

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

IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION FOR  
THE PURPOSE OF CONSIDERING:

APPLICATION OF COG OPERATING LLC FOR  
A NON-STANDARD SPACING AND PRORATION  
UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

CASE NO. 14849

AFFIDAVIT

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

Adam G. Rankin, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.



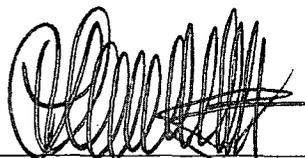
Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 22nd day of June 2012 by Adam

G. Rankin.



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 01/14/15



Notary Public

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 5  
Submitted by:  
**COG OPERATING LLC**  
Hearing Date: June 25, 2012

HOLLAND & HART<sup>LLP</sup>



**Adam G. Rankin**  
**Associate**  
Phone 505-988-4421  
Fax 505-983-6043  
agrankin@hollandhart.com

May 1, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO AFFECTED INTEREST OWNERS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.  
Hogan State Com 2H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on May 24, 2012. 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.

Questions concerning this application should be directed to Mike Wallace at (432) 221-0465.

Sincerely,

Adam G. Rankin  
**ATTORNEY FOR COG OPERATING LLC**

MHF  
Enclosure

**Holland & Hart** LLP

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻️

**EXHIBIT A**  
**COG OPERATING LLC**  
**HOGAN STATE COM 2H WELL**

Peggy Runyan  
6290 Olohena Road, Apt. C  
Kapaa, Hawaii 96746-8705

Vicky Moser  
3555 Comal Springs  
Canyon Lake, Texas 78133

Rodney Webb  
2409 W. Cerro Road  
Artesia, New Mexico 88210

Black Stone Natural Resources  
1001 Fannin, Suite 2020  
Houston, Texas 77002

ConocoPhillips Company  
600 North Dairy Ashford  
3WL-14066  
Houston, Texas 77079

Murchison Oil & Gas, Inc.  
1100 Mira Vista Blvd.  
Plano, Texas 75093  
Attn: Bret Austin

ZPZ Delaware LLC  
303 Veterans Airpark Ln  
Suite 3000  
Midland, Texas 79705  
Attn: Lee Scarborough

**Mewbourne Oil Company;**  
**Mewbourne Development**  
**Corporation; 3MG Corporation;**  
**CWM 2000-B, Ltd; Mewbourne**  
**Energy Partners 07-A, LP**  
500 West Texas  
Suite 1020  
Midland, Texas 79701  
Attn. **Brett Austin**

Maria de la Luz A. Corral-Espinoza  
1865 Miner Creek Lane  
Unit #3  
Shula Vista, CA 91913

Morris Schertz  
Post Office Box 2588  
Roswell, New Mexico 88202

MEC Petroleum Corporation  
414 West Texas, Suite 410  
Midland, Texas 79702

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OFFIC**  
 MHF/COG  
 HOGAN 2H

7006 0100 0005 0626 5196

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.95

Postmark Here  
 MAY - 1 2012  
 DE VARGAS POST OFFICE

Sent To  
 Street, Apt. or PO Box  
 City, State

Peggy Runyan  
 6290 Olohena Road, Apt. C  
 Kapaa, Hawaii 96746-8705

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

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

1. Article Addressed to:  
 Peggy Runyan  
 6290 Olohena Road, Apt. C  
 Kapaa, Hawaii 96746-8705

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5196

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 \* Peggy Runyan  
 Agent  
 Addressee

B. Received by (Printed Name) Peggy Runyan  
 C. Date of Delivery 5-1-12

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

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

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OFFIC**  
 MHF/COG  
 HOGAN 2H

7006 0100 0005 0626 5189

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.95

Postmark Here  
 MAY - 1 2012  
 DE VARGAS POST OFFICE

Sent To  
 Street, Apt. or PO Box  
 City, State

Vicky Moser  
 3555 Comal Springs  
 Canyon Lake, Texas 78133

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

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

1. Article Addressed to:  
 Vicky Moser  
 3555 Comal Springs  
 Canyon Lake, Texas 78133

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5189

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 \* Charles E. Moser  
 Agent  
 Addressee

B. Received by (Printed Name) CHARLES E. MOSER  
 C. Date of Delivery 5-4-12

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

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

7006 0100 0005 0626 5172

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

For delivery information: **MHF/COG HOGAN 2H**

**OFFFI**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here: MAY -1 2012 DE VARGAS POST OFFICE

Sent To: Rodney Webb  
 Street, Apt or PO Box: 2409 W. Cerro Road  
 City, State: Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Rodney Webb  
 2409 W. Cerro Road  
 Artesia, New Mexico 88210

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5172

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Sarah Webb*  Agent  Addressee

B. Received by (Printed Name): SARAH WEBB C. Date of Delivery: 5-3-12

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 5165

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

For delivery information: **MHF/COG HOGAN 2H**

**OFFFI**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here: MAY -1 2012 DE VARGAS POST OFFICE

Sent To: Black Stone Natural Resources  
 Street, Apt or P: 1001 Fannin, Suite 2020  
 City: Houston, Texas 77002

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Black Stone Natural Resources  
 1001 Fannin, Suite 2020  
 Houston, Texas 77002

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5165

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Sarah Webb*  Agent  Addressee

B. Received by (Printed Name): SARAH WEBB C. Date of Delivery: 5-3-12

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

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™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/COG HOGAN 2H**

**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here  
 MAY 2 2012  
 DE VARGAS POST OFFICE

Sent To: Morris Schertz  
 Street, or P.O.: Post Office Box 2588  
 City, State: Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 5127

**SENDER CC** **ON 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:  
 Morris Schertz  
 Post Office Box 2588  
 Roswell, New Mexico 88202

2. Article Number (Transfer from service) **7006 0100 0005 0626 5127**

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature *Tara Reynolds*  Agent  Addressee  
 B. Received by (Printed Name) *Tara Reynolds* C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

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

For delivery information visit **MHF/COG HOGAN 2H**

**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here  
 MAY -1 2012  
 DE VARGAS POST OFFICE

Sent To: Maria de la Luz A. Corral-Espinoza  
 Street, or P.O.: 1865 Miner Creek Lane  
 City, State: Unit #3 Shula Vista, CA 91913

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 5127

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

For delivery information visit **MHF/COG**  
**OFFIC HOGAN 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>

Postmark Here  
 MAY - 1 2012  
 DE VARGAS POST OFFICE

Sent To  
 ConocoPhillips Company  
 600 North Dairy Ashford  
 3WL-14066  
 Houston, Texas 77079

PS Form 3811, February 2004 See Reverse for Instructions

7006 0100 0005 0626 5158

SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:  
 ConocoPhillips Company  
 600 North Dairy Ashford  
 3WL-14066  
 Houston, Texas 77079

2. Article Number  
 (Transfer from service label) 7006 0100 0005 0626 5158

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery  
 [Signature] 5/5/12

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

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

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

For delivery information visit **MHF/COG**  
**OFFIC HOGAN 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>

Postmark Here  
 MAY - 1 2012  
 DE VARGAS POST OFFICE

Sent  
 Murchison Oil & Gas, Inc.  
 1100 Mira Vista Blvd.  
 Plano, Texas 75093  
 Attn: Bret Austin

PS Form 3811, February 2004 See Reverse for Instructions

7006 0100 0005 0626 5141

SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:  
 Murchison Oil & Gas, Inc.  
 1100 Mira Vista Blvd.  
 Plano, Texas 75093  
 Attn: Bret Austin

2. Article Number  
 (Transfer from service label) 7006 0100 0005 0626 5141

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery  
 BRANCA DRRAVO 5-3

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

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

7006 0100 0005 0626 5202

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

For delivery information visit **OFFIC**  
**MHF/COG**  
**HOGAN 2H**

Postage	\$ <u>1.65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ <u>5.95</u></b>

Postmark: **MAY - 1 2012**  
 USPS SANTA FE, NM 87501  
 MARGAS POST OFFICE

Sent to: **MEC Petroleum Corporation**  
 Street or PO: **414 West Texas, Suite 410**  
 City, State: **Midland, Texas 79702**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**MEC Petroleum Corporation**  
**414 West Texas, Suite 410**  
**Midland, Texas 79702**

2. Article Number (Transfer from service): **7006 0100 0005 0626 5202**

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

4. Restricted Delivery? (Extra Fee)  Yes

**ON DELIVERY**

A. Signature: **X** *Wanda Cannon*     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

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

7006 0100 0005 0000 0010 9226 5134

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

For delivery information: **OFFICE**

**MHF/COG**  
**HOGAN 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>

Postmark Here: MAY 2012 DE VARGAS POST OFFICE

Se: ZPZ Delaware LLC  
 303 Veterans Airpark Ln  
 Suite 3000  
 Midland, Texas 79705  
 Attn: Lee Scarborough

PS Form 3800, June 2002 See Reverse for Instructions

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

**ACTION ON DELIVERY**

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

A. Signature: *James Dalager*  Agent  Addressee  
 B. Received by (Printed Name): *James Dalager* C. Date of Delivery: *5-3-12*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 ZPZ Delaware LLC  
 303 Veterans Airpark Ln  
 Suite 3000  
 Midland, Texas 79705  
 Attn: Lee Scarborough

2. Article Number: 7006 0100 0005 0626 5134  
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee)  Yes

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

7006 0100 0005 0000 0010 9226 5110

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

For delivery information: **OFFICE**

**MHF/COG**  
**HOGAN 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>

Postmark Here: MAY 2012 DE VARGAS POST OFFICE

Se: Mewbourne Oil Company;  
 Mewbourne Development Corporation; 3MG Corporation; CWM 2000-B, Ltd; Mewbourne Energy Partners 07-A, LP  
 500 West Texas Suite 1020  
 Midland, Texas 79701  
 Attn: Brett Austin

PS Form 3800, June 2002 See Reverse for Instructions

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

**ACTION ON DELIVERY**

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

A. Signature: *B. Mitchell*  Agent  Addressee  
 B. Received by (Printed Name): *B. Mitchell* C. Date of Delivery:  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Mewbourne Oil Company;  
 Mewbourne Development Corporation; 3MG Corporation;  
 CWM 2000-B, Ltd; Mewbourne Energy Partners 07-A, LP  
 500 West Texas Suite 1020  
 Midland, Texas 79701  
 Attn: Brett Austin

2. Article Number: 7006 0100 0005 0626 5110  
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee)  Yes

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