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

IN THE MATTER OF THE APPLICATION OF WILLIAMS PRODUCTION CO., LLC FOR AN EXCEPTION TO THE SPECIAL RULES AND REGULATIONS FOR THE BASIN MANCOS GAS POOL FOR INCREASED WELL DENSITY IN THE ROSA UNIT, SAN JUAN AND RIO ARRIBA COUNTIES, NEW MEXICO

CASE NO. 14663

AFFIDAVIT

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

Ocean Munds-Dry, attorney in fact and authorized representative of Williams Production Co., LLC., the Applicant herein, 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.

Ocean Munds-Dry

SUBCRIBED AND SWORN to before me this 6th day of July 2011 by Ocean Munds-Dry.

Notary Public

My Commission Expires: 3-10-12

OFFICIAL SEAL
Olivia Ita
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 3/10/12

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 14663 Exhibit No. 2
Submitted by:
WILLIAMS PRODUCTION CO., LLC
Hearing Date: July 7, 2011

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 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 June 23, 2011 in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico before an examiner duly appointed for the hearing.
If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by June 13, 2011. 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 No. 14663:
Application of Williams Production Co., LLC for An Exception to the Special Rules and Regulations for the Basin Mancos Gas Pool for Increased Well Density in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico.
Applicant in the above styled cause seeks exceptions to the Special Rules and Regulations for the Basin Mancos Gas Pool to allow up to 8 Mancos wells per 320 acre spacing unit in the Rosa Unit, San Juan and Rio Arriba Counties. Said area is located approximately 9 miles southeast of Arboles, Colorado.
Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 23rd day of May 2011.
STATE OF NEW MEXICO
OIL CONSERVATION
DIVISION
Jami Bailey, Division Director
(Published May 26, 2011)

Publish

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Payment received at ***Rio G***

Date June

By

Affidavit of Publication

State of New Mexico
County of Rio Arriba

I, Robert Trapp, being first duly sworn, declare and say I am the Publisher of the ***Rio Grande SUN***, a weekly newspaper published in the English language and having a general circulation in the County of Rio Arriba, State of New Mexico, and being a newspaper duly qualified to publish legal notices and advertisements under the provisions of Chapter 167 of the Session Laws of 1937. The publication, a copy of which is hereto attached, was published in said paper once each week for 1 consecutive weeks and on the same day of each week in the regular issue of the paper during the time of publication and the notice was published in the newspaper proper, and not in any supplement. The first publication being on the 26 day of May and the last publication on the 26 day of May. Payment for said advertisement has been duly made, or assessed as court costs. The undersigned has personal knowledge of the matters and things set forth in this affidavit.

Robert Trapp Publisher

Subscribed and sworn to before me this 26th day of MAY A.D. 2011

Maria V. Lopez Garcia /Notary Public
My commission expires 13 July 2013

AFFIDAVIT OF PUBLICATION

Ad No. 66214

STATE OF NEW MEXICO
County of San Juan:

JOHN ELCHERT, being duly sworn says: That HE is the PUBLISHER of THE DAILY TIMES, a daily newspaper of general circulation published in English at Farmington, said county and state, and that the hereto attached Legal Notice was published in a regular and entire issue of the said DAILY TIMES, a daily newspaper duly qualified for the purpose within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico for publication and appeared in the Internet at The Daily Times web site on the following day(s):

Thursday, May 26, 2011

And the cost of the publication is $129.62

ON 5/27/11 JOHN ELCHERT appeared before me, whom I know personally to be the person who signed the above document.

Christine Sellers

My Commission Expires – 11/05/11

COPY 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 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 June 23, 2011 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 disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by June 13, 2011. 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 No.: 14663:

Application of Williams Production Co., LLC for An Exception to the Special Rules and Regulations for the Basin Mancos Gas Pool for Increased Well Density in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico: Applicant, in the above-styled cause seeks exceptions to the Special Rules and Regulations for the Basin Mancos Gas Pool to allow up to 8 Mancos wells per 320-acre spacing unit in the Rosa Unit, San Juan and Rio Arriba Counties. Said area is located approximately 9 miles southeast of Arboles, Colorado.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 23rd day of May 2011.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
Jami Bailey, Division Director

Legal No. 66214 published in The Daily Times on May 26, 2011.

HOLLAND&HART LLP

Ocean Munds-Dry
omundsdry@hollandhart.com

May 18, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Williams Production Co., LLC for An Exception to the Special Rules and Regulations for the Basin Mancos Gas Pool to Allow Increased Well Density in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Williams Production Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking an exception to the Special Rules and Regulations for the Basin Mancos Gas Pool to allow up to 8 Mancos wells per 320-acre spacing unit within the Rosa Unit, San Juan and Rio Arriba Counties.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on June 23, 2011. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

Ocean Munds-Dry

Ocean Munds-Dry
for Holland & Hart LLP

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

IN THE MATTER OF THE APPLICATION OF WILLIAMS PRODUCTION CO., LLC FOR AN EXCEPTION TO THE SPECIAL RULES AND REGULATIONS FOR THE BASIN MANCOS GAS POOL TO INCREASE THE WELL DENSITY REQUIREMENTS IN THE ROSA UNIT, SAN JUAN AND RIO ARRIBA COUNTIES, NEW MEXICO.

CASE NO. _____

APPLICATION

WILLIAMS PRODUCTION COMPANY, LLC, ("Williams") through its undersigned attorneys, hereby makes application to the Oil Conservation Division for exceptions to the Special Rules and Regulations for the Basin Mancos Gas Pool to allow for increased well density in the Rosa Unit, San Juan and Rio Arriba Counties and in support of this application states:

1. Williams is a working interest owner and the designated operator of the Rosa Unit. The horizontal limits of said Unit Area are described as follows:

Township 32 North, Range 6 West

Section 32-36: All

Township 31 North, Range 6 West

Sections 1 -3: All

Sections 4, 5, 8-17, 21-26: All

Township 31 North Range 5 West

Sections 3-36: All

Township 31 North Range 4 West

Sections 1-31: All

2. Williams operates wells located in the Rosa Unit that produce natural gas from the Basin Mancos Gas Pool. This pool is governed by the Special Rules and Regulations for the Basin Mancos Gas Pool (Order R-12984) which provide for 320-acre gas proration units (GPU) with up to four wells drilled on each standard GPU. Wells may be drilled no closer than 660 feet to the outer boundary of the GPU and no closer than 10 feet to any interior quarter-quarter line or subdivision inner boundary.

3. Williams requests an exception to the Special Rules and Regulations for the Basin Mancos Gas Pool to increase well density to 8 Mancos wells per 320-acre spacing unit in the Rosa Unit.

4. Williams believes this spacing is necessary for incremental recovery.

5. Exhibit A to this application is a list of affected persons as defined by Division Rules. Williams has given notice to the listed parties in accordance with Division Rules.

6. Approval of this application will result in the production of hydrocarbons which otherwise will not be produced and will be in the best interest of conservation and the protection of correlative rights.

WHEREFORE, Williams Production Company, LLC requests that this application be set for hearing before an Examiner of the Oil Conservation Division on June 23, 2011 and, after notice and hearing as required by law, that the application be approved.

Respectfully submitted,

HOLLAND & HART LLP

By: Ocean Munds-Dry
Ocean Munds-Dry

Post Office Box 2208
Santa Fe, New Mexico 87504
Telephone: (505) 988-4421

ATTORNEYS FOR WILLIAMS PRODUCTION CO., LLC

EXHIBIT A
WILLIAMS PRODUCTION CO., LLC's NOTICE LIST FOR ROSA UNIT

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One Williams Ctr
Tulsa, OK 74182

Adelante Oil & Gas LLC
PO Box 2471
Durango, CO 81302

Chevron Midcontinent LP
Prod Rev & Royalty Acctg
PO Box 730365
Dallas, TX 75373-0365

ConocoPhillips Co.
22295 Network Pl
Chicago, IL 60673-1222

Diannes Oil & Gas LLC
160 Balfour Dr.
Daniel Island, SC 29492

Edward M. Warner
PO Box 480046
Denver, CO 80248-0046

Greene Fam Oil & Gas LP WY LP
PO Box 3167
Cheyenne, WY 82003

James B. Fullerton
621 17th St Ste 1040
Denver, CO 80293

James B. & Barbara A. Fullerton
621 17th St Ste 1040
Denver, CO 80293

James D. & Patty M. Caulfield Tr.
28102 Orsola
Mission Viejo, CA 92692

Mary Colleen Caulfield Guy
65174 High Ridge Dr.
Bend, OR 97701

Thomas L. Caulfield
14547 Ranchview Terrace
Chino Hills, CA 91709

Trans Delta Oil & Gas Inc.
1330 Leyden St.
Denver, CO 80220

WRW Energy Co.
600 17th St. Suite 2800 South
Denver, CO 80202

BP America Production Co.
Attn: OOJI
PO Box 848103
Dallas, TX 75284-8103

CASE _____: **Application of Williams Production Co., LLC for An Exception to the Special Rules and Regulations for the Basin Mancos Gas Pool for Increased Well Density in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico.** Applicant, in the above-styled cause seeks exceptions to the Special Rules and Regulations for the Basin Mancos Gas Pool to allow up to 8 Mancos wells per 320-acre spacing unit in the Rosa Unit, San Juan and Rio Arriba Counties. Said area is located approximately 9 miles southeast of Arbolies, Colorado.

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

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Restricted Delivery Fee (Endorsement Required)	
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Sacramento Municipal Util
Attn: Barry Brunelle
P.O. Box 15830
Sacramento, CA 95852-18

7006 2760 0001 6380 1911

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- 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.
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1. Article Addressed to:

Sacramento Municipal Utilities District
Attn: Barry Brunelle
P.O. Box 15830
Sacramento, CA 95852-1830

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) VICTOR MAY 26 2011 C. Date of Delivery

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

3. Service Type
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☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. A[illegible] 7006 2760 0001 6380 1911

PS F[illegible] 102595-02-M-1540

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Charlene S. Byers
579 S. Poplar Way
Denver, CO 80224

7006 2760 0001 6380 1904

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- 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:

Charlene S. Byers
579 S. Poplar Way
Denver, CO 80224

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) 7006 2760 0001 6380 1904

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Total Postage & Fees	$ 6.43

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DE VARGAS POST OFFICE

Ben R. Howard
11490 Audelia Road, Apt. 215
Dallas, TX 75243-9014

7006 2760 0001 6380 1898

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Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

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Sent To: Angelina Barela
Street, Apt. No., or PO Box No.: 1116 E. 4th Avenue
City, State, ZIP+4: Durango, CO 81301

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6380 1881

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Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To: Omimex Petroleum
Street, Apt. No., or PO Box No.: Attn: Clark P. Storm
City, State, ZIP+4: 7950 John T. White
Fort Worth, TX 761

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6380 1874

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:

Omimex Petroleum Inc.
Attn: Clark P. Storms
7950 John T. White Road
Fort Worth, TX 76120

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julie Allen ☐ Agent ☐ Addressee

B. Received by (Printed Name): S Allen
C. Date of Delivery: 5/26/11

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)*: 7006 2760 0001 6380 1874

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Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To: Christine V. Merchen
Street, Apt. No., or PO Box No.: c/o David J. Sorenso
City, State, ZIP+4: P.O. Box 1453
Roswell, NM 88202

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6380 1867

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:

Christine V. Merchent
c/o David J. Sorenson
P.O. Box 1453
Roswell, NM 88202-14

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David J. Sorenson ☐ Agent ☒ Addressee

B. Received by (Printed Name): David J. Sorenson
C. Date of Delivery: 5-25-11

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)*: 7006 2760 0001 6380 1867

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Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To: Betty T. Johnston Marital Tr
Street, or PO E: L.E. Carbaugh P. M. Hardw
City, St: 245 Commerce Green Blvd.,
Sugar Land, TX 77478

PS Form

7006 2760 0001 6380 1850

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:

Betty T. Johnston Marital Tr
L.E. Carbaugh P. M. Hardw
245 Commerce Green Blvd., Suite 280
Sugar Land, TX 77478

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): Grant Mathews — C. Date of Delivery: 5-31-11

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): 7006 2760 0001 6380 1850

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Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

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Ashley Gould
475 S. New Hampshire Avenue
Los Angeles, CA 90020

Instructions

7006 2760 0001 6380 1843

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Postage	$ 1.28
Certified Fee	2.8[illegible]
Return Receipt Fee (Endorsement Required)	2.3[illegible]
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4[illegible]

Sen: Carl Dellinger
Stre: 3605 Britt Street, N
or P: Albuquerque, NM
City:
PS

7006 2760 0001 6380 1836

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:

Carl Dellinger
3605 Britt Street, NE
Albuquerque, NM 87111

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

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): 7006 2760 0001 6380 1836

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Postage	$ 1.2
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4

Claudia Lundell Gilme
1102 S Austin Ave Ste
Georgetown, TX 7862

7006 2760 0001 6380 8958

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:

Claudia Lundell Gilmer
1102 S Austin Ave Ste 110-371
Georgetown, TX 78628

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Alyssa Bauer ☐ Agent ☐ Addressee

B. Received by (Printed Name) Alyssa Bauer C. Date of Delivery 5/27

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) 7006 2760 0001 6380 8958

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Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

BP America Production
Attn: OOJI
PO Box 848103
Dallas, TX 75284-8103

7006 2760 0001 6380 1928

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:

BP America Production Co.
Attn: OOJI
PO Box 848103
Dallas, TX 75284-8103

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery MAY 26 2011

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

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) 7006 2760 0001 6380 1928

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Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

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MAY 26 2011 Postmark Here
DE VARGAS POST OFFICE

Sent To Avelinda Mascarenas
Street or PO 5 CR 6067 NBU 1005
City, St Farmington, NM 87401

7006 2760 0001 6380 8927

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Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4

Se
Si
or
Ci

Carolyn Nielsen Sedl
P.O. Box 1258
Farmington, NM 874

PS

7006 2760 0001 6380 8941

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:

Carolyn Nielsen Sedberry
P.O. Box 1258
Farmington, NM 87499

FARMINGTON NM 87401 MAY 25 2011 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Suzy Lee ☐ Agent ☐ Addressee

B. Received by (Printed Name) Suzy Lee
C. Date of Delivery 5/25/11

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) 7006 2760 0001 6380 8941

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Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Consuela Mascarenas
1001 Tucker
Farmington, NM 8740

7006 2760 0001 6380 8910

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1. Article Addressed to:

Consuela Mascarenas Gooch
1001 Tucker
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tony Gooch ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 5/25

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) 7006 2760 0001 6380 8910

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Si
Si
or
Ci

Accord DU LAC Partnersh
P.O. Box 676281
Rancho Santa Fe, CA 920

PS

7006 2760 0001 6380 8903

- 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:

Accord DU LAC Partnership LP
P.O. Box 676281
Rancho Santa Fe, CA 92067

A. Signature
X Reginald Stroud ☐ Agent ☐ Addressee

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

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

RANCHO SANTA FE CA 92067 JUN 2011 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) 7006 2760 0001 6380 8903

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.3[illegible]
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4[illegible]

Cyrene L. Inman
Bank of America NA A
P.O. Box 840738
Dallas, TX 75284-0738

7006 2760 0001 6380 8880

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:

Cyrene L. Inman
Bank of America NA Agent
P.O. Box 840738
Dallas, TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
MAY 20 2011

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) 7006 2760 0001 6380 8880

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Postage	$ 1.2[illegible]
Certified Fee	2.8[illegible]
Return Receipt Fee (Endorsement Required)	2.3[illegible]
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4[illegible]

Chamisa Land Co.
P.O. Box 30281 – Upt
Albuquerque, NM 871

7006 2760 0001 6380 8897

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:

Chamisa Land Co.
P.O. Box 30281 – Uptown Station
Albuquerque, NM 87190-0281

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) WILLIAM D. SCORAH | C. Date of Delivery 5/27/11

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

7006 2760 0001 6380 8897

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(Domestic Mail Only; No

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Postage	$ 1.2[illegible]
Certified Fee	2.[illegible]
Return Receipt Fee (Endorsement Required)	2.3[illegible]
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.[illegible]

New Mexico State L
PO Box 1148
Santa Fe, NM 87504

7006 2760 0001 6380 8873

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:

New Mexico State Land Office
PO Box 1148
Santa Fe, NM 87504-1148

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

SANTA FE NM 875[illegible]
MAY 25 2011

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

3. Service Type USPS
☒ 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) 7006 2760 0001 6380 8873

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Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE, NM 87594 — MAY 24 2011 — DE VARGAS POST OFFICE

Postmark Here

Sent To: Adela Mascarenas Quintana
P.O. Box 30281-Uptown Station
Albuquerque, NM 87190-0281

PS Form Instructions

7006 2760 0001 6380 8859

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

MAY 24 2011

Postmark Here

Sent To: Daniel D. Lopez
1608 Oakway Drive
Baltimore, MD 21222

PS Form 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:

Daniel D. Lopez
1608 Oakway Drive
Baltimore, MD 21222

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Daniel D Lopez ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 5/27/11

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) ☐

2. Article Number (Transfer from service label) 7006 2760 000_ 6380 8859

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE, NM 87501
MAY 24 2011
Postmark Here

7006 2760 0001 6380 8675

Debbie Moran
3819 Latma Drive
Houston, TX 77025-4120

See Reverse for Instructions

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

7006 2760 0001 6380 8699

Discovery I – Rob
12 W Ranch Trail
Morrison, CO 80

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:

Discovery I – Robert Leisen GP
12 W Ranch Trail
Morrison, CO 80465-9523

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Cory Clayton | C. Date of Delivery 6-2-11

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

U.S. Postal Service™
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For delivery information
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

7006 2760 0001 6380 8682

Fred E. Turner
4925 Greenville
Dallas, TX 752

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:

Fred E. Turner
4925 Greenville Ave # 852
Dallas, TX 75206

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 5/24/11

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) 7006 2760 0001 6380 8682

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent
Street
or P
City,
Fred E. Turner, LLC
4925 Greenville Ave., S
Dallas, TX 75206-4079

7006 2760 0001 6380 8019

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:

Fred E. Turner, LLC
4925 Greenville Ave., Suite 852
Dallas, TX 75206-4079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
5/26/11

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) 7006 2760 0001 6380 8019

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Dorothea J Caulfield Tr
Dorothea J Caulfield Trus
14647 Ranchview Ter
Chino Hills, CA 91709

7006 2760 0001 6380 8651

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:

Dorothea J Caulfield Tr
Dorothea J Caulfield Trustee
14647 Ranchview Ter
Chino Hills, CA 91709

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

CHINO HILLS CA 91709 JUN - 2 2011 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) 7006 2760 0001 6380 8651

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Gertrude Frances McDonald
Sandra H Baca Personal
Representative
PO Box 910
Durango, CO 81301

7006 2760 0001 6380 8644

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

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:

Gertrude Frances McDonald Estate
Sandra H Baca Personal
Representative
PO Box 910
Durango, CO 81301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Reyno L. Baca | C. Date of Delivery 6-1-11

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) 7006 2760 0001 6380 8644

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

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Postage	$ 1.
Certified Fee	2
Return Receipt Fee (Endorsement Required)	2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6

Douglas Cameron
518 17th Street, S
Denver Clb Bldg.
Denver, CO 8020

7006 2760 0001 6380 8637

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:

Douglas Cameron McLeod
518 17th Street, Suite 1455
Denver Clb Bldg.
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 5-26-11

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) 7006 2760 0001 6380 8637

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

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No In
For delivery information visit o
OFFIC

Postage	$ 1.2
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	

Se H LP
Sti P.O. Box 2185
or Santa Fe, NM 875
Cit

7006 2760 0001 6380 8620

PS Form 3800, August 2006

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

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 LP
P.O. Box 2185
Santa Fe, NM 875

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

USPS 87501-9998 MAY 2011 NM

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) 7006 2760 0001 6380 8620

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.9

Se Elesida Enriquez
Sti 1115 4th Ave
or Durango, CO 81301
Cit

7006 2760 0001 6380 8057

PS

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:

Elesida Enriquez
1115 4th Ave
Durango, CO 81301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elesida Enriquez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elesida Enriquez | 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) 7006 2760 0001 6380 8057

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

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Postage	$ 1.28
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 1.1

Herbert R Briggs
Reynolds Hix & Co P
6729 Academy Road,
Albuquerque, NM 87

7006 2760 0001 6380 8606

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:

Herbert R Briggs
Reynolds Hix & Co POA & Agent
6729 Academy Road, Suite D
Albuquerque, NM 87109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cheryl D Good ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cheryl Good C. Date of Delivery 6/2/11

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) 7006 2760 0001 6380 8606

PS Form 3811, February 2004 Domestic Return Receipt

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To
Street or PO
City, S
Elizabeth Jeanne Turn
P.O. Box 191767
Dallas, TX 75219-17
PS For

7006 2760 0001 6380 8590

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:

Elizabeth Jeanne Turner Calloway
P.O. Box 191767
Dallas, TX 75219-1767

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RA Wilburn ☐ Agent ☐ Addressee

B. Received by (Printed Name) RA Wilburn C. Date of Delivery 6/8/11

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) 7006 2760 0001 6380 2048

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

DE VARGAS POST OFFICE SANTA FE NM 87501
Postmark Here JUN 9 2011

J Glenn Turner Jr LL
4809 Cole Avenue, Su
Dallas, TX 75205

for Instructions

7006 2760 0001 6380 8583

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Estate of M.W. Hoover, Dec
Liberty National Bank & Tr
Executor
P.O. Box 1588
Tulsa, OK 74101-1588

7006 2760 0001 6380 8576

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:

Estate of M.W. Hoover, Deceased
Liberty National Bank & Trust Co.
Executor
P.O. Box 1588
Tulsa, OK 74101-1588

COMPLETE SECTION ON DELIVERY

A. Signature
X D. Moore ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. Moore
C. Date of Delivery 5-27-11

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)

2. Article Number (Transfer from service label) 7006 2760 0001 6380 8576

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Jerry J Andrew
408 Longwoods Ln
Houston, TX 77024

7006 2760 0001 6380 8569

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:

Jerry J Andrew
408 Longwoods Ln
Houston, TX 77024

COMPLETE SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 5-26-11

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) 7006 2760 0001 6380 8569

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Eula May Johnston Trust
Bank of America N.A. Trus
Acct. 01/0066100
P.O. Box 840738
Dallas, TX 75284-0738

7006 2760 0001 6380 8552

- 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:

Eula May Johnston Trust
Bank of America N.A. Trustee
Acct. 01/0066100
P.O. Box 840738
Dallas, TX 75284-0738

X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery MAY 26 2011

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) 7006 2760 0001 6380 8552

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

7006 2760 0001 6380 8521

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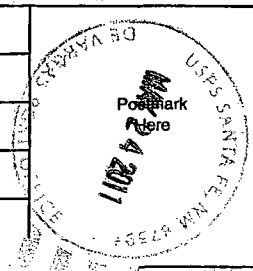
Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43



James Lopez
2837 Pinnacle
Colorado Springs, CO 80910

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE MAY 24 2011 Postmark Here

7006 2760 0001 6380 8545

J Glenn Turner Jr
4809 Cole Avenue, Suite 212
Dallas, TX 75205

Returned

U.S. Postal Service
CERTIFIED MA
(Domestic Mail Only; N
For delivery information vi
OFFIC

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

7006 2760 0001 6380 8538

Faye Lopez Ro
550 W Pabor
Fruita, CO 81

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:

Faye Lopez Romero
550 W Pabor Way
Fruita, CO 81521-2025

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Leo Aguirre ☐ Agent ☐ Addressee

B. Received by (Printed Name) Leo Aguirre
C. Date of Delivery 5-31-11

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) 7006 2760 0001 6380 8538

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

U.S. Postal Ser
CERTIFIED MA
(Domestic Mail Only; No I
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Postage	$ 1.2
Certified Fee	2.
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.

7006 2760 0001 6380 4998

John A Mascarenas
8801 N 104th Ave
Peoria, AZ 85345

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

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:

John A Mascarenas
8801 N 104th Ave
Peoria, AZ 85345

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John Mascarenas ☒ Agent ☐ Addressee

B. Received by (Printed Name) Irene Mascarenas
C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 4998

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

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OFFICIAL USE

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

MAY 24 2011 Postmark Here

Sent To: Florence Vallejos
Street, Apt. No., or PO Box No.: PO Box 702
City, State, ZIP+4: Ignacio, CO 81137

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6380 8514

Returned

Postal Service
CERTIFIED MA
(Domestic Mail Only; No
For delivery information vis
OFFIC

Postage	$
Certified Fee	2
Return Receipt Fee (Endorsement Required)	2
Restricted Delivery Fee (Endorsement Required)	
Tot	

Sent To: Jerry Tiras & E
Street, Apt. No., or PO: Tenants In Com
City, State, ZIP+4: 3388 Sage Rd #
Houston, TX

PS Form 3800, August 2006

7006 2760 0001 6380 4981

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:

Jerry Tiras & Ethel Tiras
Tenants In Common
3388 Sage Rd # 1502
Houston, TX 77056

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

$ 1.28

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) 7006 2760 0001 6380 4981

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

U.S. Postal Serv
CERTIFIED M
(Domestic Mail Only;
For delivery information
OFFI

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Tot	

Sent To: Kenneth H Ba
Street, Apt. No., or P: 39 Marland R
City, State, ZIP+4: Colorado Spri

PS Form 3800, August 2006

7006 2760 0001 6380 4974

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:

Kenneth H Barber
39 Marland Rd
Colorado Springs, CO 80906-4328

☐ Addressee

B. Received by (Printed Name) Carolyn R Barber | C. Date of Delivery 5-27-11

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) 7006 2760 0001 6380 4974

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Johnson Tr UAD 1/24/85
SP Johnson III & Barbara Jo
Trustees
P.O. Box 1641
Roswell, NM 882202

7006 2760 0001 6380 4967

SENDER: COMPLETE TH
- Complete items 1, 2, and . iplete item 4 if Restricted Delivery ed.
- 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:

Johnson Tr UAD 1/24/85
SP Johnson III & Barbara Jo Johnson Co
Trustees
P.O. Box 1641
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 5/27/11

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) 7006 2760 0001 6380 4967

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Marcia L Berger Educ. F
PO Box 745
Hobbs, NM 88241

7006 2760 0001 6380 8330

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

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:

Marcia Berger
c/o Petroleum Asset Mgmt LLC
PO Box 745
Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

MAY 26 2011
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) 7006 2760 0001 6380 9030

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

U.S. Postal Servic
CERTIFIED MA
(Domestic Mail Only; No
For delivery information visi
OFFIC

Postage	$ 1.
Certified Fee	2.
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6

John L Turner
PO Box 329
Port Aransas, TX 78

7006 2760 0001 6380 9023

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:

John L Turner
PO Box 329
Port Aransas, TX 78373

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) JOHN L. TURNER C. Date of Delivery 5/27/11

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) 7006 2760 0001 6380 9023

Form 3811, February 2004 Domestic Return Receipt 95-02-M-1540

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE, NM 87504 DE VARGAS POST OFFICE
Postmark Here
MAY 24 2011

7006 2760 0001 6380 8989

John S McDonald
1550 Cherry St Apt 164
Wenatchee, WA 98801-0164

Returned

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 8972

Manuel R Lopez
12871 Johns Rd
Anchorage, AK 99515-37

Place sticker at top of envelope to the right of the return address, fold at dotted line

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:

Manuel R Lopez
12871 Johns Rd
Anchorage, AK 99515-3708

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M. Lopez ☐ Agent ☒ Addressee

B. Received by (Printed Name) M Lopez C. Date of Delivery 5/27/11

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) 7006 2760 0001 6380 8972

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4

7006 2760 0001 6380 4790

Kellie M Kross
c/o David J Sorenson
PO Box 1453
Roswell, NM 88202-145

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:

Kellie M Kross
c/o David J Sorenson
PO Box 1453
Roswell, NM 88202-1453

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David J. Sorenson ☒ Agent ☐ Addressee

B. Received by (Printed Name) David J. Sorenson C. Date of Delivery 5-26-11

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) 7006 2760 0001 6380 4790

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Postage	$ 1.
Certified Fee	2
Return Receipt Fee (Endorsement Required)	2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6

Moran Oil Enterpris
PO Box 1295
Seminole, OK 748

7006 2760 0001 6380 8965

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:

Moran Oil Enterprises
PO Box 1295
Seminole, OK 74818-1295

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B. Jones ☐ Agent ☐ Addressee

B. Received by (Printed Name) B. Jones
C. Date of Delivery 5.26.11

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) 7006 2760 0001 6380 8965

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(Domestic Mail Only; No I

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Postage	$ 1.2
Certified Fee	2.
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.

Jose L Candelaria
PO Box 1754
Arboles, CO 811

7006 2760 0001 6380 4950

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:

Jose L Candelaria
PO Box 1754
Arboles, CO 81121

A. Signature
X Kathy Scott ☐ 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

ARBOLES CO 81121
MAY 31 2011
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) 7006 2760 0001 6380 4950

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

POSTMARK SANTA FE, NM 87594 MAY 24 2011

Postmark Here

7006 2760 0001 6380 4943

Marie Gould
475 S New Hampshire Ave
Los Angeles, CA 90020

Instructions

Returned

U.S. Postal Service™
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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Laplante/Johnson Fam Tr
Joel S Johnson & Peggy L Lapla
Trustees
7275 S Sundown Cir
Littleton, CO 80120

7006 2760 0001 6380 4936

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:

Laplante/Johnson Fam Tr
Joel S Johnson & Peggy L Laplante Co Trustees
7275 S Sundown Cir
Littleton, CO 80120

SOMMERVILLE MA MAY 26 2011 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 4936

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

New Mexico State Roy
310 Old Santa Fe Trl
Santa Fe, NM 87501

7006 2760 0001 6380 4929

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:

New Mexico State Royalty
310 Old Santa Fe Trl
Santa Fe, NM 87501

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 ☐ 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) 7006 2760 0001 6380 4929

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Matthew N Sorenson
PO Box 1453
Roswell, NM 88202-145

7006 2760 0001 6380 4912

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. Ar

Matthew N Sorenson
PO Box 1453
Roswell, NM 88202-1453

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David J. Sorenson ☒ Agent ☐ Addressee

B. Received by (Printed Name) David J. Sorenson | C. Date of Delivery 5-26-11

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) 7006 2760 0001 6380 4912

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.42

Sent To
Julian Lopez
Street, or PO B 130 Mulberry
City, Sta Fruita, CO 81521

PS Form

7006 2760 0001 6380 4905

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:

Julian Lopez
130 Mulberry
Fruita, CO 81521

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julian Lopez ☐ Agent ☐ Addressee

B. Received by (Printed Name) JULIAN LOPEZ C. Date of Delivery 5-31-11

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

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) 7006 2760 0001 6380 4905

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

Patricia F Wise
PO Box 157
Patton, CA 92369-0157

7006 2760 0001 6380 4899

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:

Patricia F Wise
PO Box 157
Patton, CA 92369-0157

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X P. F. Wise ☐ Agent ☐ Addressee

B. Received by (Printed Name) P. F. WISE C. Date of Delivery 6/3/11

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

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) 7006 2760 0001 6380 4899

1540

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insu

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent
Linda Lundell Lind
Street PO Box 631565
or PO Nacogdoches, TX
City,

PS Form 3800, August 2006

7006 2760 0001 6380 4882

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:

Linda Lundell Lindsey
PO Box 631565
Nacogdoches, TX 75963

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Lundell Lindsey ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6/6/11

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

NACOGDOCHES TX 759
JUN 06 2011
USPS

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) 7006 2760 0001 6380 4882

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

7006 2760 0001 6380 4875

Nancy P Tonkin Rev Tr
Nancy Tonkin Cutter & Allen M T
1524 Park Ave SW
Albuquerque, NM 87104

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:

Nancy P Tonkin Rev Tr
Nancy Tonkin-Cutter & Allen M Tonkin Jr
1524 Park Ave SW
Albuquerque, NM 87104

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) 7006 2760 0001 6380 4875

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.42

7006 2760 0001 6380 4868

Richard L Lopez
1400 N 24th St
Grand Junction, CO 81

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 Lopez
1400 N 24th St
Grand Junction, CO 81501-568

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Richard Lopez C. Date of Delivery MAY 2

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

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

4. Restricted Delivery? ☐ Yes

2. Article Number 7006 2760 0001 6380 4868

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 4851

Paul Lopez
2828 B 4/10 Rd
Grand Junction, CO 8

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

SENDER: C

- 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:

Paul Lopez
2828 B 4/10 Rd
Grand Junction, CO 81503-2185

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

GRAND JUNCTION CO JUN 15 2011 81501

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) 7006 2760 0001 6380 4851

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

RL Zinn Et Al Ltd
c/o Zinn Petroleum Co
3400 Bissonnet St # 250
Houston, TX 77005-215

7006 2760 0001 6380 4844

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:

RL Zinn Et Al Ltd
c/o Zinn Petroleum Co
3400 Bissonnet St # 250
Houston, TX 77005-2155

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Naomi Lincoln ☐ Agent ☐ Addressee

B. Received by (Printed Name) Naomi Lincoln
C. Date of Delivery 5-26-11

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) 7006 2760 0001 6380 4844

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Osprey Resources In
PO Box 56449
Houston, TX 77256-

7006 2760 0001 6380 4837

- 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:

Osprey Resources Inc.
PO Box 56449
Houston, TX 77256-6449

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) 7006 2760 0001 6380 4837

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

U.S. Postal Service™
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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Robert E Beamon II
2603 Augusta Ste 05
Houston, TX 77 57

7006 2760 0001 6380 2505

- 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:

Robert E Beamon III
2603 Augusta Ste 1050
Houston, TX 77057

A. Signature
X ☐ Agent ☐ Addressee

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

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

HOUSTON, TEXAS 77057 MAY 27 2011 RICHMOND HILL STATION

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) 7006 2760 0001 6380 2505

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To: Lee Lopez
Street, Apt. No., or PO Box No.: PO Box 1632
City, State, ZIP+4: Arboles, CO 81121

PS Form 3800, August 2006

7006 2760 0001 6380 9016

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:

Lee Lopez
PO Box 1632
Arboles, CO 81121

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

ARBOLES CO 81121
JUN 08 2011
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) 7006 2760 0001 6380 9016

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To: JTV Ptrshp
Tracy C Thompson Managing Partner
Street, Apt. No., or PO Box No.: PO Box 1713
City, State, ZIP+4: Roswell, NM 88201

PS Form 3800, August 2006

7006 2760 0001 6380 9009

SENDER: COMPLETE THIS SECTION

- 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:

JTV Ptrshp
Tracy C Thompson Managing Partner
PO Box 1713
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
I Cary Thompson 5/27/11

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) 7006 2760 0001 6380 9009

PS Form 3811, February 2004 Domestic Return Receipt

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To: Mary Frances Turner Jr Tr 6743
Chase Bank of Texas
C/O JP Morgan Chase Bank NA
PO Box 99084
Fort Worth, TX 76199-0084

PS Form 3800, August 2006

7006 2760 0001 6380 8996

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:

Mary Frances Turner Jr Tr 6743
Chase Bank of Texas
C/O JP Morgan Chase Bank NA
PO Box 99084
Fort Worth, TX 76199-0084

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

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

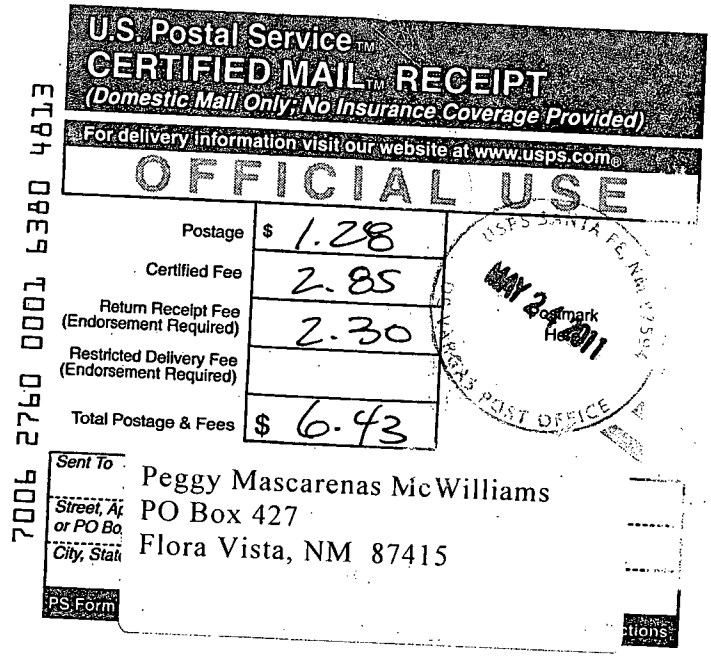
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ 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) 7006 2760 0001 6380 8996

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



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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE, NM 87594
MAY 27 2011
Postmark Here
U.S. POSTAL SERVICE PAST OFFICE

7006 2760 0001 6380 4813

Sent To
Street, Ap or PO Bo
City, Stat

Peggy Mascarenas McWilliams
PO Box 427
Flora Vista, NM 87415

PS Form

tions

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:

Peggy Mascarenas McWilliams
PO Box 427
Flora Vista, NM 87415

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peggy McWilliams ☒ Agent ☒ Addressee

B. Received by (Printed Name) P McWilliams
C. Date of Delivery 5-27-11

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) 7006 2760 0001 6380 4813

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

7006 2760 0001 6380 4806

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

USPS SANTA FE NM 87504 POST OFFICE
MAY 24 2011
Postmark Here

Robert W Isham Est
Eleanor Joy & R W Isham III Pers Rep
PO Box 290
Gordon, NE 69343

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:

Robert W Isham Est
Eleanor Joy & R W Isham III Pers Rep
PO Box 290
Gordon, NE 69343

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carolyn Green ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* Carolyn Green
C. Date of Delivery 05-27-11

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)* 7006 2760 0001 6380 4806

PS Form 3811, February 2004 Domestic Return Receipt 2595-02-M-1540

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
	6.43

Paul Jay Lewis
309 W 43rd St Ste 105
Sioux Falls, SD 57105-

PS Form 3800, August 2006

7006 2760 0001 6380 4783

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:

Paul Jay Lewis
309 W 43rd St Ste 105
Sioux Falls, SD 57105-6805

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Nash ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kathy Nash
C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 4783

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Robert W Umbach Cancer F
Inc
Wells Fargo Bank Na Agent
PO Box 5383
Denver, CO 80217

7006 2760 0001 6380 8934

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:

Robert W Umbach Cancer Foundation
Inc
Wells Fargo Bank Na Agent
PO Box 5383
Denver, CO 80217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5-27-11

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

DENVER CO 80217 MAY 27 2011 WELLS FARGO FINANCE

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) 7006 2760 0001 6380 8934

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE NM 87594 MAY 24 2011 Postmark Here DE VARGAS POST OFFICE

7006 2760 0001 6380 8842

PJC LP
1409 S Sunset
Roswell, NM 88201

for Instructions

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Ser
Stre
or F
City

Robert Walter Lundell
2450 Fondren # 304
Houston, TX 77063

PS

7006 2760 0001 6380 8835

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:

Robert Walter Lundell
2450 Fondren # 304
Houston, TX 77063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Walt Lundell ☐ Agent ☑ Addressee

B. Received by (Printed Name) Walt Lundell C. Date of Delivery 6-1-11

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) 7006 2760 0001 6380 8835

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Pedro F Lopez
784 Lopez Rd
Ignacio, CO 81137

7006 2760 0001 6380 8828

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:

Pedro F Lopez
784 Lopez Rd
Ignacio, CO 81137

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pedro F Lopez ☐ Agent ☐ Addressee

B. Received by (Printed Name) PEDRO F LOPEZ C. Date of Delivery 5-31-11

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Roger B Nielsen
1200 Danbury Dr
Mansfield, TX 76063

7006 2760 0001 6380 8811

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:

Roger B Nielsen
1200 Danbury Dr
Mansfield, TX 76063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Nielsen ☑ Agent ☐ Addressee

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

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

MANSFIELD TX 76063 JUN 7 2011 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) 7006 2760 0001 6380 8811

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Ramseyer Community
Nancy Lanier Kobel Tr
2415 S Hillcrest
Camp Verde, AZ 8632

7006 2760 0001 6380 8804

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:

Ramseyer Community Tr
Nancy Lanier Kobel Trustee
2415 S Hillcrest
Camp Verde, AZ 86322

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy Kobel ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nancy Kobel | 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 7006 2760 0001 6380 8804

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Rogers-Gibbard Trust
Elaine G. Howe, Trust
P.O. Box 624
Sulphur, OK 73086

7006 2760 0001 6380 8798

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:

Rogers-Gibbard Trust
Elaine G. Howe, Trustee
P.O. Box 624
Sulphur, OK 73086

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

SULPHUR OK 73086 MAY 27 2011 POSTAL SERVICE

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) 7006 2760 0001 6380 8798

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

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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Pennies From Heaven LL
Bank Of America Agent
PO Box 840738
Dallas, TX 75283-0308

7006 2760 0001 6380 8781

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:

Pennies From Heaven LLC
Bank Of America Agent
PO Box 840738
Dallas, TX 75283-0308

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery MAY 26 2011

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) 7006 2760 0001 6380 8781

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

7006 2760 0001 6380 8774

Rose M Lopez Atencio
222 S Peach
Fruita, CO 81521

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:

Rose M Lopez Atencio
222 S Peach
Fruita, CO 81521

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rose M Atencio ☐ Agent ☒ Addressee

B. Received by (Printed Name) Rose Atencio
C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 8774

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 8767

Ramseyer Liv Tr
Bruce & Kay Ramseyer
11741 Colony Dr
Santa Ana, CA 92705

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:

Ramseyer Liv Tr
Bruce & Kay Ramseyer Trustee
11741 Colony Dr
Santa Ana, CA 92705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bruce Ramseyer ☐ Agent ☑ Addressee

B. Received by (Printed Name) Bruce Ramseyer
C. Date of Delivery 5/26/11

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? ☐ Yes

2. Article Number 7006 2760 0001 6380 8767

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 8750

Rose Mascarenas Carte
PO Box 323
Flora Vista, NM 874

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:

Rose Mascarenas Carter
PO Box 323
Flora Vista, NM 87415

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shannon Carter ☐ Agent ☐ Addressee

B. Received by (Printed Name) Shannon Carter
C. Date of Delivery 5-25-11

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

MAY 25 2011 FRUITA NM 87415

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) 7006 2760 0001 6380 8750

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sidney Moran
18 Hudson Cir
Houston, TX 77024-7

7006 2760 0001 6380 8743

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:

Sidney Moran
18 Hudson Cir
Houston, TX 77024-7254

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) | C. Date of Delivery 5-27-11

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 ☐ Yes

2. Article Number 7006 2760 0001 6380 8743

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4

Trini Lopez Montoya
5691 W 35th Ave Ap
Denver, CO 80212

7006 2760 0001 6380 8736

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:

Trini Lopez Montoya
5691 W 35th Ave Apt 1-A
Denver, CO 80212

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) | C. Date of Delivery 6/2/11

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 ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6380 8736

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

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Postage	$ 1.2
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.

Steven Kent Lust
1314 6th Ave SW
Aberdeen, SD 5740

7006 2760 0001 6380 8729

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:

Steven Kent Lust
1314 6th Ave SW
Aberdeen, SD 5740

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Grace Chipman | C. Date of Delivery 5/27/11

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 ☐ Yes

2. Article Number (Transfer from service la 7006 2760 0001 6380 8729

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Se
Walter R Gould
PO Box 903
Espanola, NM 87532
PS

7006 2760 0001 6380 8712

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:

Walter R Gould
PO Box 903
Espanola, NM 87532-0903

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

ESPANOLA MAIN POST OFFICE ESPANOLA, NM 87532-9998 MAY 26 2011 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) 7006 2760 0001 6380 8712

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Stevens Partners LP
c/o Walter J Melendres E
1069 Encantado Dr
Santa Fe, NM 87501

7006 2760 0001 6380 8705

- 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:

Stevens Partners LP
c/o Walter J Melendres Esq
1069 Encantado Dr
Santa Fe, NM 87501

SANTA FE NM 87501 MAY 25 2011 USPS

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Viola Mascarenas Lucero
PO Box 841
Bloomfield, NM 87413

7006 2760 0001 6380 8217

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:

Viola Mascarenas Lucero
PO Box 841
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

BLOOMFIELD, NM 87413 MAY 27 2011 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) 7006 2760 0001 6380 8217

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Tab Riley Smith
4612 Locust St.
Bellaire, TX 77401

7006 2760 0001 6380 8200

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:

Tab Riley Smith
4612 Locust St.
Bellaire, TX 77401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Tab Smith C. Date of Delivery 5/27/11

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) 7006 2760 0001 6380 8200

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE, NM 87594 MAY 24 2011 Postmark Here DE VARGAS POST OFFICE

William Poleson
620 Penrose Blvd
Colorado Springs, CO 80906

7006 2760 0001 6380 8187

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

T Patrick Nacol
15721 Lockmaben Ave
Fort Myers, FL 33912-3917

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:

T Patrick Nacol
15721 Lockmaben Ave
Fort Myers, FL 33912-3917

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

USPS FORT MYERS FL 6 MILE CYPRESS 2011

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) 7006 2760 0001 6380 8187

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

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Postage	$ 1.2
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
	$ 6.4

William C Briggs
Reynolds Hix & Co Po
6729 Academy Rd Ste
Albuquerque, NM 871

PS Form 3800, August 2006

7006 2760 0001 6380 4776

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:

William C Briggs
Reynolds Hix & Co Poa & Agent
6729 Academy Rd Ste D
Albuquerque, NM 87109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nely D Good
☐ Agent
☐ Addressee

B. Received by (Printed Name) Cheryl Good
C. Date of Delivery 5/26/11

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

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Postage	$ 1.28
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Tot	

Tina M Lopez
747 Mallard Dr.
Marengo, IL 60152-

PS Form 3800, August 2006

7006 2760 0001 6380 4769

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:

Tina M Lopez
747 Mallard Dr.
Marengo, IL 60152-3631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Tina M Lopez
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) 7006 2760 0001 6380 4769

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Postage	$ 1.28
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	

Energen Resources Corp
605 Richard Arrington J
Birmingham, AL 3520

PS Form 3800, August 2006

7006 2760 0001 6380 4752

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:

Energen Resources Corp
605 Richard Arrington Jr Blvd N
Birmingham, AL 35203-2707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☐ Agent
☐ Addressee

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

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

MAY 26 2011
USPS 35222-9998

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) 7006 2760 0001 6380 4752

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

SANTA FE NM 875
MAY 24 2011
Postmark Here
DE VARGAS POST

7006 2760 0001 6380 4745

Returned

Tim L Dale
c/o T Patrick Nacol
434 St Andrews Dr
Belleair, FL 34616-1924

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insur
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OFFICI

Postage	$ 1.28
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	

WWR Enterprises Inc
c/0 Petroleum Asset M
PO Box 745
Hobbs, NM 88241

7006 2760 0001 6380 4738

CERTIFIED MAIL

SENDER: COMI ... ON DELIVERY

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

- 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:

WWR Enterprises Inc
c/0 Petroleum Asset Mgmt LLC
PO Box 745
Hobbs, NM 88241

A. Signature
X Barry Scott ☐ Agent ☐ Addressee

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

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

HOBBS, NM 882
MAY 26 2011
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) 7006 2760 0001 6380 4738

102595-02-M-1540

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Tota	$ 6.4

Tony S Lopez
25 Sunshine Ct #27
Durango, CO 8130

7006 2760 0001 6380 4721

SENDER: CO ... SECTION ON DELIVERY

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

- 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:

Tony S Lopez
25 Sunshine Ct #27
Durango, CO 81301-6064

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
5/27

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

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

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7006 2760 0001 6380 4721

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	

To Jasmine Moran Child
Museum Foundation
Sen PO Box 1828
Str Seminole, OK 7481
or
City

7006 2760 0001 6380 4714

PS Form 3800, August 2006

SENDER: (ION ON DELIVERY

- 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:

Jasmine Moran Children's
Museum Foundation Inc
PO Box 1828
Seminole, OK 74818-1828

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
5.26.11

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) 7006 2760 0001 6380 4714

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

U.S. Postal Service™
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(Domestic Mail Only; No Insur
For delivery information visit our w
OFFICI

Postage	$ 1.2
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4

Va Johnston Fam Tr
Da Prewitt & Ma Chesser Co
PO Box 825
1313 Ave N
Ralls, TX 79357-0825

7006 2760 0001 6380 8262

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:

VA Johnston Ltd
PO Box 825
Ralls, TX 79357

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☒ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
David H. Prewitt 6-6-11

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) 7006 2760 0001 6380 8064

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

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Postage	$ 1.
Certified Fee	2.
Return Receipt Fee (Endorsement Required)	2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Kleimor Energy LL
8451 E Oregon Pl
Denver, CO 8023

7006 2760 0001 6380 8255

- 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:

Kleimor Energy LLC
8451 E Oregon Pl
Denver, CO 80231

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 ☐ 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) 7006 2760 0001 6380 8255

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Tommy Mascarenas
PO Box 616
Jamul, CA 91935-0616

7006 2760 0001 6380 8248

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:

Tommy Mascarenas
PO Box 616
Jamul, CA 91935-0616

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tom Mascarenas C. Date of Delivery 5-31-11

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) 7006 2760 0001 6380 8248

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent Gumz Fam Tr Dtd 10/31/03
Stree Henry F Gumz & Margaret
or PO Trustees
City, 674 Via Mendoza Unit D
Laguna Woods, CA 9263
PS Fo

7006 2760 0001 6380 8231

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:

Gumz Fam Tr Dtd 10/31/03
Henry F Gumz & Margaret Gumz Co
Trustees
674 Via Mendoza Unit D
Laguna Woods, CA 92637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) M. GUMZ C. Date of Delivery 5-26-11

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) 7006 2760 0001 6380 8231

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Tot	6.43

Seni CEEFAM LLC
Stre c/o Little Oil & Gas Inc
or F PO Box 1258
City Farmington, NM 87499

PS Form 3800, August 2006

7006 2760 0001 6380 8224

SENDER: C

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

- 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:

CEEFAM LLC
c/o Little Oil & Gas Inc
PO Box 1258
Farmington, NM 87499

ION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Suzy Lee C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 8224

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

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Postage	$ 1.28
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.4

Schultz Management,
500 N. Akard, Suite 2
Dallas, TX 75201

7006 2760 0001 6380 8026

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

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:

Schultz Management, Ltd.
500 N. Akard, Suite 2940
Dallas, TX 75201

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) 7006 2760 0001 6380 8026

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

USPS SANTA FE NM 87594
MAY 24 2011
Postmark Here
DE VARGAS POST OFFICE

Gifford H. Nigh & Margaret Nigh
202 FM 2578 Rm 45
Terrell, TX 75160

7006 2760 0001 6380 7999

Returned

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

Henrietta Schultz, Trustee
500 North Akard, Suite 294
Dallas, TX 75201

7006 2760 0001 6380 7982

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:

Henrietta Schultz, Trustee
500 North Akard, Suite 2940
Dallas, TX 75201

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) 7006 2760 0001 6380 7982

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

7006 2760 0001 6380 7975

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Claude I Hobson Rev Liv Tr
Claude I Hobson Trustee
1608 Washington Street
Bellevue, NE 68005

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:

Claude I Hobson Rev Liv Tr
Claude I Hobson Trustee
1608 Washington Street
Bellevue, NE 68005

2. Article Number (Transfer from service label) 7006 2760 0001 6380 7975

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☒ Addressee
B. Received by (Printed Name) CLAUDE HOBSON C. Date of Delivery 5-26-11
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

7006 2760 0001 6380 7968

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Freda O Axtell Rev Tr
PO Box 801
Durango, CO 81302

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:

Freda O Axtell Rev Tr
PO Box 801
Durango, CO 81302

2. Article Number (Transfer from service label) 7006 2760 0001 6380 7968

102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☒ Agent ☐ Addressee
B. Received by (Printed Name) E MILA J AXTELL C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

DURANGO MAY 31 2011 USPS

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

7006 2760 0001 6380 7951

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Robert Mascarenas
13 CR 3581
Flora Vista, NM 87415-9603

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:

Robert Mascarenas
13 CR 3581
Flora Vista, NM 87415-9603

2. Article Number (Transfer from service label) 7006 2760 0001 6380 7951

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Robert Mascarenas ☐ Agent ☒ Addressee
B. Received by (Printed Name) ROBERT MASCARENAS C. Date of Delivery 5-26-11
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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE, NM 87594
MAY 24 2011
Postmark Here
DE VARGAS POST OFFICE

7006 2760 0001 6380 7944

Florence Vallejos
PO Box 702
Ignacio, CO 81137

Returned

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	6.43

7006 2760 0001 6380 7920

Isabel Consuelo Gonzales
Farmers National Co., Ag
Attn: Craig Hauschildt
5110 S. Yale Avenue, Ste
Tulsa, OK 74135

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

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:

Isabel Consuelo Gonzales Trust
Farmers National Co., Agent
Attn: Craig Hauschildt
5110 S. Yale Avenue, Ste 400
Tulsa, OK 74135

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marjorie Gabriel ☐ Agent ☐ Addressee

B. Received by (Printed Name) Marjorie Gabriel, Property Specialist C. Date of Delivery 5-22-11

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) 7006 2760 0001 6380 7920

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 8170

Lee A. Lopez
728 Lopez Rd.
Ignacio, CO 81137

- 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:

Lee A. Lopez
728 Lopez Rd.
Ignacio, CO 81137

A. Signature
X Pedro F. Lopez ☐ Agent ☐ Addressee

B. Received by (Printed Name) PEDRO F. LOPEZ C. Date of Delivery 5-21-11

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) 7006 2760 0001 6380 8170

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 8156

George Umbach
PO Box 1588
Tulsa, OK 74101

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:

George Umbach
PO Box 1588
Tulsa, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W Moore ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. Moore
C. Date of Delivery 5-27-4

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) 7006 2760 0001 6380 8156

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 8163

Robert E. Oade
9665 Southern Belle Dr.
Brookville, FL 34613-4280

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:

Robert E. Oade
9665 Southern Belle Dr.
Brookville, FL 34613-4280

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 ☐ 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) 7006 2760 0001 6380 8163

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

U.S. Postal Service™
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For delivery information visit our website at ww

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 8132

Sent T
Street, or PO
City, S
JRB Investments LLC
c/o Reynolds Hix & Co. PA
6729 Academy Road NE Ste
Albuquerque, NM 87109

PS Fo

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:

JRB Investments LLC
c/o Reynolds Hix & Co. PA
6729 Academy Road NE Ste D
Albuquerque, NM 87109

☐ Addressee

B. Received by (Printed Name) Cheryl Good
C. Date of Delivery 5/28/11

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) 7006 2760 0001 6380 8132

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent
Stree
or P
City,
Nigh Rev Tr Agmt dtd
701 Countrywood Dr
Noblesville, IN 46060
PS F

7006 2760 0001 6380 8149

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:

Nigh Rev Tr Agmt dtd 8/3/89
701 Countrywood Dr
Noblesville, IN 46060-9619

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Brett D. Nigh ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
D25/27

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)

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co
For delivery information visit our website
OFFICIAL

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

Sen
Stre
or F
City
Victoria Webb
806 Cordova
Dallas, TX 75223
PS

7006 2760 0001 6380 8125

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:

Victoria Webb
806 Cordova
Dallas, TX 75223

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 ☐ 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) 7006 2760 0001 6380 8125

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
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For delivery information visit our websit
OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent
Stree
or PO
City,
RHB Enterprises LL
c/o Reynolds Hix &
6729 Academy Road
Albuquerque, NM 87
PS Fo

7006 2760 0001 6380 8118

DER: 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:

RHB Enterprises LLC
c/o Reynolds Hix & Co PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Molly D Good ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Cheryl Good 5/25/11

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) 7006 2760 0001 6380 8118

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

WCB Investments LLC
c/o Reynolds Hix & CO P
6729 Academy Road NE
Albuquerque, NM 87210

7006 2760 0001 6380 8095

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:

WCB Investments LLC
c/o Reynolds Hix & CO PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cheryl Good ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cheryl Good C. Date of Delivery 5/25/11

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) 7006 2760 0001 6380 8095

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U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

Patricia P. Schieffer Trust, B
America, N.A. Agt
Attn: Jeff Anderson
P.O. Box 2546
Fort Worth, TX 76113

7006 2760 0001 6380 8101

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:

Patricia P. Schieffer Trust, Bank of America, N.A. Agt
Attn: Jeff Anderson
P.O. Box 2546
Fort Worth, TX 76113

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 ☐ 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) 7006 2760 0001 6380 8101

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

U.S. Postal Service™
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For delivery information visit our webs
OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Grayfore Partners LP
PO Box 98670
Lubbock, TX 79499-8670

7006 2760 0001 6380 8071

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:

Grayfore Partners LP
PO Box 98670
Lubbock, TX 79499-8670

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Delbert Cooper ☐ Agent ☐ Addressee

B. Received by (Printed Name) DELBERT COOPER 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) 7006 2760 0001 6380 8071

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

U.S. Postal Service™
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Postage	$ 1.2
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.4

XTO Energy, Inc.
Attn: Edwin S. Ryan
810 Houston St., Ste
Fort Worth, TX 7610

7006 2760 0001 6380 8088

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

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:

XTO Energy, Inc.
Attn: Edwin S. Ryan, Jr.
810 Houston St., Ste 2000
Fort Worth, TX 76102-6298

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kenia Lacy Brown C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 8088

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

VA Johnston Ltd
PO Box 825
Ralls, TX 79357

7006 2760 0001 6380 8064

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

SENDER: COM

- 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:

Va Johnston Fam Tr
Da Prewitt & Ma Chesser Co Trustees
PO Box 825
1313 Ave N
Ralls, TX 79357-0825

ON DELIVERY

A. Signature
X David H. Prewitt ☐ Agent ☒ Addressee

B. Received by (Printed Name) David H. Prewitt C. Date of Delivery 6-6-11

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

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 (Tra[redacted] 7006 2760 0001 6380 8262

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.62

Elesida Enriquez
1115 4th Ave.
Durango, CO 81301

7006 2760 0001 6380 8613

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

- 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:

Elesida Enriquez
1115 4th Ave.
Durango, CO 81301

A. Signature
X Elesida Enriquez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elesida Enriquez 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) 7006 2760 0001 6380 8613

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4

7006 2760 0001 6380 8040

ConocoPhillips Compa
Attn: Chief Landman,
Juan/Rockies
P. O. Box 4289
Farmington, NM 8749

SENDER: COMPLETE

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

IVERY

- 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:

ConocoPhillips Company
Attn: Chief Landman, San Juan/Rockies
P. O. Box 4289
Farmington, NM 87499-4289

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Greg Cross
C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 8040

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

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OFFICIAL USE

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE, NM 87594
MAY 24 2011
Postmark Here
DE VARGAS POST OFFICE

7006 2760 0001 6380 7937

BP America Production Co.
Attn: John Larson, Wl1 Rm 19.158
501 Westlake Boulevard
Houston, TX 77079-3092

Instructions

Returned

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cov

For delivery information visit our website at w

OFFICIAL

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 8033

Bureau of Ocean Energy Mgt Re
& Enforcement
Minerals Management Service
P.O. Box 5810
Denver, CO 80217-5810

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:

Bureau of Ocean Energy Mgt Reg & Enforcement
Minerals Management Service
P.O. Box 5810
Denver, CO 80217-5810

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Beau C. Conkel Agent for MMS² ☐ Agent ☐ Addressee

B. Received by (Printed Name) Date: 5-26-11
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 ser 7006 2760 0001 6380 8033

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 8002

Schultz Management, Ltd.
500 N. Akard, Suite 2940
Dallas, TX 75201

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:

Schultz Management, Ltd.
500 N. Akard, Suite 2940
Dallas, TX 75201

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) 7006 2760 0001 6380 8002

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS [illegible] NM 87594 MAY 24 2011 Postmark Here POST OFFICE

7006 2760 0001 6380 8668

Fred E. Turne
One Energy S
4925 Greenvi
Dallas, TX 7

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:

Fred E. Turner LLC
One Energy Square, Ste 852
4925 Greenville Ave.
Dallas, TX 75206-4079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 5/20/11

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) 7006 2760 0001 6380 8668

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Bureau of Land Managem
Farmington Field Office
1235 La Plata Highway S
Farmington, NM 87401

7006 2760 0001 6380 9979

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:

Bureau of Land Management
Farmington Field Office
1235 La Plata Highway Suite A
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 5/26/11

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)

2. Article Number (Transfer from service label) 7006 2760 0001 6380 9979

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4

J. Glenn Turner, Jr. LL
3838 Oak Lawn
Suite 1450
Dallas, TX 75219

7006 2760 0001 6380 9962

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. Glenn Turner, Jr. LLC
[redacted] 4809 Cole Ave
Suite [redacted] #212
Dallas, TX [redacted] 75205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Laura Grimmer C. Date of Delivery 6/01/11

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

OCD District 3 Office
1000 Rio Brazos Road
Aztec, New Mexico 87

7006 2760 0001 6380 7913

PS Form 3800, August 2006 See Reverse for Instructions

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

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:

OCD District 3 Office
1000 Rio Brazos Road
Aztec, New Mexico 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Jonathan D. Kelly C. Date of Delivery 6/26/11

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) 7006 2760 0001 6380 7913

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent
Street
or PO
City, S
Adelante Oil & Gas L
PO Box 2471
Durango, CO 81302
PS Fo

7006 2760 0001 6380 7906

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:

Adelante Oil & Gas LLC
PO Box 2471
Durango, CO 81302

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) M. Finley C. Date of Delivery 5/27/11

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

DURANGO CO 813
MAY 27 2011
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) 7006 2760 0001 6380 7906

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

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuranc
For delivery information visit our webs
OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Anthony Nerio Serrano
2652 Red Rock St. #101
Las Vegas, NV 89146-53
PS Form 3800, August 2006

7006 2760 0001 6380 7883

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:

Anthony Nerio Serrano
2652 Red Rock St. #101
Las Vegas, NV 89146-5387

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Anthony Serrano 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

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Co
For delivery information visit our website a
OFFICIAL

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To
Street,
or PO E
City, St
Mary Frances Turner, Jr
Attn: Barry L. Dominick
Tx1-2931
P O Box 660197
Dallas, TX 75266-0197
PS Form 3800, August 2006

7006 2760 0001 6380 7890

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. Addressed to:

Mary Frances Turner, Jr Trust
Attn: Barry L. Dominick
Tx1-2931
P O Box 660197
Dallas, TX 75266-0197

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JERRY GOMINA C. Date of Delivery MAY 27 2011

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) 7006 2760 0001 6380 7890

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

USPS SANTA FE, NM 87594 — Postmark Here — MAY 24 2011 — DE VARGAS POST OFFICE

Atko Partners Ltd.
260 IH 45 S Ste A
Huntsville, TX 77340

PS ... Instructions

7006 2760 0001 6380 7876

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran

For delivery information visit our web

OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Mr. John Turner
Pmb 285
317 Sidney Baker South #
Kerrville, TX 78028

7006 2760 0001 6380 7869

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:

Mr. John Turner
Pmb 285
317 Sidney Baker South #400
Kerrville, TX 78028

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 5/26/11

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)* 7006 2760 0001 6380 7869

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.

Beatrice Gonzales
4862 Stephanie St.
Las Vegas, NV 891

7006 2760 0001 6380 7852

- 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:

Beatrice Gonzales
4862 Stephanie St.
Las Vegas, NV 89122-6132

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

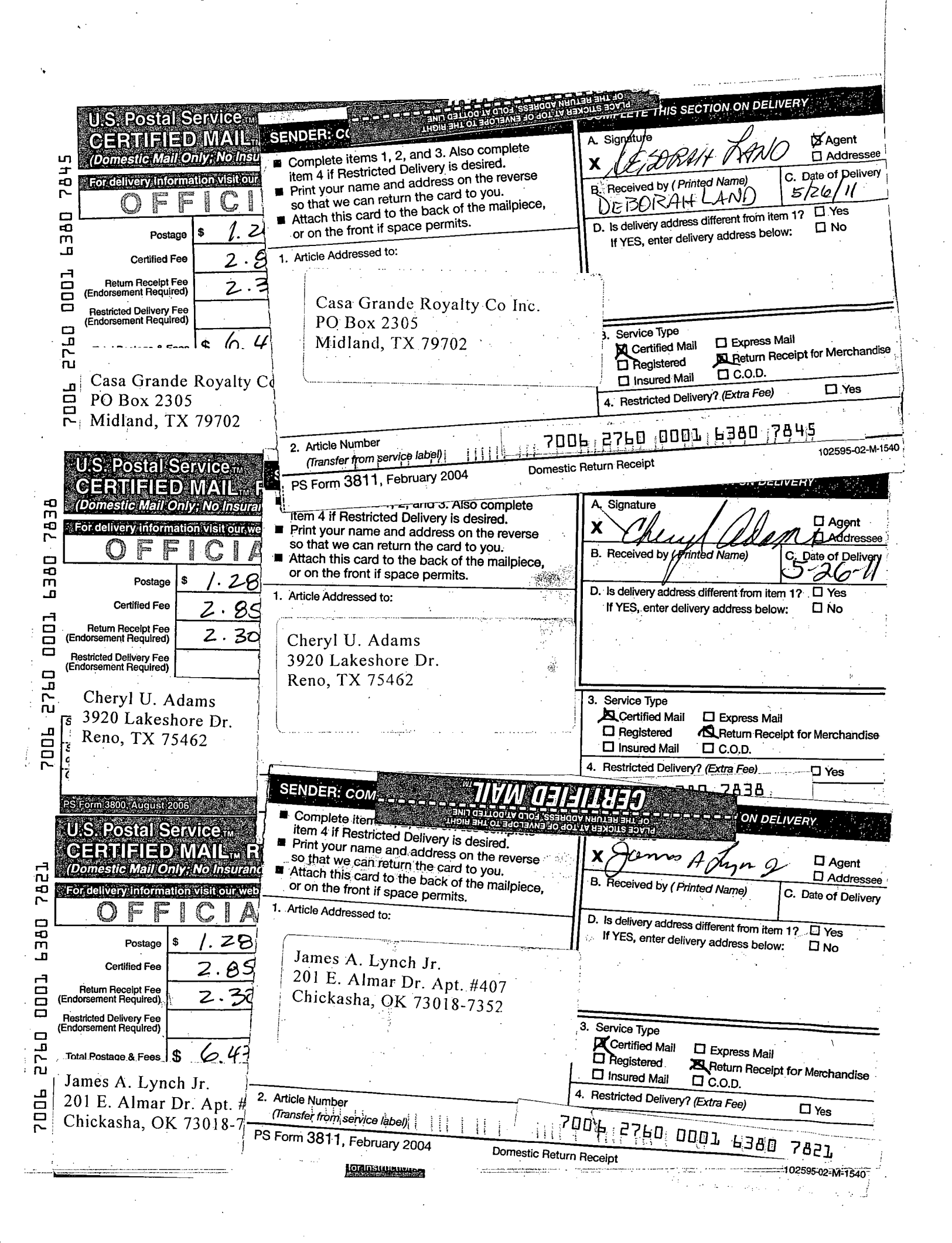
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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)* 7006 2760 0001 6380 7852

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



U.S. Postal Service™
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(Domestic Mail Only; No Insu
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OFFICI
Postage $ 1.2
Certified Fee 2.8
Return Receipt Fee (Endorsement Required) 2.3
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.4
7006 2760 0001 6380 7845
Casa Grande Royalty Co
PO Box 2305
Midland, TX 79702

SENDER: CO
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
COMPLETE THIS SECTION ON DELIVERY
■ 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:
Casa Grande Royalty Co Inc.
PO Box 2305
Midland, TX 79702
A. Signature
X DEBORAH LAND
Agent
Addressee
B. Received by (Printed Name) DEBORAH LAND
C. Date of Delivery 5/26/11
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) 7006 2760 0001 6380 7845
PS Form 3811, February 2004 Domestic Return Receipt
102595-02-M-1540

U.S. Postal Service™
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OFFICIA
Postage $ 1.28
Certified Fee 2.85
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
7006 2760 0001 6380 7838
Cheryl U. Adams
3920 Lakeshore Dr.
Reno, TX 75462
PS Form 3800, August 2006

■ 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:
Cheryl U. Adams
3920 Lakeshore Dr.
Reno, TX 75462
A. Signature
X Cheryl Adams
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery 5-26-11
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

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuranc
For delivery information visit our web
OFFICIA
Postage $ 1.28
Certified Fee 2.85
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.47
7006 2760 0001 6380 7821
James A. Lynch Jr.
201 E. Almar Dr. Apt. #
Chickasha, OK 73018-7

SENDER: COM
CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
ON DELIVERY
■ Complete item
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. Lynch Jr.
201 E. Almar Dr. Apt. #407
Chickasha, OK 73018-7352
X James A Lynch Jr
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) 7006 2760 0001 6380 7821
PS Form 3811, February 2004 Domestic Return Receipt
102595-02-M-1540

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent
Stree
or P
City,
Chevron Midcontinent L
Prod Rev & Royalty Acc
PO Box 730365
Dallas, TX 75373-0365

7006 2760 0001 6380 8484

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:

Chevron Midcontinent LP
Prod Rev & Royalty Acctg
PO Box 730365
Dallas, TX 75373-0365

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
MAY 26 2011

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) 7006 2760 0001 6380 9924

PS F

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To
Street, A
or PO B
City, Sta
James R. Payne & Jea
614 Paseo del Bosque
Albuquerque, NM 87

7006 2760 0001 6380 8477

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

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 R. Payne & Jean Payne
614 Paseo del Bosque NW
Albuquerque, NM 87114

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) JEAN PAYNE | C. Date of Delivery 6-3-11

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 Deliv... Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6380 8477

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
To... Postage & Fees	$ 6.43

Se
St
or
C
Claris Senter
3203 S 220th
Seatac, WA 98198

7006 2760 0001 6380 8460

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

SENDER: CO... N ON DELIVERY

- 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:

Claris Senter
3203 S 220th
Seatac, WA 98198

A. Signature
X [signature] ☒ Agent ☐ Addressee

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

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

MAY 27 2011 DES MOINES STA 98198-8888

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) 7006 2760 0001 6380 8460

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

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Postage	$ 1.2
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6

Jeffery Serrano
28830 154th Ave SE
Kent, WA 98042

7006 2760 0001 6380 8453

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

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:

Jeffery Serrano
28830 154th Ave SE
Kent, WA 98042

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jeff Serrano
C. Date of Delivery 6/07/11

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) 7006 2760 0001 6380 8453

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

David L. Greene
PO Box 117
Bartlesville, OK 74005

7006 2760 0001 6380 8446

PS Form 3800, August 2006

- 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 L. Greene
PO Box 117
Bartlesville, OK 74005

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 5-26-11

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) 7006 2760 0001 6380 8446

PS Form 3811, February 2004 Domestic Return Receipt 95-02-M-1540

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
	$ 6.43

USPS SANTA FE NM 87501
MAY 24 2011
Postmark Here
DE VARGAS POST

Joseph M. Serrano
12728 SE 167th St.
Renton, WA 98058

7006 2760 0001 6380 8439

for Instructions

Returned

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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total F	1.42

Sent To Deborah Jean McDonal
Street, or PO 1210 8th Ave SE
City, S Olympia, WA 98501

PS Form 3800, August 2006

7006 2760 0001 6380 8422

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:

Deborah Jean McDonald
1210 8th Ave SE
Olympia, WA 98501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Deborah McDonald ☐ Agent ☐ Addressee

B. Received by (Printed Name) Debby McDonald C. Date of Delivery 5/28/11

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) 7006 2760 0001 6380 8422

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Kenneth Robert Schmidt
6819 Oaklawn Way
Fairoaks, CA 95628

7006 2760 0001 6380 8415

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:

Kenneth Robert Schmidt
6819 Oaklawn Way
Fairoaks, CA 95628

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kenneth Schmidt ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kenneth Schmidt C. Date of Delivery 6/26/11

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) 7006 2760 0001 6380 8415

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Energen Resources Corp
605 Richard Arrington Jr B
Birmingham, AL 35203-27

7006 2760 0001 6380 8408

SENDER: CO

- 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:

Energen Resources Corp
605 Richard Arrington Jr Blvd N
Birmingham, AL 35203-2707

A. Signature
J. M. Mueller ☐ Agent ☐ Addressee

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

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

MAY 26 2011 USPS 35222-9998

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) 7006 2760 0001 6380 8408

PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6380 8392

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.42

USPS SANTA FE, NM 87504
Postmark Here
MAY 24 2011
USPS PO

Lana Gay Phillips
1057 Arkell Rd.
Arkell, ON NOB1CO

See Reverse for Instructions

7006 2760 0001 6380 8385

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

For delivery information visit our website

OFFICIAL

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Esther Abeyta
PO Box 2915
Durango, CO 81302-291

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:

Esther Abeyta
PO Box 2915
Durango, CO 81302-2915

COMPLETE THIS SECTION ON DELIVERY

A. Signature — ESTHER ABEYTA
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

DURANGO CO 813
JUN 9 2011

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)* 7006 2760 0001 6380 8385

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

7006 2760 0001 6380 8378

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance

For delivery information visit our websi

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

USPS SAN

Las Colinas Minerals LP
125 E John Carpenter Fwy St
Irving, TX 75062

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:

Las Colinas Minerals LP
125 E John Carpenter Fwy Ste 600
Irving, TX 75062

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)* 7006 2760 0001 6380 8378

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

U.S. Postal Service™
CERTIFIED MAIL™ F
(Domestic Mail Only; No Insuran

For delivery information visit our we

OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.4

Sent To E'Twila J. Axtell
Street, Apt. No., or PO Box PO Box 801
City, State, ZIP+4 Durango, CO 8130

PS Form

7006 2760 0001 6380 8361

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:

E'Twila J. Axtell
PO Box 801
Durango, CO 81302

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) E'TWILA J AXTELL C. Date of Delivery

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

DURANGO CO 813 MAY 31 2011 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) 7006 2760 0001 6380 8361

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

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insur

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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Tota	

Sent MacLondon Energy L
Stree PO Box 14230
or PO Odessa, TX 79768
City,

PS Form 3800, August 2006

7006 2760 0001 6380 8354

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:

MacLondon Energy LP
PO Box 14230
Odessa, TX 79768

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nicole Gomez C. Date of Delivery JUN - 3 2011

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

ODESSA TX 797 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) 7006 2760 0001 6380 8354

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

U.S. Postal Service™
CERTIFIED MAIL
(Domestic Mail Only; No Ins
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OFFIC

Postage	$ 1.2
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Frank M. Esquibel
PO Box 56
Tierra Amarilla, NM

7006 2760 0001 6380 8347

SENDER ...TION

PEEL TO THE RIGHT AT DOTTED LINES

- 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:

Frank M. Esquibel
PO Box 56
Tierra Amarilla, NM 87575

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 6-25-11

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) 7006 2760 0001 6380 8347

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

U.S. Postal Service™
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OFFIC

Postage	$ 1.2
Certified Fee	2.9
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10

Se Marcia Berger
c/o Petroleum Asset M
Si PO Box 745
or Hobbs, NM 88241
Ci

PS

7006 2760 0001 6380 9030

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:

Marcia L Berger Educ. Foundation
PO Box 745
Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Larry Scott ☐ Agent ☐ Addressee

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

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

MAY 26 2011
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) 7006 2760 0001 6380 8330

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insurar

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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Hollace Marie Johnson
13610 Bingham Ave E
Tacoma, WA 98446

7006 2760 0001 6380 8323

SENDER

- 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:

Hollace Marie Johnson
13610 Bingham Ave E
Tacoma, WA 98446

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Edward Johnson ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Edward Johnson 5/27/11

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) 7006 2760 0001 6380 8323

U.S. Postal Service™
CERTIFIED MAIL™
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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Mary E Senter Glenn
3392 Esplanade Pl
Rio Rancho, NM 87124

7006 2760 0001 6380 8316

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:

Mary E Senter Glenn
3392 Esplanade Pl
Rio Rancho, NM 87124

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary E. Glenn ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MARY E. SENTER 5/25/11

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) 7006 2760 0001 6380 8316

PS Form 3811, February 2004 Domestic Return Receipt 2-M-1540

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	$ 6.43

Sent To: Jacob R. Serrano
Street, Apt. No., or PO Box: 20310 SE 262nd St
City, State, ZIP+4: Covington, WA 98042

PS Form 3800, August 2006

7006 2760 0001 6380 8309

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:

Jacob R. Serrano
20310 SE 262nd St
Covington, WA 98042

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [X] Jacob Serrano C. Date of Delivery 6/8/11

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) 7006 2760 0001 6380 8309

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To: Mary Elinor Alexander Est
Street, Apt. No., or PO Box: PO Box 72
City, State, ZIP+4: Nowata, OK 74048-0072

PS Form 3800, August 2006

7006 2760 0001 6380 8293

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:

Mary Elinor Alexander Est
PO Box 72
Nowata, OK 74048-0072

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) 7006 2760 0001 6380 8293

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent To: Mary F Lynch Planco
Street, Apt. No., or PO Box: PO Box 346
City, State, ZIP+4: Dulce, NM 87528

PS Form 3800, August 2006

7006 2760 0001 6381 0005

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:

Mary F Lynch Planco
PO Box 346
Dulce, NM 87528

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) FRED LUCERO C. Date of Delivery 5/26/14

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) 7006 2760 0001 6381 0005

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

U.S. Postal Service™
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OFFICI

Postage	$ 1.28
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent
Stree
or P
City,

Stephanie Hargrove
812 10th St NE Apt #
Auburn, WA 98002-4

PS F

7006 2760 0001 6380 9993

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

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:

Stephanie Hargrove
812 10th St NE Apt #40
Auburn, WA 98002-4141

CTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) S A. Hargrave
C. Date of Delivery 5-27-11

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) 7006 2760 0001 6380 9993

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

U.S. Postal Service™
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(Domestic Mail Only; No Insuranc

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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Mary Helen Greene Maricol
4310 Hillside Dr
Norman, OK 73072

7006 2760 0001 6380 9986

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:

Mary Helen Greene Maricoli
4310 Hillside Dr
Norman, OK 73072

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Mary Helen Maricoli
C. Date of Delivery 5-26-11

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) 7006 2760 0001 6380 9986

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Sent T
Street
or PO
City, S

The Arc of the US Inc.
1050 Connecticut Ave N
Washington, DC 20036

PS Fo

7006 2760 0001 6380 9832

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

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:

The Arc of the US Inc.
1050 Connecticut Ave NW Ste 800
Washington, DC 20036

CTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature]
C. Date of Delivery 5-31-11

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) 7006 2760 0001 6380 9832

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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

Sent
Stree
or PO
City,
McKay Oil & Gas LLC
PO Box 14738
Albuquerque, NM 8719

7006 2760 0001 6380 9825

SENDER: COMPL
- Complete items 1, 2, and 3. Also co
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:

McKay Oil & Gas LLC
PO Box 14738
Albuquerque, NM 87191-4738

ETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) WJMAYhew — C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 9825

PS Fo

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

Sent To
Street,
or PO
City, St
Tiva Abeyta Garcia
823 N Park Ave
Montrose, CO 81401

7006 2760 0001 6380 9818

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:

Tiva Abeyta Garcia
823 N Park Ave
Montrose, CO 81401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] — C. Date of Delivery 5/27/11

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

Article Number (Transfer from service label) 7006 2760 0001 6380 9818

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Tot	1.42

USPS SANTA FE, NM 87594
Postmark Here
MAY 24 2011
DE VARGAS POST OFFICE

Sent
Stree
or P
City,
MHT Properties Ltd
3840 Windsor Ln
Dallas, TX 75205

7006 2760 0001 6380 9801

PS Form 3800, August 2006 Instructions

7006 2760 0001 6380 9795

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cov
For delivery information visit our website at
OFFICIAL

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
	MAY 24
To	6.43

Valentin Serrano
304 Spruce St.
South Elgin, IL 60177-1765

PS Form 3800, Aug

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:

Valentin Serrano
304 Spruce St.
South Elgin, IL 60177-1765

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) S. Nelsell
C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 9795

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

7006 2760 0001 6380 9788

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Postmark Here
MAY 24 2011

William W. Bramlett
PO Box 132255
Spring, TX 77393

for Instructions

7006 2760 0001 6380 9771

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cov
For delivery information visit our website at
OFFICIAL

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Tota	6.43

NM Taxation & Rev Dept.
Unclaimed Property Div
1200 S. St Francis Dr
Santa Fe, NM 87509

PS Form

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

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:

NM Taxation & Rev Dept.
Unclaimed Property Div
1200 S. St Francis Dr
Santa Fe, NM 87509

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Virginia [illegible] 87501 ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAY 26 2011

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

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) 7006 2760 0001 6380 9771

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C

For delivery information visit our website

OFFICIAL

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Williams Production Co LL
Dept 1111
One Williams Ctr
Tulsa, OK 74182

7006 2760 0001 6380 9955

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:

Williams Production Co LLC
Dept 1111
One Williams Ctr
Tulsa, OK 74182

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. Moore
C. Date of Delivery 5-27-11

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) 7006 2760 0001 6380 9955

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

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance

For delivery information visit our website

OFFICIAL

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Oralia S. Rivera
HC 74 Box 16
Tierra Amarilla, NM 875

7006 2760 0001 6380 9948

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:

Oralia S. Rivera
HC 74 Box 16
Tierra Amarilla, NM 87575-9601

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Oralia S. Rivera
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) 7006 2760 0001 6380 9948

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

U.S. Postal Service™
CERTIFIED MAIL™ RE
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Renee Serrano
PO Box 9692
Albuquerque, NM 87119

7006 2760 0001 6380 9931

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:

Renee Serrano
PO Box 9692
Albuquerque, NM 87119

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ellen J. Mainard
C. Date of Delivery 5-28-11

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

MAY 28 2011

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) 7006 2760 0001 6380 9931

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

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran
For delivery information visit our we
OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Chevron Midcontinent
Prod Rev & Royalty A
PO Box 730365
Dallas, TX 75373-036

7006 2760 0001 6380 9924

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:

Chevron Midcontinent LP
Prod Rev & Royalty Acctg
PO Box 730365
Dallas, TX 75373-0365

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAY 26 2011

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

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

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7006 2760 0001 6380 8484

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

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insuranc
For delivery information visit our webs
OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Tot	$ 6.43

Rita Wasilevich
1860 Ski Slope Circle
Las Vegas, NV 89117

7006 2760 0001 6380 9917

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:

Rita Wasilevich
1860 Ski Slope Circle
Las Vegas, NV 89117

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

SPRING VALLEY BRANCH LAS VEGAS NV 89117
MAY 27 2011
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) 7006 2760 0001 6380 9917

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

U.S. Postal Service™
CERTIFIED MAIL™ RECE
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OFFICIAL

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	$ 6.43

ConocoPhillips Co.
22295 Network Pl
Chicago, IL 60673-1222

7006 2760 0001 6380 9900

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:

ConocoPhillips Co.
22295 Network Pl
Chicago, IL 60673-1222

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

CARDROOM 2ND FLR 60699
MAY 29 2011
CHICAGO, IL 60699

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) 7006 2760 0001 6380 9900

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

U.S. Postal Service™
CERTIFIED MAIL™ R
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For delivery information visit our web

OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Robert Edmund & Gay S Bea
2603 Augusta Ste #1050
Houston, TX 77057

7006 2760 0001 6380 9894

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:

Robert Edmund & Gay S Beamon Liv Tr
2603 Augusta Ste #1050
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) | C. Date of Delivery
6/7/11

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) 7006 2760 0001 6380 9894

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Diannes Oil & Gas LLC
160 Balfour Dr.
Daniel Island, SC 29492

7006 2760 0001 6380 9887

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:

Diannes Oil & Gas LLC
160 Balfour Dr.
Daniel Island, SC 29492

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
6-1-11

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 7006 2760 0001 6380 9887

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OFFICI

Postage	$ 1.
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.

Serina Serrano
332 Beaumont St
Las Vegas, NV 891

7006 2760 0001 6380 9870

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:

Serina Serrano
332 Beaumont St
Las Vegas, NV 89106

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) SERINA SERRANO | C. Date of Delivery
6/6/11

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) 7006 2760 0001 6380 9870

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Edward M. Warner
PO Box 480046
Denver, CO 80248-0046

7006 2760 0001 6380 9863

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:

Edward M. Warner
PO Box 480046
Denver, CO 80248-0046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) EDUARD M WARNER C. Date of Delivery 6/3/11

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) 7006 2760 0001 6380 9863

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

U.S. Postal Service™
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For delivery information visit our website
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Greene Fam Oil & Gas LP WY LP
PO Box 3167
Cheyenne, WY 82003

7006 2760 0001 6380 9764

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

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:

Greene Fam Oil & Gas LP WY LP
PO Box 3167
Cheyenne, WY 82003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Shelly Erickson C. Date of Delivery 6/3/11

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) 7006 2760 0001 6380 9764

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

Thomas L. Caulfield
14547 Ranchview Terra
Chino Hills, CA 91709

7006 2760 0001 6380 9757

- 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:

Thomas L. Caulfield
14547 Ranchview Terrace
Chino Hills, CA 91709

A. Signature
x [signature] ☐ Agent ☐ Addressee

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

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

CHINO HILLS CA 91709 JUN -2 2011 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) 7006 2760 0001 6380 9757

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

U.S. Postal Service™
CERTIFIED MAIL™ R
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For delivery information visit our web
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 9740

James B. Fullerton
621 17th St Ste 1040
Denver, CO 80293

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 B. Fullerton
621 17th St Ste 1040
Denver, CO 80293

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

DOWNTOWN STATION DENVER, CO 80202 USPS JUN 14 2011

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) 7006 2760 0001 6380 9740

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

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total P	$ 6.43

USPS SANTA FE, NM 87504 Postmark Here MAY 24 2011 DE VARGAS POST OFFICE

7006 2760 0001 6380 9733

Sent To Trans Delta Oil & gas Inc.
Street, or PO 1330 Leyden St.
City, S Denver, CO 80220

PS Form [illegible] Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance

For delivery information visit our website
OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
T	6.02

7006 2760 0001 6380 9726

Se James B. & Barbara A. Fu
Si 621 17th St Ste 1040
or Denver, CO 80293
Ci

PS Form 3800, August 2006

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

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 B. & Barbara A. Fullerton
621 17th St Ste 1040
Denver, CO 80293

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

DOWNTOWN STATION DENVER, CO 80202 USPS JUN 14 2011

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) 7006 2760 0001 6380 9726

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

U.S. Postal Service™
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OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 9719

WRW Energy Co.
600 17th St. Suite 2800 S
Denver, CO 80202

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:

WRW Energy Co.
600 17th St. Suite 2800 South
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Adam Gallegos — C. Date of Delivery 5/26/11

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) 7006 2760 0001 6380 9719

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

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For delivery information visit our we
OFFICIA

Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 9856

James D. & Patty M. C
28102 Orsola
Mission Viejo, CA 9269

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 D. & Patty M. Caulfield Tr.
28102 Orsola
Mission Viejo, CA 92692

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Patty Caulfield — C. Date of Delivery 6/6/11

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) 7006 2760 0001 6380 9856

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

U.S. Postal Service™
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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.43

7006 2760 0001 6380 1829

BP America Production C
Attention: OOJI
P.O. Box 21868
Tulsa, OK 74121

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:

BP America Production Company
Attention: OOJI
P.O. Box 21868
Tulsa, OK 74121

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery 5-27-11

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) 7006 2760 0001 6380 1829

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

7006 2760 0001 6380 9849

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Postage	$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.43

MAY 24 2011
Postmark Here
DE VARGAS POST OFFICE

Sent
Street or PO
City, State

Mary Colleen Caulfield Guy
65174 High Ridge Dr.
Bend, OR 97701

PSF

Instructions

PLACE STICKER AT TOP OF

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:

Mary Colleen Caulfield Guy
65174 High Ridge Dr.
Bend, OR 97701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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) 7006 2760 0001 6380 9849

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