BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P. FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 13,334**

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of September, 2004, by James Bruce.

Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

August 12, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding the W½ of Section 24, Township 22 South, Range 25 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, September 2, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify, in writing, the Division and the undersigned, by Friday, August 27, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for Devon Energy Production Company, L.P.

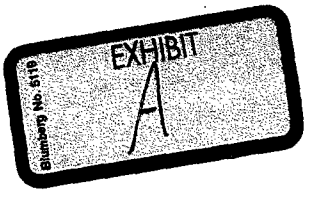

EXHIBIT A

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

James A. Allega
4309 Warwick Drive
Bryan, Texas 77802

Brown Brothers Harriman Trust Co.,
Trustee of the Agnes Cluthe Oliver
Trust & William B. Oliver Trust
Suite 1150
2001 Ross Avenue
Dallas, Texas 75201

David Goodnow
230 Ridgefield Road
Wilton, Connecticut 06897

Richard L. Griffith
4 Could March
Santa Fe, New Mexico 87506

Jack C. Hale
780 10th Street N.E.
East Wenatchee, Washington 98802

Sanford J. Hodge III
3600 St. Johns Drive
Dallas, Texas 75205

Joseph Randall Hodge
P.O. Box 5238
Austin, Texas 78763

Charles C. Johnston
c/o Ultraclenz Corp.
No. 10
7830 Bryon Drive
Riviera Beach, Florida 33404

Ruby F. Kawasaki
734 Kalanipuer Street
Honolulu, Hawaii 96825

I.M. Kurashige, Trustee of
the E.F. Kurashige Trust
No. 701
1010 South King Street
Honolulu, Hawaii 96822

Dennis I. Maehara Trust
439-A Wyllie Street
Honolulu, Hawaii 96817

Charles Cline Moore
138 Harvard Avenue
Mill Valley, California 94941

Alphonso Ragland
7055 Helsem Way
Dallas, Texas 75230

Adolph P. Schuman
Apt. 205
1750 Taylor Street
San Francisco, California 94133

Space Building Corp.
250 Cape Highway, Route 44
East taunton, Massachusetts 02718

J. Frederick Van Vranken, Jr.
P.O. Box 264
Jericho, New York 11753

H.S. Ross
124 Monarch Bay
Dana Point, California 92629

7002 2410 0003 1546 6694

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

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AUG 13 2004
USPS 87501

Sent To
Richard L. Griffith
Street, Apt. No.; or PO Box No. 4 Could March
City, State, ZIP+4 Santa Fe, New Mexico 87506

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Goodnow
230 Ridgefield Road
Wilton, Connecticut 06897

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-24-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6687

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

D-21

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Richard L. Griffith
4 Could March
Santa Fe, New Mexico 87506

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

SANTA FE NM AUG 16 2004 USPS 87501 8666

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6694

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

D-34

7002 2410 0003 1546 6687

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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Sent To
David Goodnow
Street, Apt. No.; or PO Box No. 230 Ridgefield Road
City, State, ZIP+4 Wilton, Connecticut 06897

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0003 1546 6892

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM Postmark Here AUG 13 2004 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: Charles Cline Moore, 138 Harvard Avenue
City, State, ZIP+4: Mill Valley, California 94941

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joseph Randall Hodge
P.O. Box 5238
Austin, Texas 78763

AUSTIN TX AUG 23 2004 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 23 Aug 04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 6724

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1840

D-24

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles Cline Moore
138 Harvard Avenue
Mill Valley, California 94941

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

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

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

AUG 2 8 2004 MA-USPS-02A59

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 6892

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

D-24

7002 2410 0003 1546 6724

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Total Postage & Fees	$

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Sent To
Street, Apt. No.; or PO Box No.: Joseph Randall Hodge, P.O. Box 5238
City, State, ZIP+4: Austin, Texas 78763

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 6656

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.: James A. Allega, 4309 Warwick Drive
City, State, ZIP+4: Bryan, Texas 77802

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Brown Brothers Harriman Trust Co.,
Trustee of the Agnes Cluthe Oliver
Trust & William B. Oliver Trust
Suite 1150
2001 Ross Avenue
Dallas, Texas 75201

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: AUG 16 2004

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 6663

PS Form 3811, August 2001 — Domestic Return Receipt — D-24 — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James A. Allega
4309 Warwick Drive
Bryan, Texas 77802

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 8-17-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 6656

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Total Postage & Fees	$

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Sent To
Street, Apt. No.; or PO Box No.: Brown Brothers Harriman Trust Co., Trustee of the Agnes Cluthe Oliver Trust & William B. Oliver Trust, Suite 1150, 2001 Ross Avenue
City, State, ZIP+4: Dallas, Texas 75201

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Total Postage & Fees $
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7002 2410 0003 1546 6717
Sent To
Sanford J. Hodge III
Street, Apt. No.; or PO Box No. 3600 St. Johns Drive
City, State, ZIP+4 Dallas, Texas 75205
PS Form 3800, June 2002
See Reverse for Instructions

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

1. Article Addressed to:
EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY
A. Signature X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery 8-18-04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6649
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

1. Article Addressed to:
Sanford J. Hodge III
3600 St. Johns Drive
Dallas, Texas 75205

COMPLETE THIS SECTION ON DELIVERY
A. Signature X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery 8/16/04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6717
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7002 2410 0003 1546 6649
Sent To
EOG Resources, Inc.
Street, Apt. No.; or PO Box No. P.O. Box 2267
City, State, ZIP+4 Midland, Texas 79702
PS Form 3800, June 2002
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Total Postage & Fees $
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AUG 13 2004
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USPS 87501
Sent To
Ruby F. Kawasaki
Street, Apt. No.; or PO Box No.
734 Kalanipuer Street
City, State, ZIP+4
Honolulu, Hawaii 96825
PS Form 3800, June 2002
See Reverse for Instructions
7002 2410 0003 1546 6748

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

1. Article Addressed to:
Ruby F. Kawasaki
734 Kalanipuer Street
Honolulu, Hawaii 96825

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X James M Hart (for) ☑ Agent ☐ Addressee
B. Received by (Printed Name) James Nanta
C. Date of Delivery 8/16/04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6748
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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
SANTA FE NM
AUG 13 2004
Postmark Here
USPS 87501
Sent To
Charles C. Johnston
c/o Ultraclenz Corp.
Street, Apt. No.; or PO Box No.
No. 10
7830 Bryon Drive
City, State, ZIP+4
Riviera Beach, Florida 33404
PS Form 3800, June 2002
See Reverse for Instructions
7002 2410 0003 1546 6731

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

1. Article Addressed to:
Charles C. Johnston
c/o Ultraclenz Corp.
No. 10
7830 Bryon Drive
Riviera Beach, Florida 33404

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X ☑ Agent ☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery 8/16/04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6731
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Total Postage & Fees	$

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AUG 13 2004
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Sent To
Street, Apt. No.; or PO Box No.: Dennis I. Maehara Trust
439-A Wyllie Street
City, State, ZIP+4: Honolulu, Hawaii 96817

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

I.M. Kurashige, Trustee of
the E.F. Kurashige Trust
No. 701
1010 South King Street
Honolulu, Hawaii 96822

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) R. Kamai C. Date of Delivery 8/6/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6755

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

D-24

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dennis I. Maehara Trust
439-A Wyllie Street
Honolulu, Hawaii 96817

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dennis Maehara C. Date of Delivery AUG 13

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6762

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7002 2410 0003 1546 6755

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

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Postmark Here
AUG 13 2004
USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: I.M. Kurashige, Trustee of the E.F. Kurashige Trust
No. 701
1010 South King Street
City, State, ZIP+4: Honolulu, Hawaii 96822

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 6915

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Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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AUG 13 2004
Postmark Here
USPS 87501

Sent To	Adolph P. Schuman
Street, Apt. No.; or PO Box No.	Apt. 205 1750 Taylor Street
City, State, ZIP+4	San Francisco, California 94133

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Alphonso Ragland
7055 Helsem Way
Dallas, Texas 75230

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8/16/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6908

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1640

D-23

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Adolph P. Schuman
Apt. 205
1750 Taylor Street
San Francisco, California 94133

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

D-24

7002 2410 0003 1546 6908

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM
Postmark Here
AUG 13 2004
USPS 87501

Sent To	Alphonso Ragland
Street, Apt. No.; or PO Box No.	7055 Helsem Way
City, State, ZIP+4	Dallas, Texas 75230

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 6939

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

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

OFFICIAL USE

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

SANTA FE NM Postmark Here AUG 13 2004 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: J. Frederick Van Vranken, Jr.
P.O. Box 264
City, State, ZIP+4: Jericho, New York 11753

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Space Building Corp.
250 Cape Highway, Route 44
East taunton, Massachusetts 02718

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) L. M. Tiva C. Date of Delivery 8/17/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6922

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

D-24

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J. Frederick Van Vranken, Jr.
P.O. Box 264
Jericho, New York 11753

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) J.F. Van Vranken C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6939

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

D-24

7002 2410 0003 1546 6922

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OFFICIAL USE

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

SANTA FE NM Postmark Here AUG 13 2004 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: Space Building Corp.
250 Cape Highway, Route 44
City, State, ZIP+4: East taunton, Massachusetts 02718

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

H.S. Ross
124 Monarch Bay
Dana Point, California 92629

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

DANA POINT CA 92629 AUG 17 2004 USPS

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7002 2410 0003 1546 6946

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

D-24

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM AUG 13 2004 Postmark Here USPS 87501

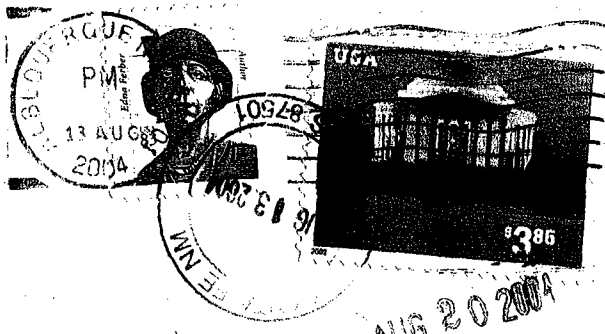
7002 2410 0003 1546 6946

Sent To H.S. Ross
Street, Apt. No.; or PO Box No. 124 Monarch Bay
City, State, ZIP+4 Dana Point, California 92629

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

HALE780 9880220003 1803 05 08/18/04
HALE RETURN TO SENDER
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER



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

CERTIFIED MAIL™

Jack C. Hale
780 10th Street N.E.
East Wenatchee, Washington 98802

9880244512

7002 2410 0003 1546 6700

7002 2410 0003 1546 6700

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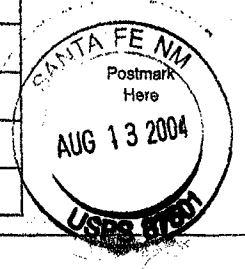
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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



Sent To

Street, Apt. No.; or PO Box No.	Jack C. Hale 780 10th Street N.E.
City, State, ZIP+4	East Wenatchee, Washington 98802

PS Form 3800, June 2002 See Reverse for Instructions