverse ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

or on the front if space permits.

1. Article Addressed to:

A. Received by (Please Print Clearly) B. Date of Delivery

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

	3. Service Type	A Certified Mail	☐ Registered	☐ Insured Mail ☐ C.O.D.	4. Restricted Delivery? (Extra Fee)	
Betty J. Haire		Euliss, 1 A 70037				

2. Article Number (Copy from 7001, 1140 0002 5602 5842

Domestic Return Receipt

PS Form 3811, July 1999

102595-99-M-1789

HOLLAND&HART.

JEFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MALLING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

ST NOTICE

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Received by (Please Print Clearly) B. Date of Delivery
 Frint 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. 	C. Signature Agent Addressee
1. Article Addressed to:	D. is delivery address different from item 17 ☐ Yes If YES, enter delivery address below: ☐ No
Roger Penske Penske Corporation	
187 Highway 36 West Long Branch, NJ 07764-1304	Service Type Certified Mail Registered A. Return Receipt for Merchandise Insured Mail
	4. Restricted Delivery? (Extra Fee)

102595-99-M-1789

2. Article Number (Copy from: 7001 1140 0002 5502 5316

HOLLAND& HART.

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

A POLINE	PIT DESCRIPTION	5 20	
Bill	Ft. Worth,	500	C

	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<u>-</u> ·	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
	 Print your name and address on the reverse so that we can return the card to you. Attach this fair whe back of the mailpiece, 	C. Signature
	or on the from the permits. 1. Article Addressed to the second to the s	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
, to the contract of	Bill L. Miller	
	74 V. DO. DO. 175 J. T. 16107	
	Fr. World, LA.	
		☐ Registered Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	A.W.	4. Restricted Delivery? (Extra Fee)
	2. Article Number (Copy from 7001, 1140, 0002 5602 6207	02 5602 6207
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PS Form 3811, July 1999