



## **EXHIBIT A**

Tim S. Cashon  
4239 Bowser Ave  
Dallas, TX 75219

ALLENCRESTNM I  
c/o Mark Stanger  
5151 Beltline Rd, Ste 360  
Dallas, TX 75254

John Delaney  
581 Sarepta Lane NW  
Meadville, MS 39653

Wayne Newkumet  
P. O. Box 11330  
Midland, TX 79702

James E. Brown  
62 Fafu Oaks Estates  
Fletcher, NC 28732

Brent D. Hilliard  
4800 Island Dr.  
Midland, TX 79707

Wendell R. Creech  
6516 Dahlia Ave.  
Midland, TX 79707

David F. Alderks  
4404 Pasadena  
Midland, TX 79703

7015 1730 0000 9833 6076

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**OFFICIAL USE**

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total Postage and Fees	\$

**SANTA FE NM**  
Postmark  
Here  
**DEC 21 2017**  
**USPO 87504**

Tim S. Cashon  
4239 Bowser Ave  
Dallas, TX 75219

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:**

Tim S. Cashon  
4239 Bowser Ave  
Dallas, TX 75219

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b> <i>Tim S. Cashon</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Tim S. Cashon</i>	C. Date of Delivery <i>1/2/18</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
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7015 1730 0000 9833 6076

PS Form 3811, July 2013

Domestic Return Receipt



7015 1730 0000 9833 6083

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**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

ALLENCRESTNM I  
c/o Mark Stanger  
5151 Beltline Rd, Ste 360  
Dallas, TX 75254

Postmark Here  
DEC 1 2017  
SANTA FE NM

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

ALLENCRESTNM I  
c/o Mark Stanger  
5151 Beltline Rd, Ste 360  
Dallas, TX 75254

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Ryan Smith

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® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2.

7015 1730 0000 9833 6083

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9833 6090

U.S. Postal Service<sup>TM</sup>  
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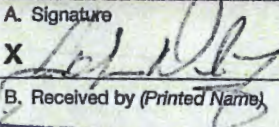
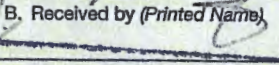
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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	

John Delaney  
581 Sarepta Lane NW  
Meadville, MS 39653

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  John Delaney 581 Sarepta Lane NW Meadville, MS 39653	B. Received by (Printed Name)  C. Date of Delivery 12-26-17
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
	DEC 29 2017
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Priority Mail Express <sup>TM</sup> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7015 1730 0000 9833 6090



7015 1730 0000 9833 6113

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<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	USPO 87504 Postmark DEC 21 2017 SANTA FE NM
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
James E. Brown 62 Fafu Oaks Estates Fletcher, NC 28732	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  James E. Brown 62 Fafu Oaks Estates Fletcher, NC 28732	B. Received by (Printed Name) _____ C. Date of Delivery <u>12/29/17</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7015 1730 0000 9833 6113	
PS Form 3811, July 2013 Domestic Return Receipt	

7015 1730 0000 9833 6120

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	<div style="text-align: center;"> <b>SANTA FE NM</b>          Postmark  <b>DEC 21 2017</b>  <b>USPO 87504</b> </div>
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Brent D. Hilliard 4800 Island Dr. Midland, TX 79707	
PS Form 3800, April 2015 PSN 7530-02-000 9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Brent D. Hilliard</i> <div style="float: right;"> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>
1. Article Addressed to:  Brent D. Hilliard 4800 Island Dr. Midland, TX 79707	B. Received by (Printed Name) <i>Brent D. Hilliard</i> C. Date of Delivery <i>12/18</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7015 1730 0000 9833 6120	
PS Form 3811, July 2013      Domestic Return Receipt	



7015 1730 0000 9833 6137

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**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Wendell R. Creech  
 6516 Dahlia Ave.  
 Midland, TX 79707

SANTA FE NM  
 Here  
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 USPO 87504

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wendell R. Creech  
 6516 Dahlia Ave.  
 Midland, TX 79707

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

DEC 29 2017

3. Service Type

☐ Certified Mail®

☐ Priority Mail Express®

☐ Registered Mail®

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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PS Form 3811, July 2013

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**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

David F. Alderks  
 4404 Pasadena  
 Midland, TX 79703

**SANTA FE NM**  
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See Reverse for Instructions

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- 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 F. Alderks  
 4404 Pasadena  
 Midland, TX 79703

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9833 6144

PS Form 3811, July 2013

Domestic Return Receipt