BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CHI ENERGY, INC. FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. Case No. 13,381

AFFIDAVIT REGARDING NOTICE

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

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

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

2. I am an attorney for Applicant.

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

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

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

James Bruce

SUBSCRIBED AND SWORN TO before me this 16th day of March, 2005, by James Bruce.

Notary Public

My Commission Expires:
12-6-08

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 2

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

January 27, 2005

Certified Mail - Return Receipt Requested

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of aN amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc., regarding the S½ of Section 17, Township 22 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, February 17, 2005 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, February, 2005, if you intend to enter an appearance and participate in the case.

PLEASE NOTE THAT, IN THE ABSENCE OF OBJECTION THIS MATTER WILL BE TAKEN UNDER ADVISEMENT.

Very truly yours,

James Bruce

Attorney for Chi Energy, Inc.

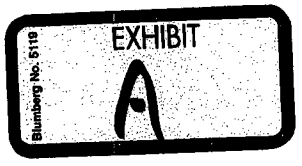

EXHIBIT A

PARTIES BEING POOLED

Vivian Burrhus
HC-1 Box 530-4
Center Point, TX 78010

Ronald D. Fischer
109 Colinas Ave. NE
Albquerque, NM 87113

Keneth E. Fischer
2423 Garden Ave.
Waverly. Iowa 50677

Steven Fischer
1009 East Wood
Carlsbad, NM 88220

Tom Fischer
1442 East Harmony
Mesa, Az 85204

Carol Fischer Matsumato
2403 Hanston Court
Pearland, TX 77803

Linda Fischer Mathews
2512 Hardwood
Bryan, TX 77803

Eddie Lee Fischer
c/o Betty Harris
2402 West Story
Midland, TX 79710

OXY USA WTP Limited
6 Desta Drive
Midland, TX 7970

Richard A. Smead
206 E. Rose Street
Carlsbad,NM 88220

Henry H. Hrandi
P.O.Box 893
Carlsbad, NM 88220

Gary L. Roberts
210 E. Rose Street
Carlsbad, NM 88220

B.V. Ballard
1311 W. Mermod
Carlsbad, NM 88220

Jimmie Houchin
220 E. Rose Street
Carlsbad, NM 88220

James B. Garrett
2408 Faulkner Apt A-3
Midland, TX 79705

Marion Jenkins
1206 West Mermod Street
Carlsbad, NM 88220

Clinton J. Coleman
P.O.Box 941
Harlingen, Tx

Margaret Keeling Guengerich
1941 East Delsur Dr.
Tempe, Az 85383

Bobbie Javine Smith
306 East Rose Street
Carlsbad, NM 88202

Raymond C. Foreman
1012 Spring Street
Carlsbad, NM 88220

Shawn Judah
316 East Rose Street
Carlsbad, NM 88202

W.D.Brininstool
2502 South Canal Street
Carlsbad, NM 88220

Linda S. Crowley
P.O.Box 1295
Carlsbad, NM 88220

Donna Croley Lamun
Route 1 Box 5M
Carlsbad, NM 88220

Dorothy Croley, a widow
2421 Primrose
Carlsbad, NM 88220

Kathy Faye Croley
2421 Primrose
Carlsbad, NM 88220

Ethelyn Louise Croley Sheuy
Carlsbad, NM 88220

Billy Lee Croley
10 Rockridge
Pueblo, Co 81001

Jerry and Nancy Calvani
Revocable Trust
P.O.Box 172
Carlsbad, NM 88220

Emma Irene Blackwell
1206 North Thorpe
Hobbs, NM 88240

Doris Ann Croley Melvin
430 Knotty Pine
Green River, WY 82935

Albert H. Fisher and wife
Lena L. Fisher, Joint Tenants
Rt 1,Box 266
Carlsbad, NM 88220

Cotton Growers Inc.
P.O.Box CC
Carlsbad, NM 88220

Queen Oil and Gas
P.O.Box 959
Carlsbad, NM 88220

Elvira Murphy
209 North Missouri
Roswell, NM 88201

Flora Louise Tracy and Charles G. Tracy
Trustees of The Francis G. Tracy and Bessie
Driver Tracy Revocable Trust, Dated 07/30/81
P.O.Box 700
Carlsbad, NM 88220

Robert Wilson Finlay, Jr.
720 Appaloosa Drive
Walnut Creek, CA 94596

Nancy Finlay Rodekohr
720 Appaloosa Drive
Walnut Creek, CA 94596

Nora Finley Cook
720 Appaloosa Drive
Walnut Creek, CA 94596

Everet L. Wheeler
1801 N. Mission Ave.
Carlsbad, NM 88220

C.E. Wheeler
647 Old Cavern Hwy
Carlsbad, NM 88220

Phyllis Marie Wheeler Western
1174 East Center Ave.
Carlsbad, NM 88220

Heirs of Elsie M. Weldon
c/o Mary Francis Linnardon
Carlsbad, NM

Ralph Calvani
28765 Via Zapato
Murrieta CA 92563

Heirs of Albert C. Boeglin
c/o Albert C. Boeglin
Las Cruces, NM

Betty Holder Hackler
715 East Fiesta
Carlsbad, NM 88220

Faith Holder Paddock
P.O. Box 307
Marana, AZ 85653

Mary Holder Stahle
516 North 3rd
Bloomfield, NM 87413

Dorothy Holder Roberts
P.O. Box 640
Gilmer, TX 75644

Lois Holder
Apt. 206
4602 50th Street
Lubbock, TX 79414

William N. Holder
802 East Wood Avenue
Carlsbad, NM 88220

Brenda Holder Stockton
1406 West Tansill
Carlsbad, NM 88220

Marla Holder Parker
2504 North houston
Hobbs, NM 88240

Jimmy Fischer
c/o Robert Fischer
3407 Daniel Street
Arlington, TX 76014

Phillips Marketing Properties
4001 Penbrook Street
Odessa, Texas 79762

Elvira Murphy
209 South Missouri
Roswell, NM 88201

Donna Croley Laman
1419 Eagle
Carlsbad, NM 88220

B.V. Ballard
1309 W. Ural
Carlsbad, NM 88220

Richard A. Smead
4205 Townsend Road
Carlsbad, NM 88220

Dorothy Croley
4110 S. Thomason Rd.
Carlsbad, NM 88220

Kathy Faye Croley
4110 S. Thomason Rd.
Carlsbad, NM 88220

Richard Menuey
1221 Sapien
Carlsbad, NM 88220

7004 1160 0005 8659 4071

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CARLSBAD, NM 88220

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500 87501
Postmark Here
JAN 27 2005
Clerk: KTBJD3
01/27/05

Sent To
Marion Jenkins
Street, Apt. No.; or PO Box No. 1206 West Mermod Street
City, State, ZIP+4 Carlsbad, NM 88220

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:

Jimmie Houchin
220 E. Rose Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Katerina Houchin ☐ Agent ☐ Addressee

B. Received by (Printed Name) KATERINA HOUCHIN C. Date of Delivery 1/28/05

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) 7004 1160 0005 8659 4057

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marion Jenkins
1206 West Mermod Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Jessica Fidler ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jessica Fidler C. Date of Delivery 1-31-05

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) 7004 1160 0005 8659 4071

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

7004 1160 0005 8659 4057

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Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500
SANTA FE NM 87501
Postmark Here
JAN 27 2005
Clerk: KTBJD3
01/27/05

Sent To
Jimmie Houchin
Street, Apt. No.; or PO Box No. 220 E. Rose Street
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0005 8659 3715

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

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.: Phyllis Marie Wheeler Western, 1174 East Center Ave.
City, State, ZIP+4: Carlsbad, NM 88220

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:

Queen Oil and Gas
P.O.Box 959
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): DAVID DUNN — C. Date of Delivery

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

CARLSBAD, NM 88220 JAN 31 2005 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): 7004 1160 0005 8659 3814

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Phyllis Marie Wheeler Western
1174 East Center Ave.
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): JACK D WESTERN — C. Date of Delivery

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

NM 88220 11 2005 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): 7004 1160 0005 8659 3715

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

7004 1160 0005 8659 3814

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

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.: Queen Oil and Gas, P.O.Box 959
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0005 8659 3777

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

USPS 87501 — Postmark Here — SANTA FE NM

Sent To	Flora Louise Tracy and Charles G. Tracy
Street, Apt. No.; or PO Box No.	Trustees of The Francis G. Tracy and Bessie
City, State, ZIP+4	Driver Tracy Revocable Trust, Dated 07/30/81
	P.O.Box 700
	Carlsbad, NM 88220

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:

Everet L. Wheeler
1801 N. Mission Ave.
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X Everet Wheeler — ☐ Agent ☑ Addressee

B. Received by (Printed Name): Everet Wheeler — C. Date of Delivery: 1-28-03

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)*: 7004 1160 0005 8659 3739

PS Form 3811, August 2001 — Domestic Return Receipt — CH1 — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Flora Louise Tracy and Charles G. Tracy
Trustees of The Francis G. Tracy and Bessie
Driver Tracy Revocable Trust, Dated 07/30/81
P.O.Box 700
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X Louise Tracy — ☐ 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

CARLSBAD NM — 2003

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)*: 7004 1160 0005 8659 3777

PS Form 3811, August 2001 — Domestic Return Receipt — CH1 — 102595-02-M-1540

7004 1160 0005 8659 3739

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

USPS 87501 — Postmark Here — SANTA FE NM

Sent To	Everet L. Wheeler
Street, Apt. No.; or PO Box No.	1801 N. Mission Ave.
City, State, ZIP+4	Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0005 8659 3708

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

Postmark Here

Sent To: Ralph Calvani
Street, Apt. No.; or PO Box No.: 28765 Via Zapato
City, State, ZIP+4: Murrieta CA 92563

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:

Dorothy Holder Roberts
P.O. Box 640
Gilmer, TX 75644

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Marilyn Blanchard — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Marilyn Blanchard — C. Date of Delivery: 1-31-05

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)*: 7004 1160 0005 8659 3661

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ralph Calvani
28765 Via Zapato
Murrieta CA 92563

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)*: 7004 1160 0005 8659 3708

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

7004 1160 0005 8659 3661

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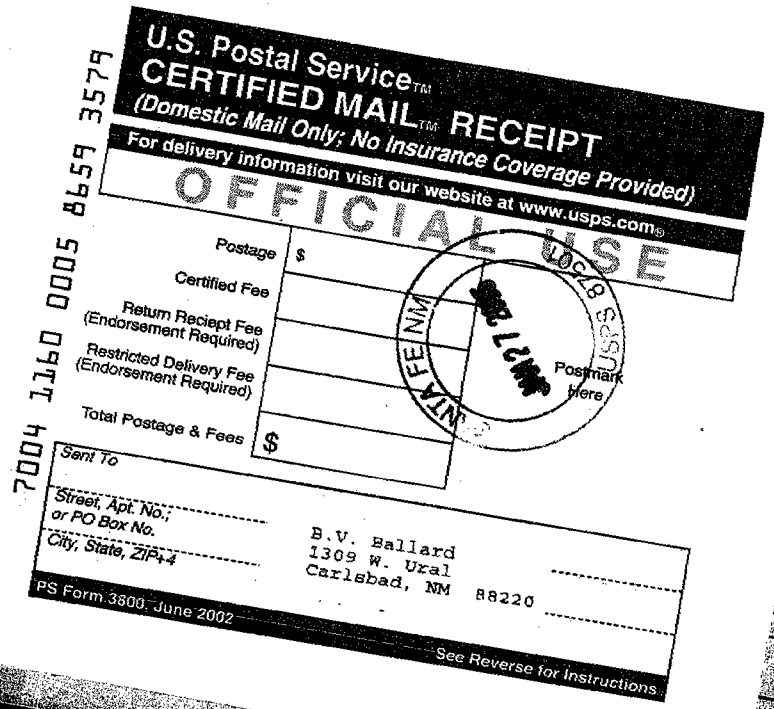
Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Dorothy Holder Roberts
Street, Apt. No.; or PO Box No.: P.O. Box 640
City, State, ZIP+4: Gilmer, TX 75644

PS Form 3800, June 2002 — See Reverse for Instructions



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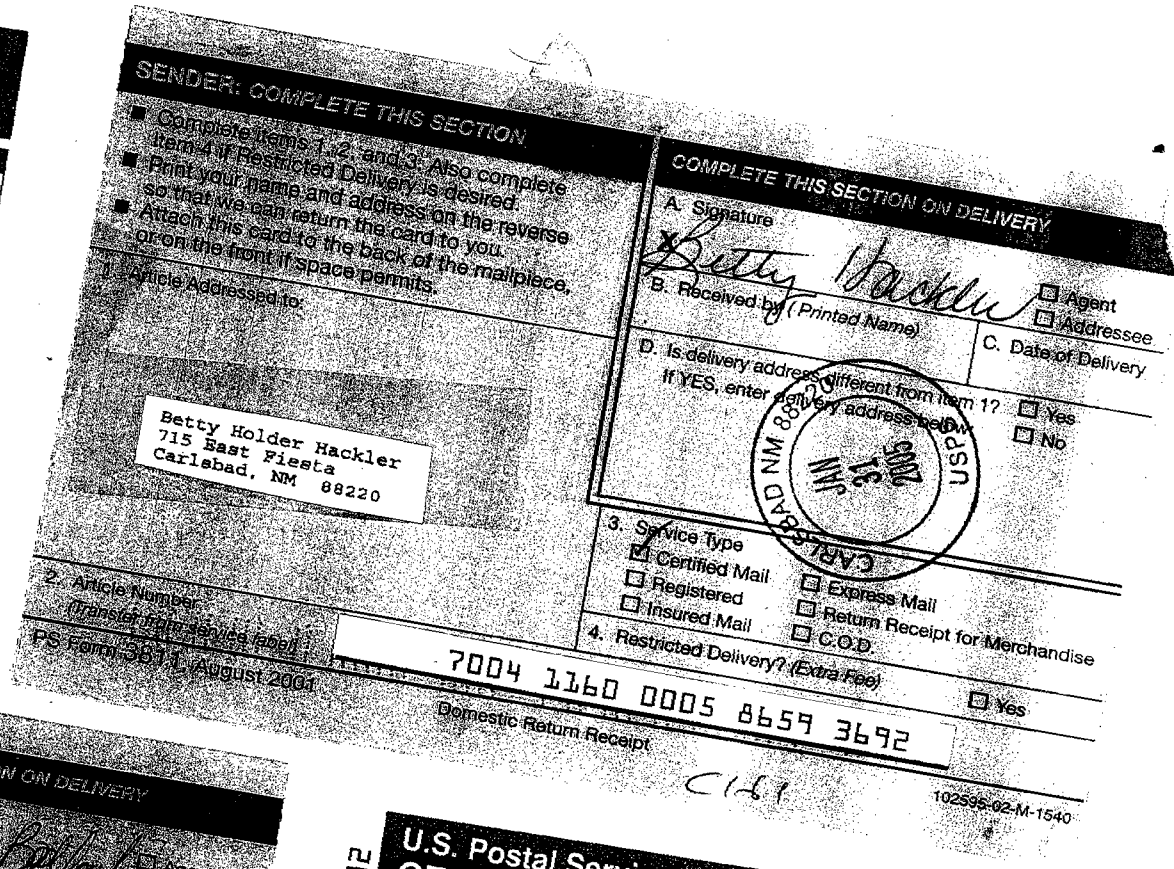
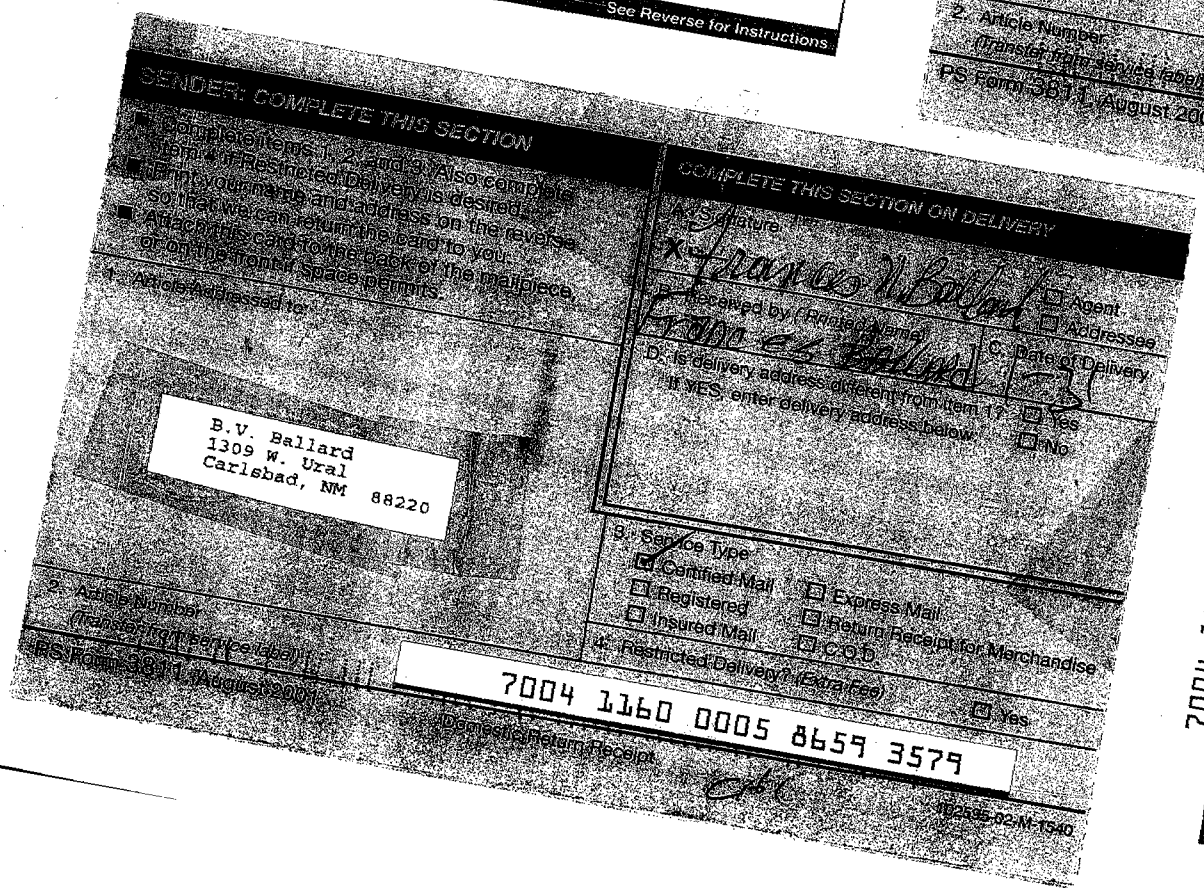
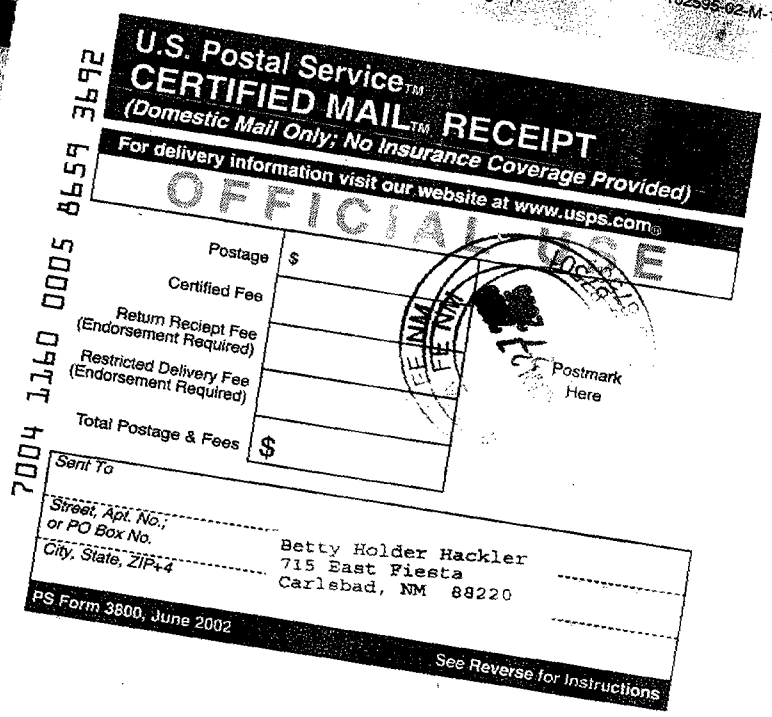
Postage $
Certified Fee
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
USPS
7004 1160 0005 8659 3579
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
B.V. Ballard
1309 W. Ural
Carlsbad, NM 88220
PS Form 3800, June 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:
Betty Holder Hackler
715 East Fiesta
Carlsbad, NM 88220
2. Article Number (Transfer from service label)
PS Form 3811, August 2001
Domestic Return Receipt
7004 1160 0005 8659 3692
102595-02-M-1540
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Betty Holder Agent
B. Received by (Printed Name) Addressee
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
CARLSBAD NM 88220 DEC 31 2004 USPS



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:
B.V. Ballard
1309 W. Ural
Carlsbad, NM 88220
2. Article Number (Transfer from service label)
PS Form 3811, August 2001
Domestic Return Receipt
7004 1160 0005 8659 3579
102595-02-M-1540
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Agent
B. Received by (Printed Name) Addressee
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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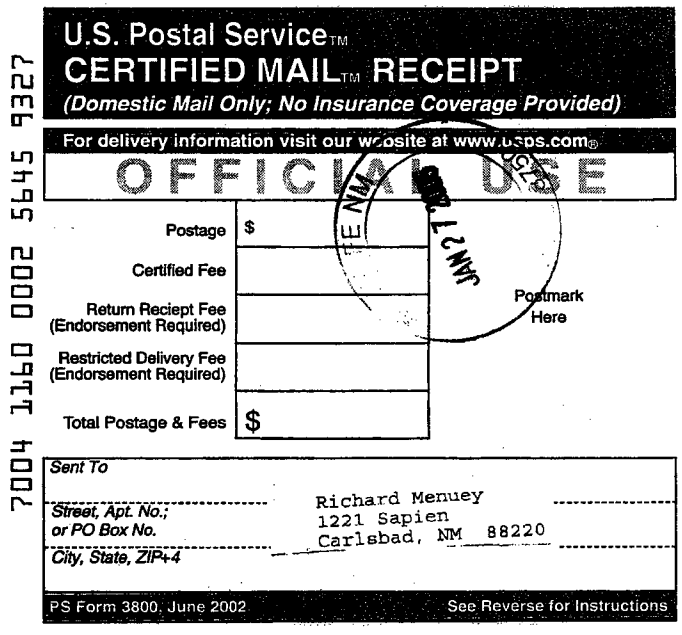
Certified Fee
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
7004 1160 0005 8659 3692
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Betty Holder Hackler
715 East Fiesta
Carlsbad, NM 88220
PS Form 3800, June 2002
See Reverse for Instructions


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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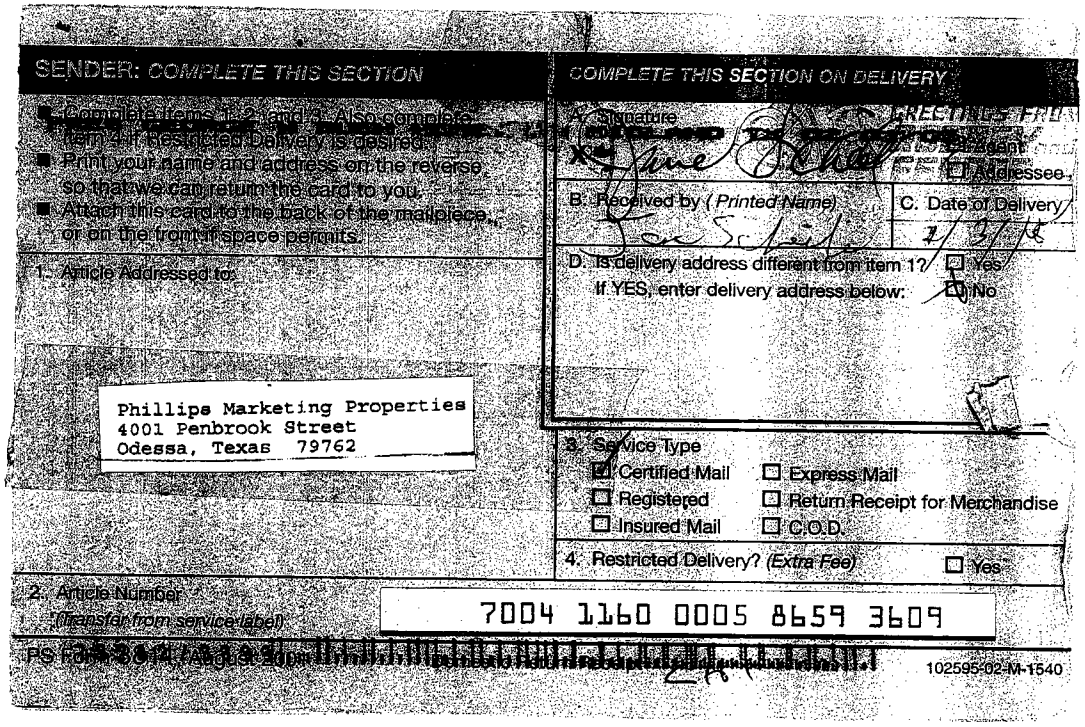
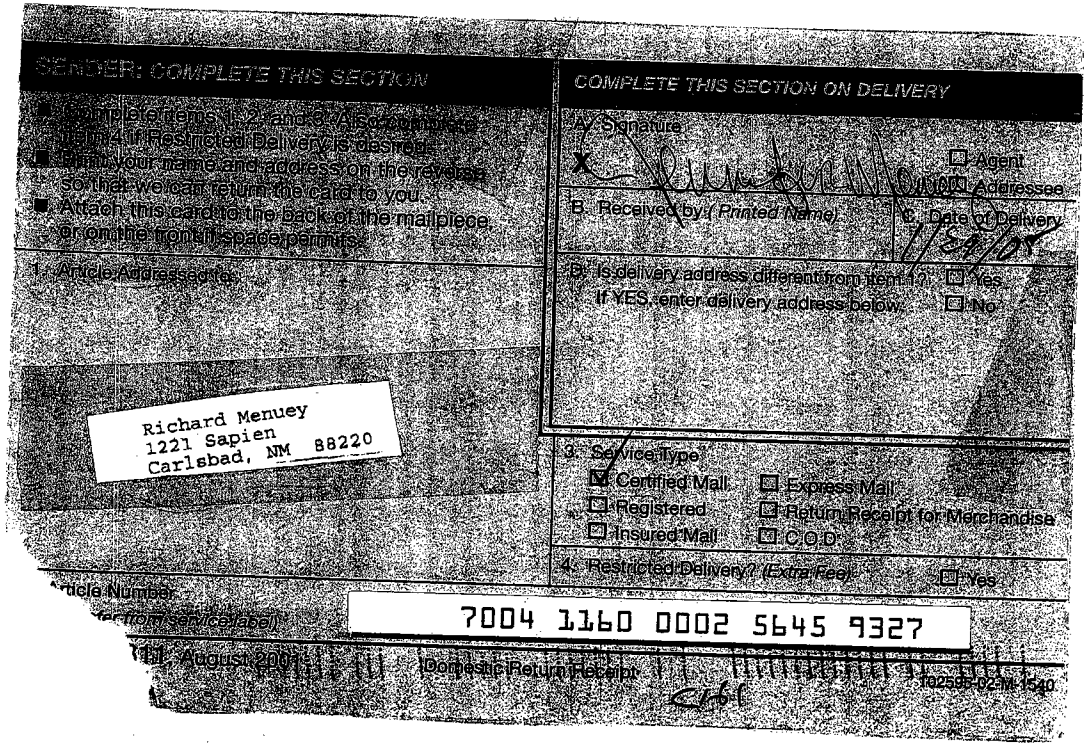
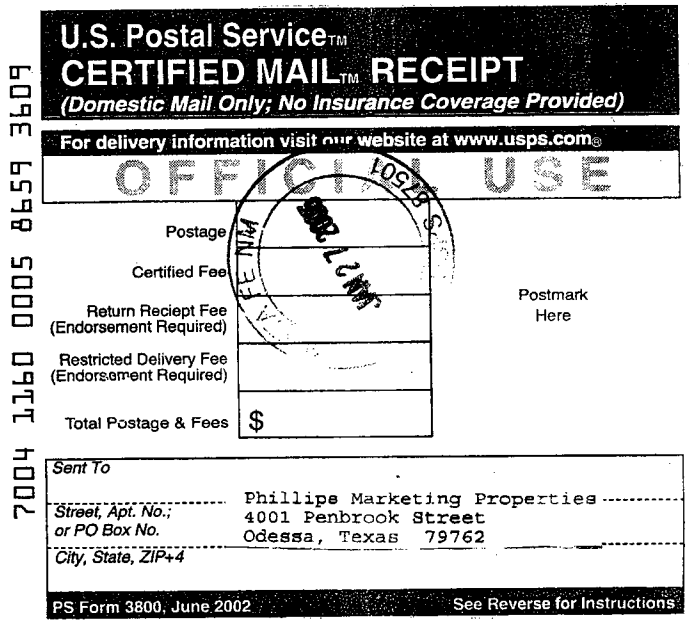
For delivery information visit our website at www.usps.com®
OFFICIAL USE
Postage $
Certified Fee
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
JAN 2 7
7004 1160 0002 5645 9327
Sent To
Richard Menuey
Street, Apt. No.; or PO Box No. 1221 Sapien
City, State, ZIP+4 Carlsbad, NM 88220
PS Form 3800, June 2002
See Reverse for Instructions


SENDER: COMPLETE THIS SECTION
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:
Phillips Marketing Properties
4001 Penbrook Street
Odessa, Texas 79762
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
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)
7004 1160 0005 8659 3609
PS Form 3811, August 2001
Domestic Return Receipt
102595-02-M-1540


SENDER: COMPLETE THIS SECTION
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:
Richard Menuey
1221 Sapien
Carlsbad, NM 88220
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
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)
7004 1160 0002 5645 9327
PS Form 3811, August 2001
Domestic Return Receipt
102595-02-M-1540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OFFICIAL USE
Postage
Certified Fee
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
7004 1160 0005 8659 3609
Sent To
Phillips Marketing Properties
Street, Apt. No.; or PO Box No. 4001 Penbrook Street
City, State, ZIP+4 Odessa, Texas 79762
PS Form 3800, June 2002
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WAVERLY, IA 50677

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Reciept Fee (Endorsement Required)	1.75	Clerk: KTB
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.42	01/27/05

7004 1160 0005 8659 3944

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Kenneth E. Fischer
2423 Garden Ave.
Waverly, Iowa 50677

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:

Shawn Judah
316 East Rose Street
Carlsbad, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shawn Judah ☐ Agent ☐ Addressee

B. Received by (Printed Name) Shawn Judah C. Date of Delivery 2-1-05

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

FEB 1 2005 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)* 7004 1160 0005 8659 3845

PS Form 3811, August 2001 — Domestic Return Receipt — CH1 — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kenneth E. Fischer
2423 Garden Ave.
Waverly, Iowa 50677

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lavonne Fischer ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lavonne Fischer C. Date of Delivery 2/1/05

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)* 7004 1160 0005 8659 3944

PS Form 3811, February 2004 — Domestic Return Receipt — CH1 — 102595-02-M-1540

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ROSWELL, NM 88202

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Reciept Fee (Endorsement Required)	1.75	Clerk: KTB
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.42	01/27/05

7004 1160 0005 8659 3845

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Shawn Judah
316 East Rose Street
Carlsbad, NM 88202

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0005 8659 3920

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CENTER POINT, TX 78010

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJBP
Total Postage & Fees	$ 4.42	01/27/05

Sent To
Street, Apt. No.; or PO Box No.: Vivian Burrhus HC-1 Box 530-4
City, State, ZIP+4: Center Point, TX 78010

PS Form 3800, June 2002 — See 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:

Jerry and Nancy Calvani
Revocable Trust
P.O.Box 172
Carlsbad, NM 88220

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

CARLSBAD NM 882 FEB 1 2005 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)* 7004 1160 0005 8659 3913

PS Form 3811, August 2001 — Domestic Return Receipt — CH1 — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Vivian Burrhus
HC-1 Box 530-4
Center Point, TX 78010

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)* 7004 1160 0005 8659 3920

PS Form 3811, February 2004 — Domestic Return Receipt — CH1 — 102595-02-M-1540

7004 1160 0005 8659 3913

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CARLSBAD, NM 88220

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJBP
Total Postage & Fees	$ 4.42	01/27/05

Sent To
Street, Apt. No.; or PO Box No.: Jerry and Nancy Calvani Revocable Trust P.O.Box 172
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

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ALBUQUERQUE, NM 87113

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500 87501
Postmark Here
JAN 27 2005
Clerk: KTBJD3
01/27/05 USPS

7004 1160 0005 8659 3937

Sent To: Ronald D. Fischer
Street, Apt. No.; or PO Box No.: 109 Colinas Ave. NE
City, State, ZIP+4: Albuquerque, NM 87113

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:

Carol Fischer Matsumato
2403 Hanston Court
Pearland, TX 77803

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol Matsumato ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
2/15/05

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)* 7004 1160 0005 8659 3975

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ronald D. Fischer
109 Colinas Ave. NE
Albuquerque, NM 87113

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R David Fisch ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
R. DAVID FISCHER | 1-28

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)* 7004 1160 0005 8659 3937

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

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BRYAN, TX 77803

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500 87501
Postmark Here
JAN 27 2005
Clerk: KTBJD3
01/27/05

7004 1160 0005 8659 3975

Sent To: Carol Fischer Matsumato
Street, Apt. No.; or PO Box No.: 2403 Hanston Court
City, State, ZIP+4: Pearland, TX 77803

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0005 8659 3951

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CARLSBAD, NM 88220 **OFFICIAL USE**

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500 SANTA FE NM 87501
Postmark Here JAN 22 2005
Clerk: KTBJD3
01/27/05 USPS

Sent To
Steven Fischer
Street, Apt. No.; or PO Box No. 1009 East Wood
City, State, ZIP+4 Carlsbad, NM 88220

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:

Tom Fischer
1442 East Harmony
Mesa, Az 85204

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom Fischer ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tom Fischer C. Date of Delivery 2/7/05

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)* 7004 1160 0005 8659 3968

PS Form 3811, February 2004 Domestic Return Receipt CH1 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Steven Fischer
1009 East Wood
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Michele Fischer ☐ Agent ☐ Addressee

B. Received by (Printed Name) MICHELE FISCHER C. Date of Delivery 1-31-05

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)* 7004 1160 0005 8659 3951

PS Form 3811, February 2004 Domestic Return Receipt CH1 102595-02-M-1540

7004 1160 0005 8659 3968

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MESA, AZ 85204 **OFFICIAL USE**

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500 SANTA FE NM 87501
Postmark Here JAN 27 2005
Clerk: KTBJD3
01/27/05

Sent To
Tom Fischer
Street, Apt. No.; or PO Box No. 1442 East Harmony
City, State, ZIP+4 Mesa, Az 85204

PS Form 3800, June 2002 See Reverse for Instructions

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MIDLAND, TX 79705-5520 — OFFICIAL USE

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500 — Postmark Here — 01/27/05 — Clerk: KTBJD3 — USPS — NM 87501

Sent To: OXY USA WTP Limited
Street, Apt. No.; or PO Box No.: 6 Desta Drive
City, State, ZIP+4: Midland, TX 7970

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0005 8659 4002

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:

Eddie Lee Fischer
c/o Betty Harris
2402 West Story
Midland, TX 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Betty B. Harris — ☑ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 1-29-05

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): 7004 1160 0005 8659 3999

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

C161

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:

OXY USA WTP Limited
6 Desta Drive
Midland, TX 7970

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x — ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 1/31/05

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): 7004 1160 0005 8659 4002

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

C161

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MIDLAND, TX 79710 — OFFICIAL USE

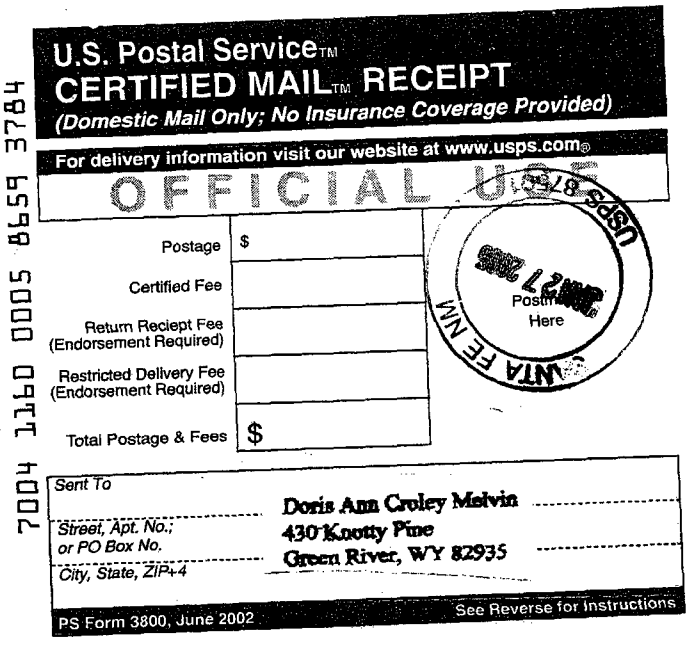
Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500 — Postmark Here — 01/27/05 — Clerk: KTBJD3 — NM 87501

Sent To: Eddie Lee Fischer
Street, Apt. No.; or PO Box No.: c/o Betty Harris
City, State, ZIP+4: 2402 West Story
Midland, TX 79710

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0005 8659 3999



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OFFICIAL USE

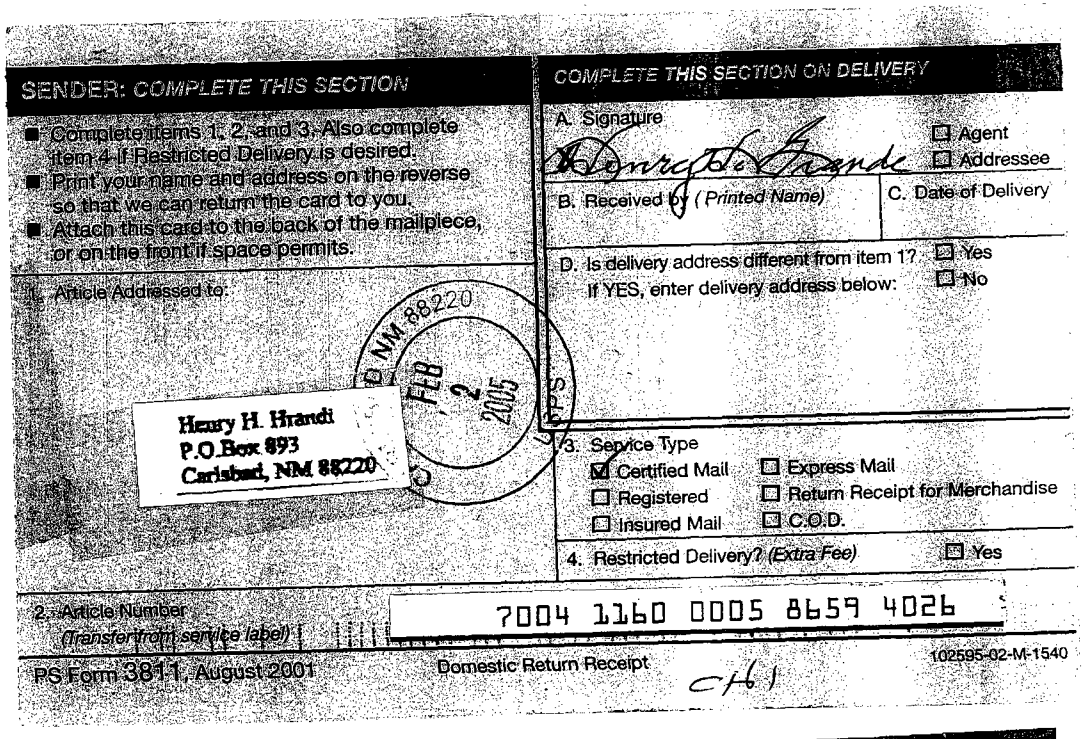
Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

USPS 8/27 2005 SANTA FE NM
Postmark Here

7004 1160 0005 8659 3784

Sent To
Doris Ann Croley Melvin
Street, Apt. No.; or PO Box No. 430 Knotty Pine
City, State, ZIP+4 Green River, WY 82935

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:

Henry H. Hrandi
P.O.Box 893
Carlsbad, NM 88220

NM 88220 FEB 2 2005 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Donna de Grande
☐ 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

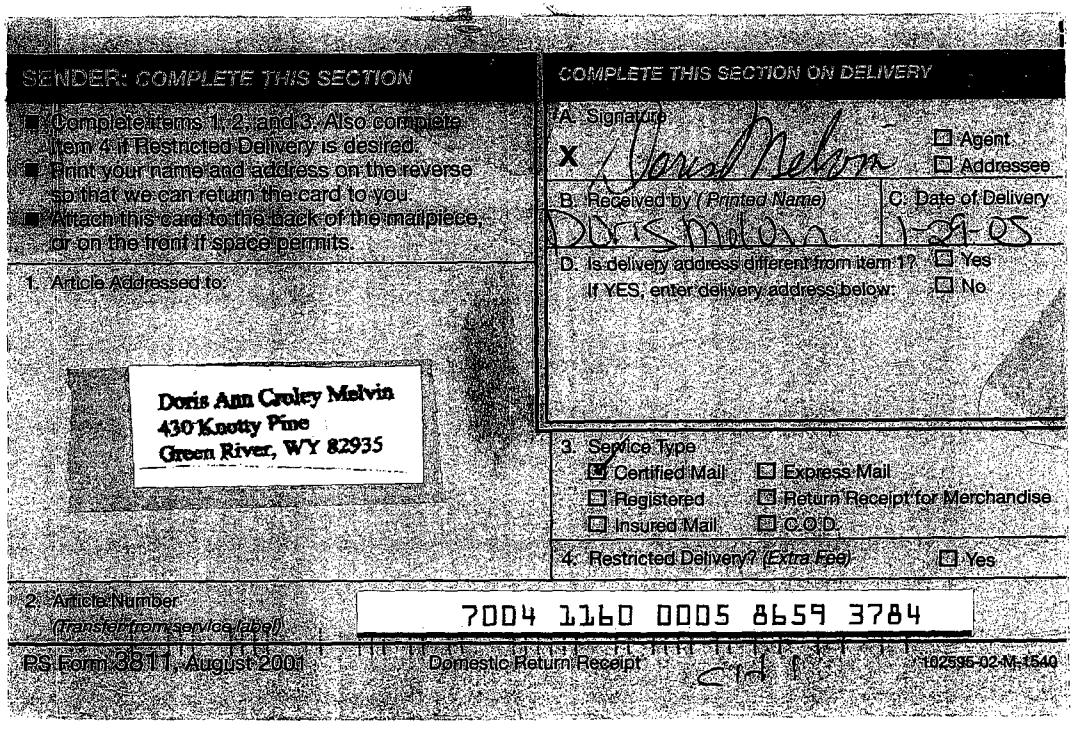
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0005 8659 4026

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

CH1



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:

Doris Ann Croley Melvin
430 Knotty Pine
Green River, WY 82935

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Doris Melvin
☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Doris Melvin 1-29-05

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

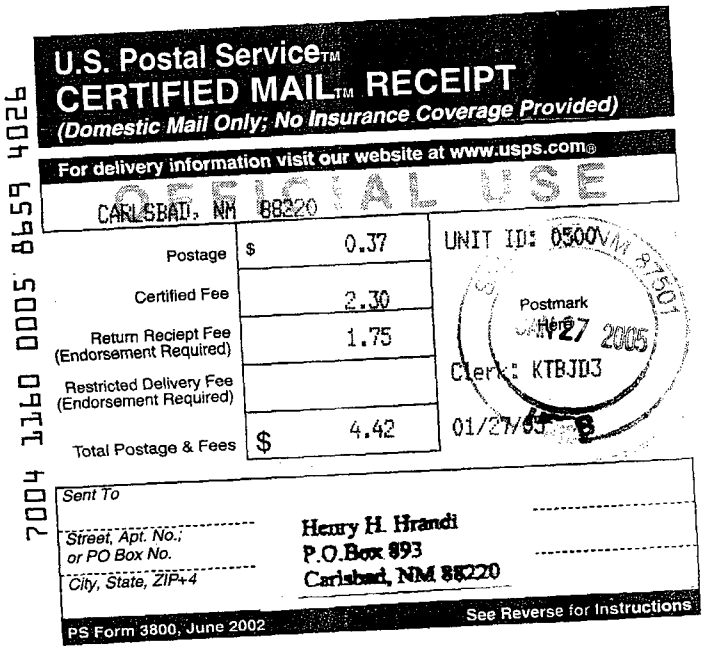
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0005 8659 3784

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

CH2



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OFFICIAL USE

CARLSBAD, NM 88220

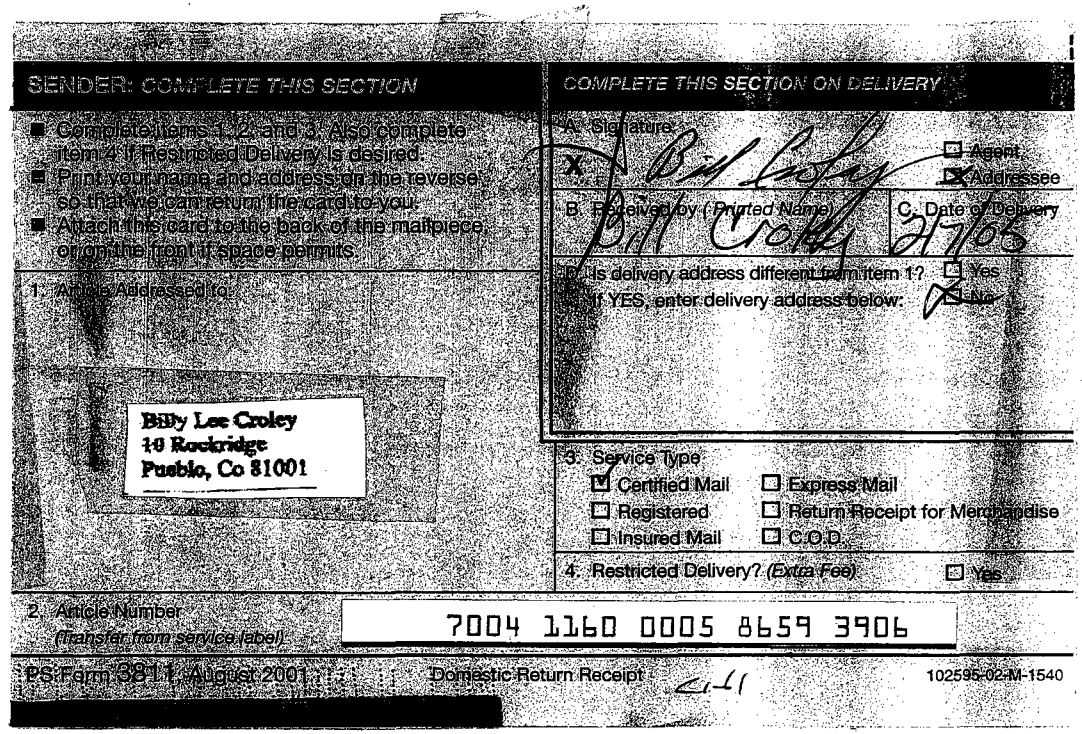
Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500 NM 88201
Postmark Here
JAN 27 2005
Clerk: KTBJD3
01/27/05

7004 1160 0005 8659 4026

Sent To
Henry H. Hrandi
Street, Apt. No.; or PO Box No. P.O.Box 893
City, State, ZIP+4 Carlsbad, NM 88220

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:

Billy Lee Croley
10 Rockridge
Pueblo, Co 81001

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Bill Croley ☐ Agent ☒ Addressee

B. Received by (Printed Name) Bill Croley C. Date of Delivery 2/7/05

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) 7004 1160 0005 8659 3906

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Holder Stahle
516 North 3rd
Bloomfield, NM 87413

2. Article Number
(Transfer from service label) 7004 1160 0005 8659 3678

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

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

7004 1160 0005 8659 3678

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

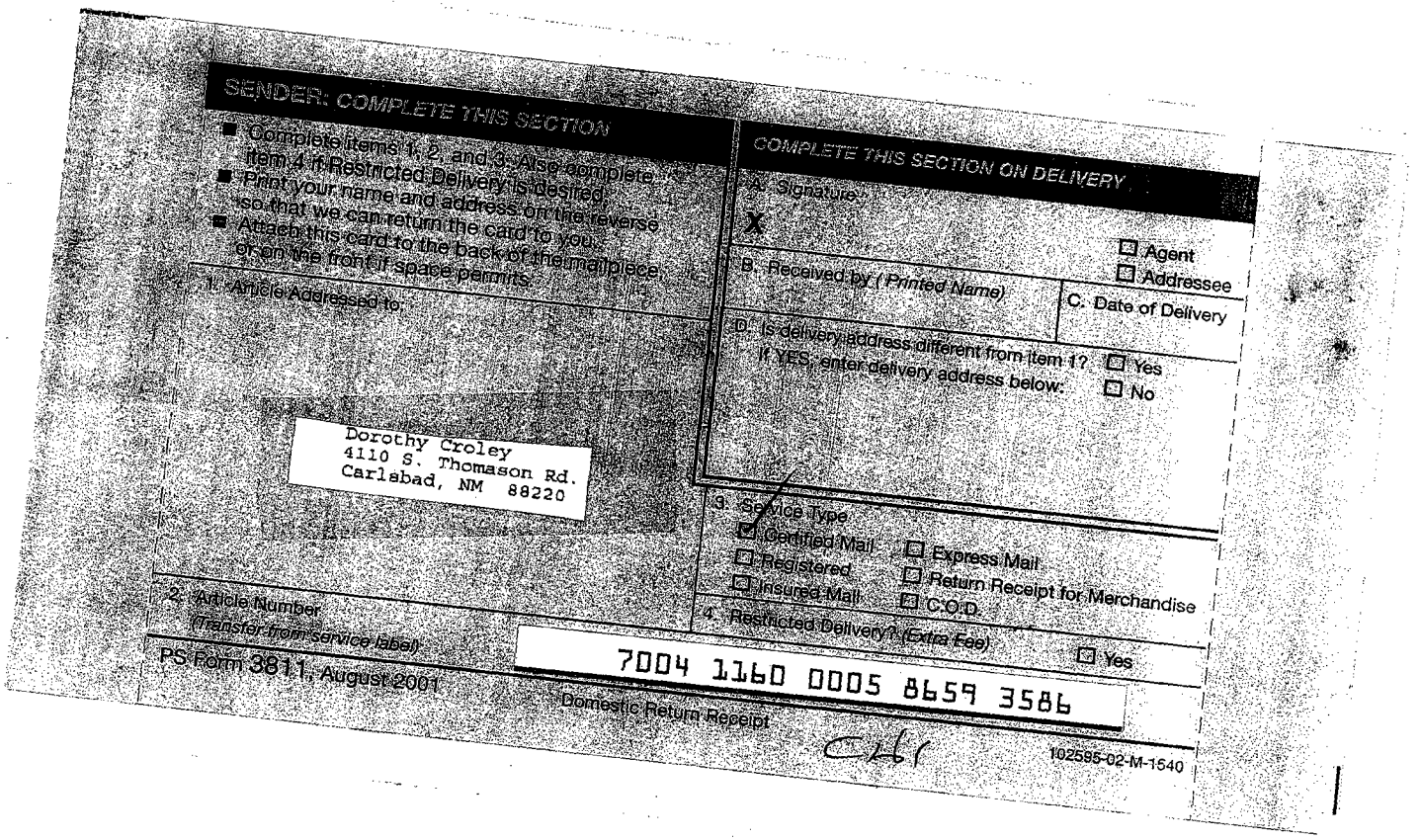
Postmark Here

87501 A FE NM

7004 1160 0005 8659 3678

Sent To
Mary Holder Stahle
Street, Apt. No.; or PO Box No. 516 North 3rd
City, State, ZIP+4 Bloomfield, NM 87413

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:

Dorothy Croley
4110 S. Thomason Rd.
Carlsbad, NM 88220

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) 7004 1160 0005 8659 3586

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

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

Postmark Here

USPS 87501 NM FE

7004 1160 0005 8659 3586

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Dorothy Croley
4110 S. Thomason Rd.
Carlsbad, NM 88220

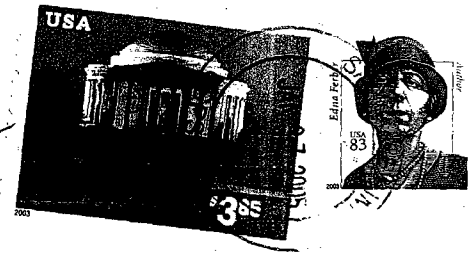
PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

1ST NOTICE 2.22
2ND NOTICE _____
RETURN _____

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

RETURNED TO SENDER
Rt. # WIN
Carr Int. RB
Date 2.22.05
☐ Not Deliverable As Addressed
Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receptacle
☐ Box Closed - No Order
☐ Returned for Better Address
☐ Postage Due



Elvira Murphy
209 South Missouri
Roswell, NM 88201

2ND 4 Feb
RTS 18 Feb

7004 1160 0005 8659 3548

7004 1160 0005 8659 3548

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

NM 87501 JAN 27
Postmark Here

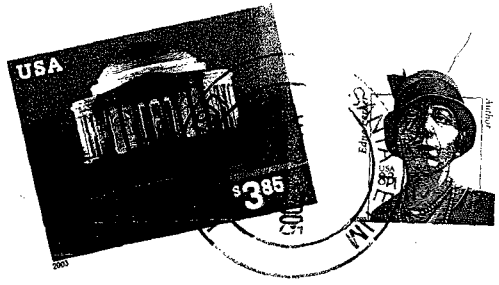
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Elvira Murphy
209 South Missouri
Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

RETURNED TO SENDER
REFUSED
UNCLAIMED



1ST NOTICE 2-19
2ND NOTICE
RETURN

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

CERTIFIED MAIL™

Richard A. Smead
4205 Townsend Road
Carlsbad NM 88220

2-9-05
2-14-05
1/29
RJ

7004 1160 0005 8659 3555

7004 1160 0005 8659 3555

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

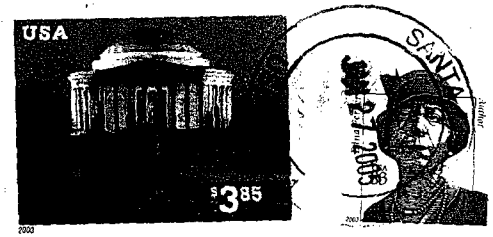
USPS 87501 SANTA FE NM
Postmark Here

Sent To Richard A. Smead
Street, Apt. No.; or PO Box No. 4205 Townsend Road
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

RETURNED TO SENDER
REFUSED
UNCLAIMED



1ST NOTICE 2-19
2ND NOTICE
RETURN

(5)
L-29

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

Brenda Holder Stockton
1406 West Tansill
Carlsbad, NM 88220

2-9-05
2-14-05

7004 1160 0005 8659 3630 22043767

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

USPS 87504 FEB 14 2005 NM
Postmark Here

7004 1160 0005 8659 3630

Sent To
Brenda Holder Stockton
Street, Apt. No.; or PO Box No.
1406 West Tansill
City, State, ZIP+4
Carlsbad, NM 88220

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:

Faith Holder Paddock
P.O. Box 307
Marana, AZ 85653

2. Article Number (Transfer from service label) 7004 1160 0005 8659 3685

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

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

7004 1160 0005 8659 3685

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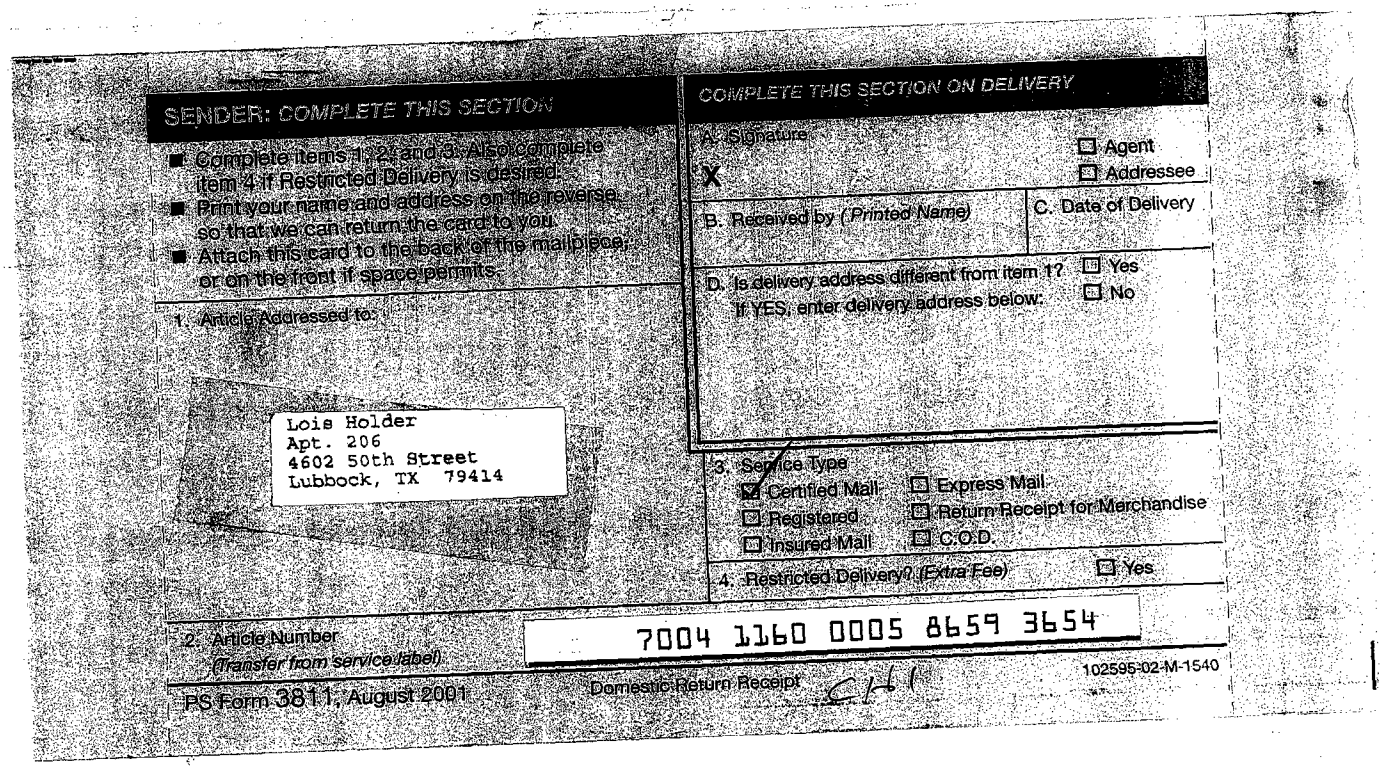
Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Faith Holder Paddock
Street, Apt. No.; or PO Box No. P.O. Box 307
City, State, ZIP+4 Marana, AZ 85653

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:

Lois Holder
Apt. 206
4602 50th Street
Lubbock, TX 79414

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

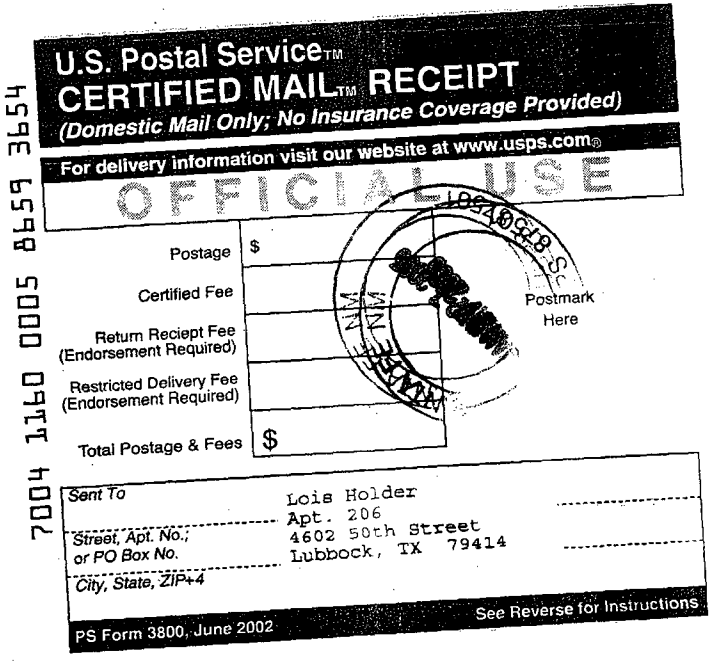
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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) 7004 1160 0005 8659 3654

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



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

Postmark Here

7004 1160 0005 8659 3654

Sent To: Lois Holder
Street, Apt. No.; or PO Box No.: Apt. 206, 4602 50th Street
City, State, ZIP+4: Lubbock, TX 79414

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

US

1ST NOTICE
2ND NOTICE
RETURN

RETURNED TO SENDER
REFUSED
UNCLAIMED

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

87504/1056

7004 1160 0005 8659 3562

Donna Croley Laman
1419 Eagle
Carlsbad, NM 88220

2-9-05
2-15-05
1-29-05 DW

7004 1160 0005 8659 3562

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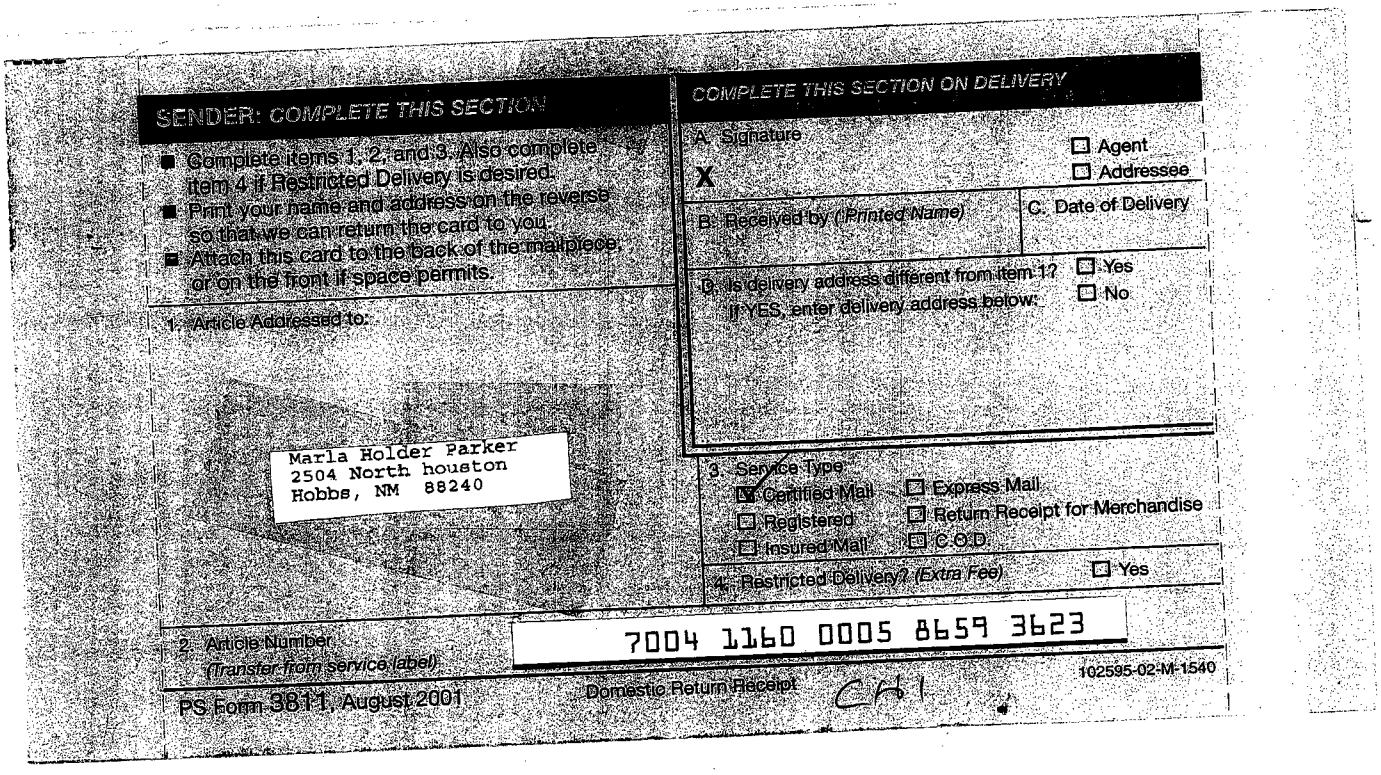
OFFICIAL USE

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

FEE NM JAN 27 2005 USPS 87501 Postmark Here

Sent To
Donna Croley Laman
Street, Apt. No.; or PO Box No. 1419 Eagle
City, State, ZIP+4 Carlsbad, NM 88220

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:

Marla Holder Parker
2504 North houston
Hobbs, NM 88240

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) 7004 1160 0005 8659 3623

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

CH1

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

USPS 87504 NM MAY 27 2008

Postmark Here

7004 1160 0005 8659 3623

Sent To Marla Holder Parker
Street, Apt. No.; or PO Box No. 2504 North houston
City, State, ZIP+4 Hobbs, NM 88240

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:

William N. Holder
802 East Wood Avenue
Carlsbad, NM 88220

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) 7004 1160 0005 8659 3647

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

7004 1160 0005 8659 3647

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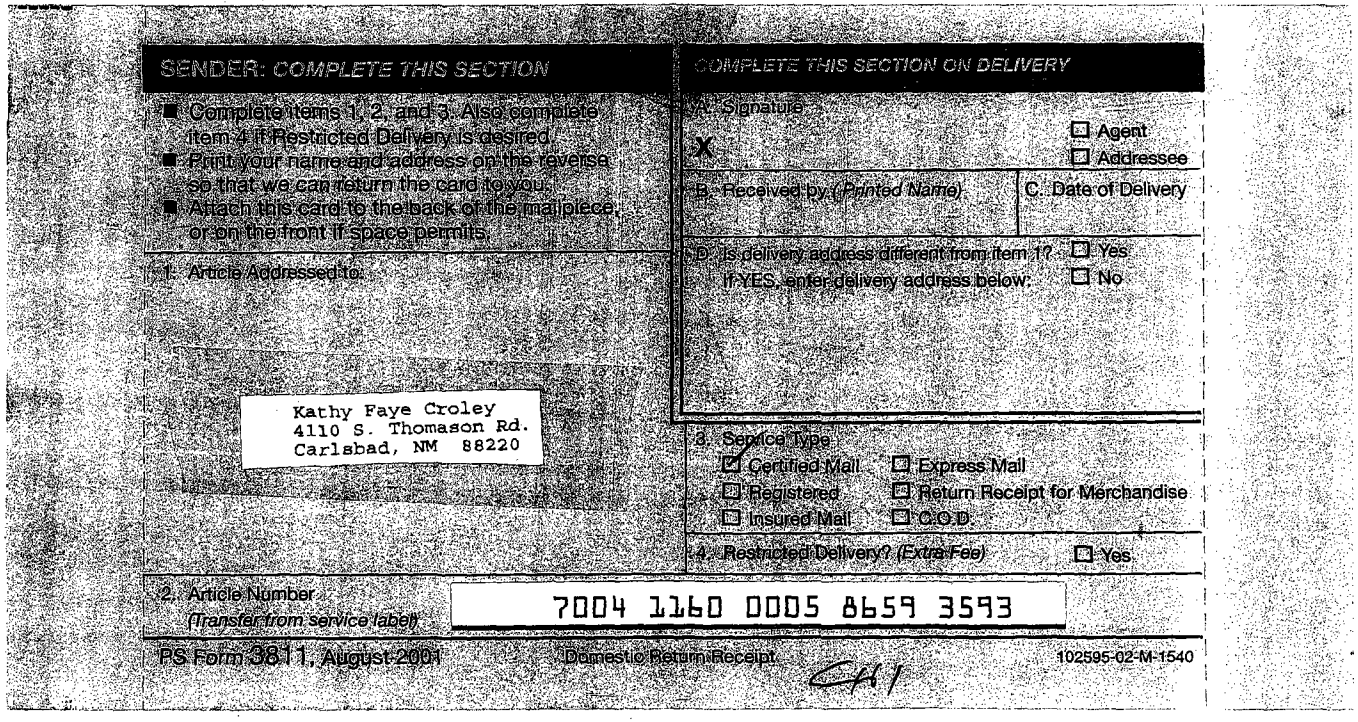
Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: William N. Holder
Street, Apt. No.; or PO Box No.: 802 East Wood Avenue
City, State, ZIP+4: Carlsbad, NM 88220

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:

Kathy Faye Croley
4110 S. Thomason Rd.
Carlsbad, NM 88220

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) 7004 1160 0005 8659 3593

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

7004 1160 0005 8659 3593

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

Postmark Here

USPS 87501 MAY 27 2008 NM

Sent To
Kathy Faye Croley
Street, Apt. No.; or PO Box No. 4110 S. Thomason Rd.
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0005 8659 3982

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BRYAN, TX 77803

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500

SANTA FE NM 87501 JAN 27 2005 USPS

Postmark Here

Clerk: KT

Sent To
Linda Fischer Mathews
Street, Apt. No.; or PO Box No. 2512 Hardwood
City, State, ZIP+4 Bryan, TX 77803

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0005 8659 3616

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OFFICIAL USE

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

SANTA FE NM 87501 JAN 27 2005 USPS

Postmark Here

Sent To
Jimmy Fischer
Street, Apt. No.; or PO Box No. c/o Robert Fischer
3407 Daniel Street
City, State, ZIP+4 Arlington, TX 76014

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:

Raymond C. Foreman
1012 Spring Street
Carlsbad, NM 88220

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) 7004 1160 0005 8659 3838

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

CH

7004 1160 0005 8659 3838

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

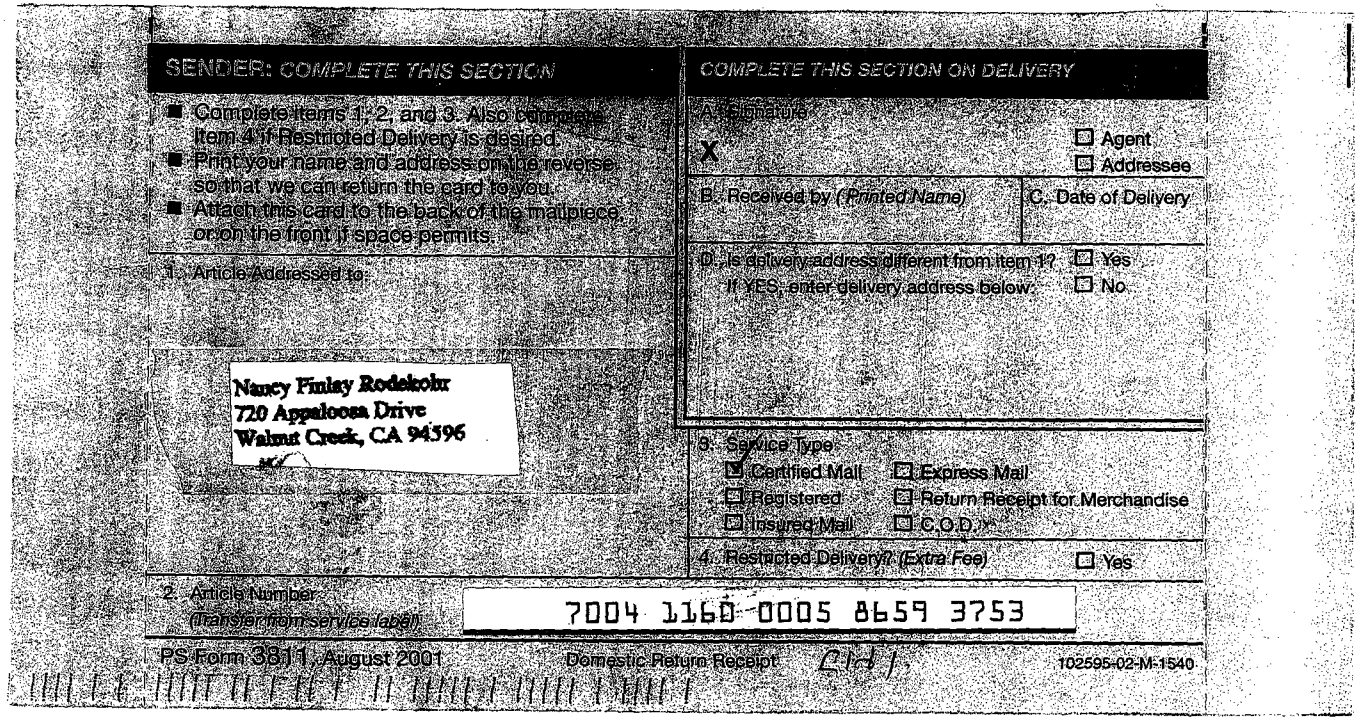
OFFICIAL USE

CARLSBAD, NM 88220

Postage	$ 0.37	UNIT ID: 0508 87501
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	Postmark Here JAN 27 2005
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJDJ
Total Postage & Fees	$ 4.42	01/27/05

Sent To
Raymond C. Foreman
Street, Apt. No.; or PO Box No. 1012 Spring Street
City, State, ZIP+4 Carlsbad, NM 88220

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:

Nancy Finlay Rodekohr
720 Appaloosa Drive
Walnut Creek, CA 94596

2. Article Number
(Transfer from service label)

7004 1160 0005 8659 3753

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

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

7004 1160 0005 8659 3753

U.S. Postal Service™
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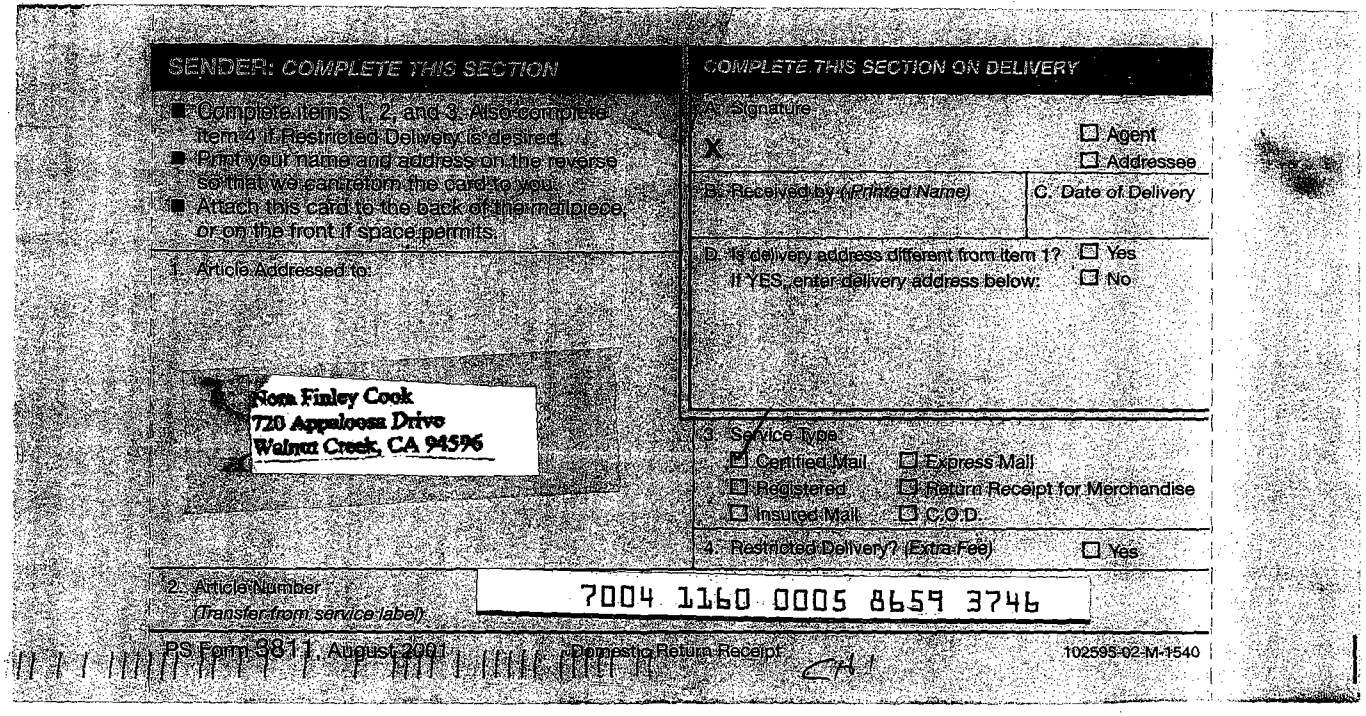
OFFICIAL USE

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

USPS 87505
Postmark Here
SANTA FE NM

Sent To
Nancy Finlay Rodekohr
Street, Apt. No.; or PO Box No. 720 Appaloosa Drive
City, State, ZIP+4 Walnut Creek, CA 94596

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:

Nora Finley Cook
720 Appaloosa Drive
Walnut Creek, CA 94596

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) 7004 1160 0005 8659 3746

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

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

Postmark Here

7004 1160 0005 8659 3746

Sent To
Nora Finley Cook
Street, Apt. No.; or PO Box No. 720 Appaloosa Drive
City, State, ZIP+4 Walnut Creek, CA 94596

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:

Albert H. Fisher and wife
Lena L. Fisher, Joint Tenants
Rt 1, Box 266
Carlsbad, NM 88220

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) 7004 1160 0005 8659 3791

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

Etal

7004 1160 0005 8659 3791

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

USPS

Sent To	Albert H. Fisher and wife
Street, Apt. No.; or PO Box No.	Lena L. Fisher, Joint Tenants Rt 1, Box 266
City, State, ZIP+4	Carlsbad, NM 88220

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:

Clinton J. Coleman
P.O.Box 941
Harlingen, Tx

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) 7004 1160 0005 8659 4088

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

7004 1160 0005 8659 4088

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OFFICIAL USE

HARLINGEN, TX 78551-0941

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 05600

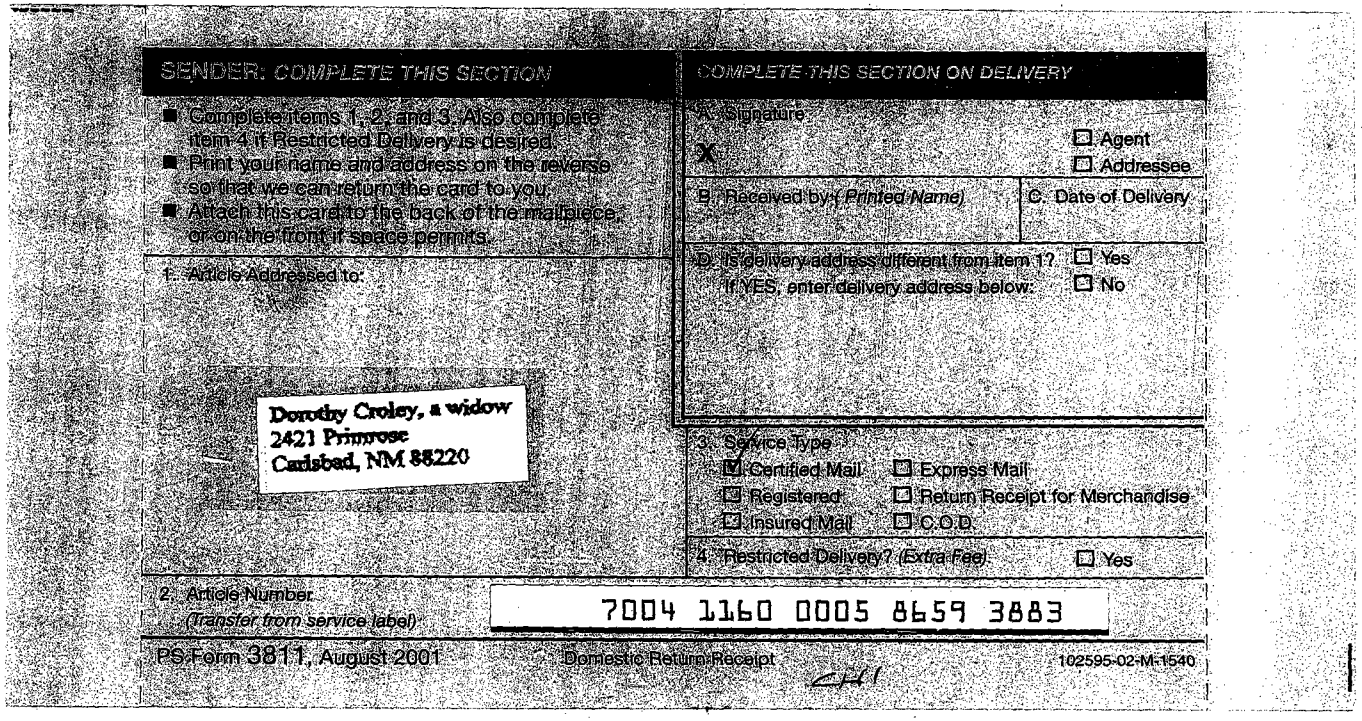
Postmark Here JAN 27 2005

Clerk: KTBJD3

01/27/05

Sent To
Clinton J. Coleman
Street, Apt. No.; or PO Box No. P.O.Box 941
City, State, ZIP+4 Harlingen, Tx

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:

Dorothy Croley, a widow
2421 Primrose
Carlsbad, NM 88220

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) 7004 1160 0005 8659 3883

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

7004 1160 0005 8659 3883

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OFFICIAL USE

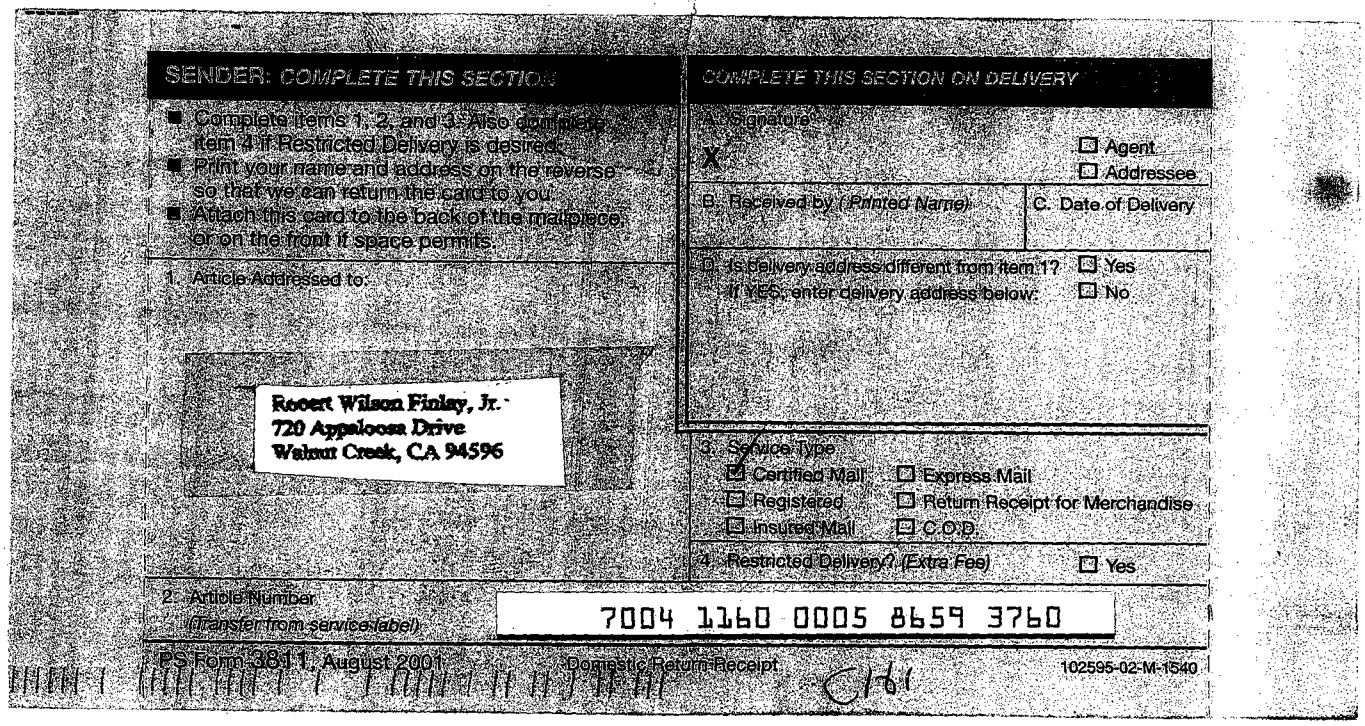
CARLSBAD, NM 88220

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNITED STATES POSTAL SERVICE 87501
Postmark Here
JAN 27 2003
Clerk: KTBJD3

Sent To
Dorothy Croley, a widow
Street, Apt. No.; or PO Box No. 2421 Primrose
City, State, ZIP+4 Carlsbad, NM 88220

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:

Robert Wilson Finlay, Jr.
720 Appaloosa Drive
Walnut Creek, CA 94596

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) 7004 1160 0005 8659 3760

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

7004 1160 0005 8659 3760

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

USPS 87501 SANTA FE NM
Postmark Here

Sent To
Robert Wilson Finlay, Jr.
Street, Apt. No.; or PO Box No. 720 Appaloosa Drive
City, State, ZIP+4 Walnut Creek, CA 94596

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:

C.E. Wheeler
647 Old Cavern Hwy
Carlsbad, NM 88220

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 l... 7004 1160 0005 8659 3722

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

7004 1160 0005 8659 3722

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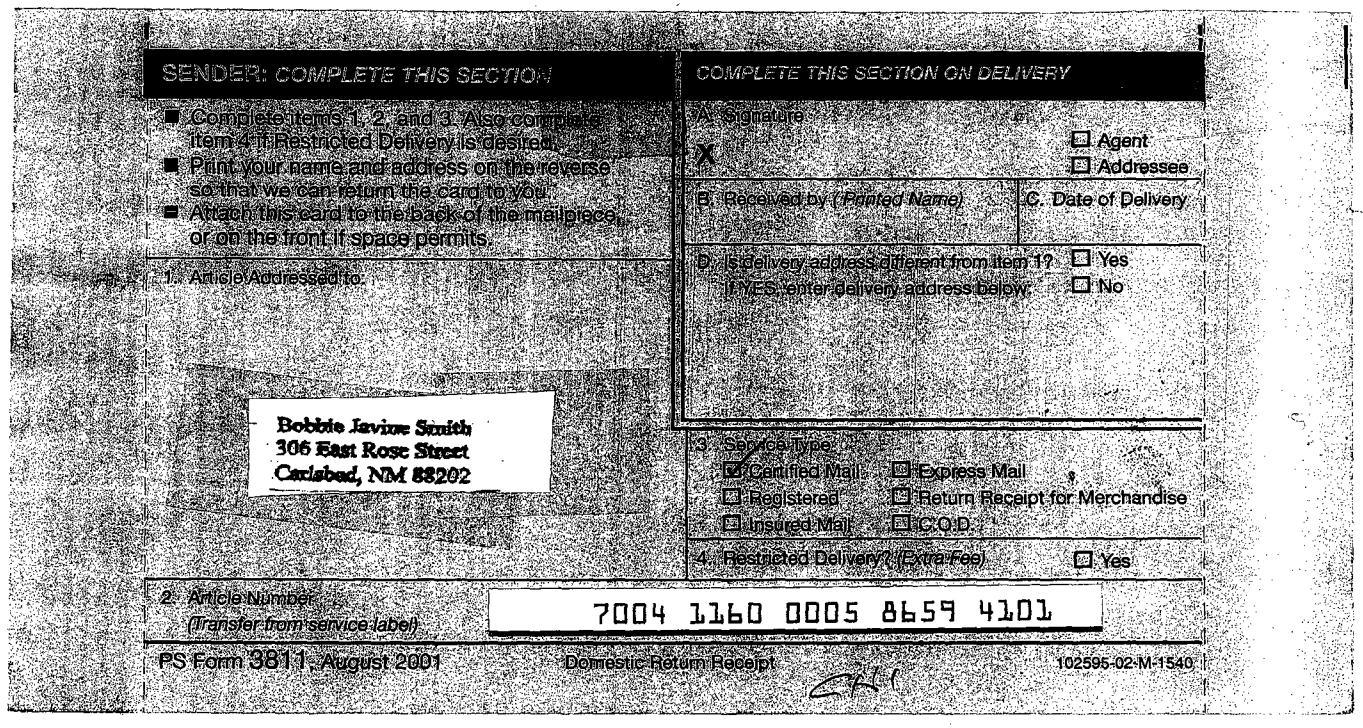
Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

C.E. Wheeler
647 Old Cavern Hwy
Carlsbad, NM 88220

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:

Bobbie Javine Smith
306 East Rose Street
Carlsbad, NM 88202

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) 7004 1160 0005 8659 4101

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

7004 1160 0005 8659 4101

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OFFICIAL USE

ROSWELL, NM 88202

Postage	$ 0.37	UNIT ID: 65001
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	Postmark Here 2005
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJD3
Total Postage & Fees	$ 4.42	01/27/05

Sent To
Bobbie Javine Smith
Street, Apt. No.; or PO Box No. 306 East Rose Street
City, State, ZIP+4 Carlsbad, NM 88202

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:

Cotton Growers Inc.
P.O.Box CC
Carlsbad, NM 88220

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) 7004 1160 0005 8659 3807

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

7004 1160 0005 8659 3807

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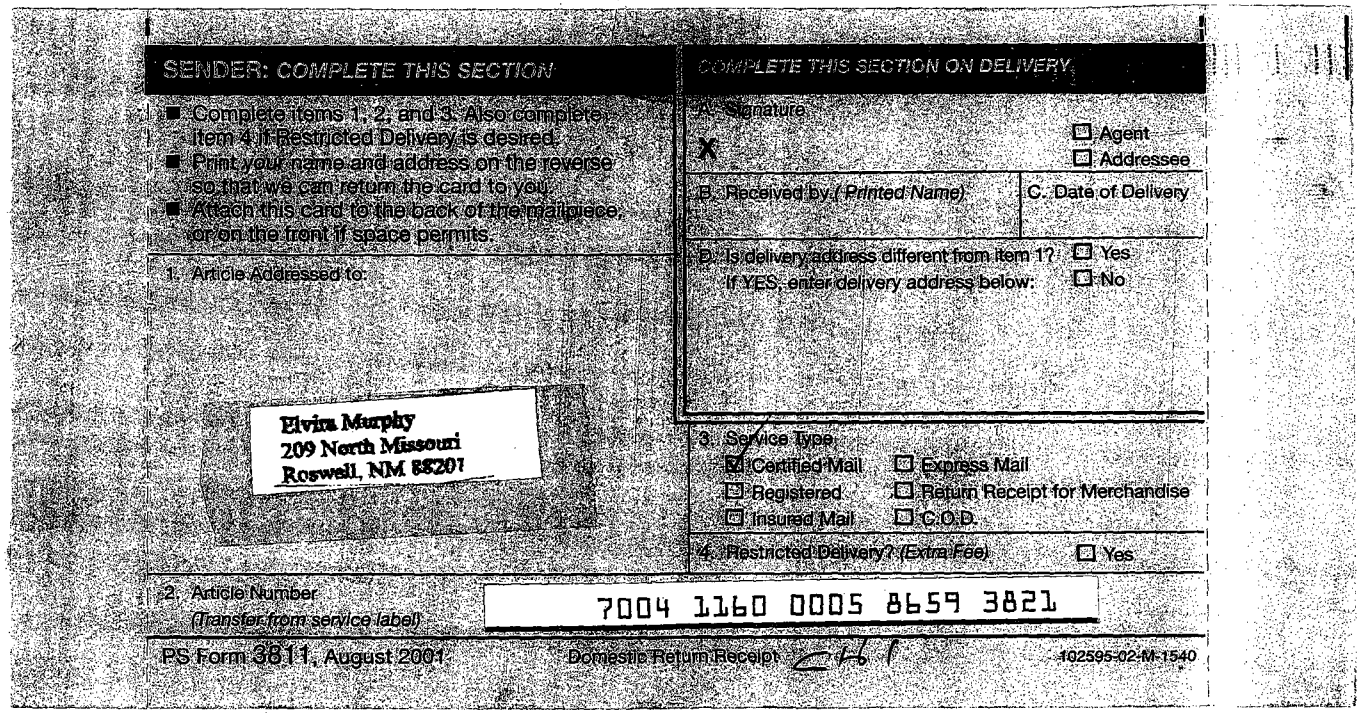
OFFICIAL USE

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

Postmark Here

Sent To
Cotton Growers Inc.
Street, Apt. No.; or PO Box No. P.O.Box CC
City, State, ZIP+4 Carlsbad, NM 88220

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:

Elvira Murphy
209 North Missouri
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

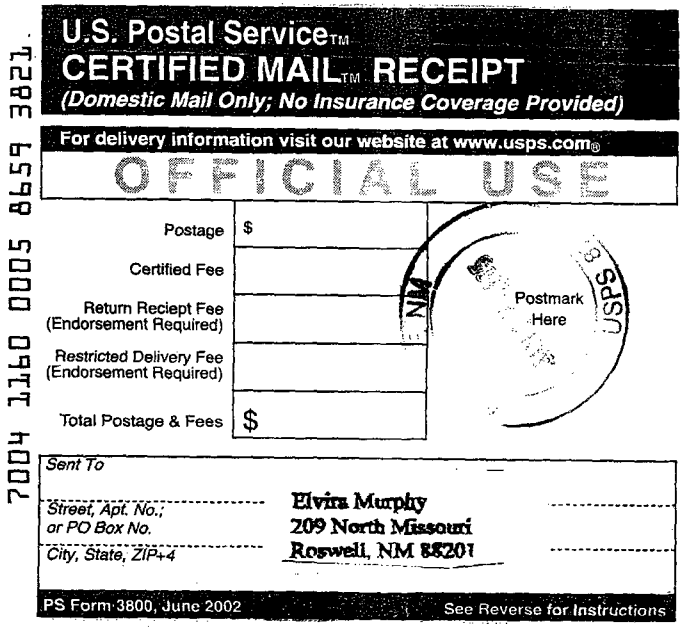
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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) 7004 1160 0005 8659 3821

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



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OFFICIAL USE

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

Postmark Here

NM USPS

Sent To
Elvira Murphy
Street, Apt. No.; or PO Box No. 209 North Missouri
City, State, ZIP+4 Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0005 8659 3821

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 S. Crowley
P.O.Box 1295
Carlsbad, NM 88220

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) 7004 1160 0005 8659 3869

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

7004 1160 0005 8659 3869

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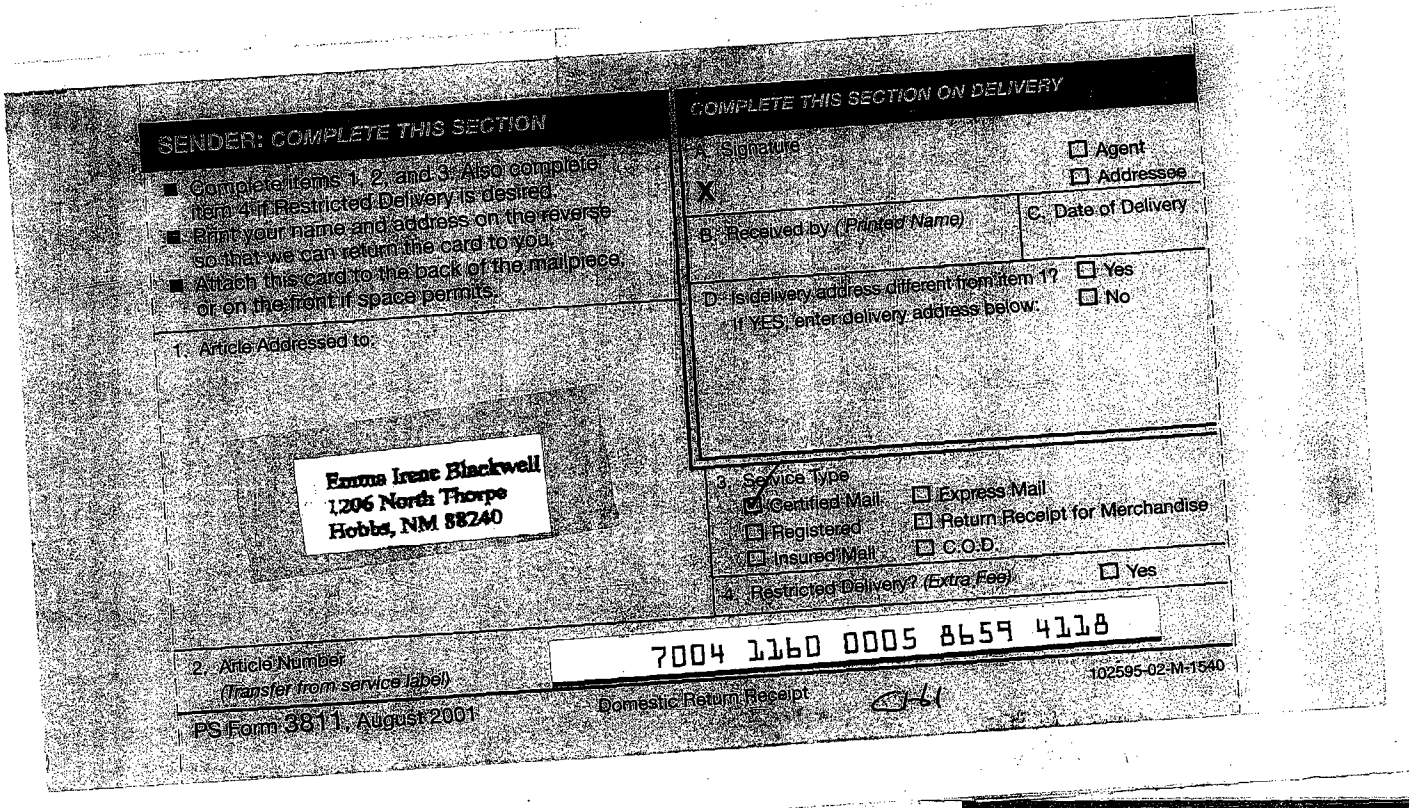
CARLSBAD, NM 88220 OFFICIAL USE

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNITED STATES POSTAL SERVICE 87501
Postmark Here
Clerk: KTBJD3
01/27/05

Sent To
Linda S. Crowley
Street, Apt. No.; or PO Box No. P.O.Box 1295
City, State, ZIP+4 Carlsbad, NM 88220

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:

Emma Irene Blackwell
1206 North Thorpe
Hobbs, NM 88240

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) 7004 1160 0005 8659 4118

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

7004 1160 0005 8659 4118

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HOBBS, NM 88240 OFFICIAL USE

Postage	$	0.37
Certified Fee		2.30
Return Reciept Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$	4.42

UNIT ID: 0500
SANTA FE NM 87501
Postmark Here
JAN 27 2005
Clerk: KTBJD3
01/27/05

Sent To
Emma Irene Blackwell
Street, Apt. No.; or PO Box No. 1206 North Thorpe
City, State, ZIP+4 Hobbs, NM 88240

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:

B.V. Ballard
1311 W. Mermod
Carlsbad, NM 88220

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) 7004 1160 0005 8659 4040

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

CRF

7004 1160 0005 8659 4040

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

CARLSBAD, NM 88220

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT ID: 0500
Postmark Here
JAN 27 2005
Clerk: KTB103
01/27/05

Sent To
B.V. Ballard
Street, Apt. No.; or PO Box No. 1311 W. Mermod
City, State, ZIP+4 Carlsbad, NM 88220

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:

James B. Garrett
2408 Faulkner Apt A-3
Midland, TX 79705

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) 7004 1160 0005 8659 4064

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

CH

02/02/05 TX MIDLAND 79701 BUSH GEORGE W PRES

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

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

OFFICIAL USE

MIDLAND, TX 79705

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

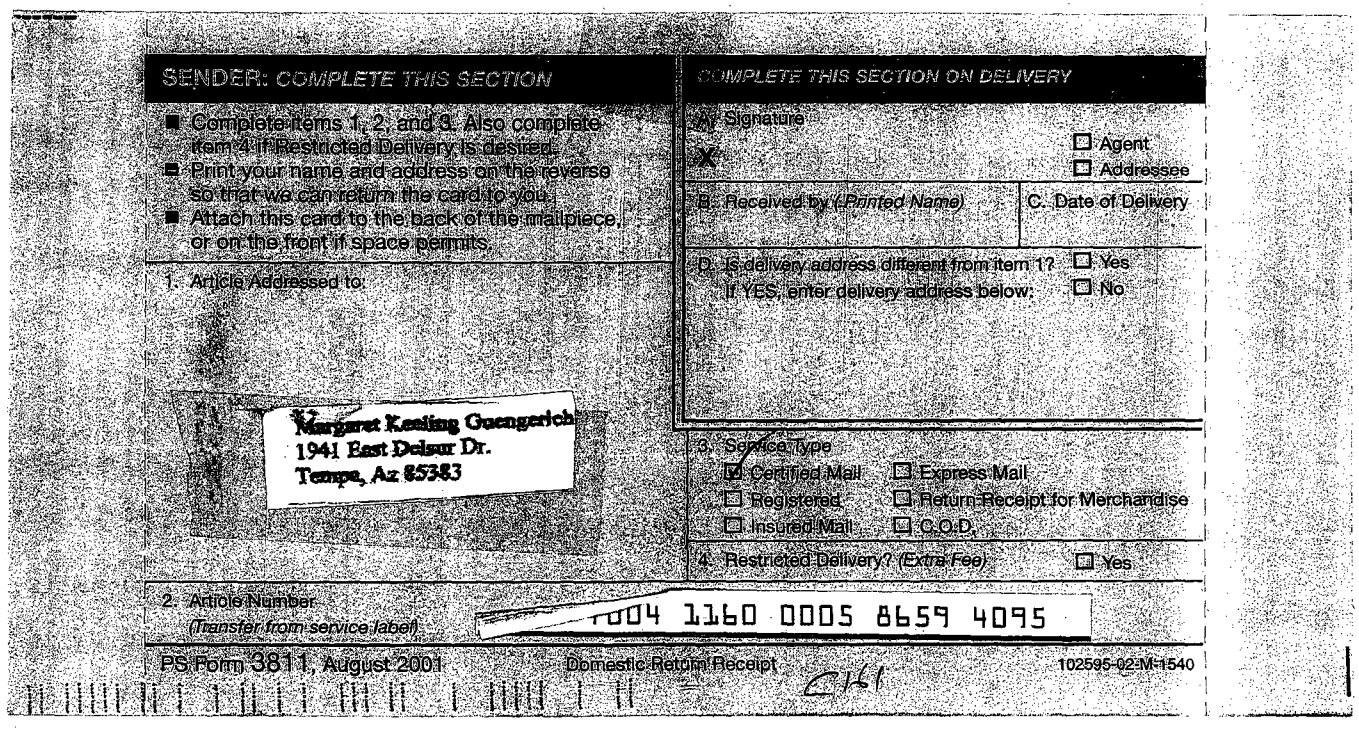
UNIT ID: N0540

Postmark Here
JAN 27 2005
Clerk: KTBJD3
01/27/05 USPS

7004 1160 0005 8659 4064

Sent To James B. Garrett
Street, Apt. No.; or PO Box No. 2408 Faulkner Apt A-3
City, State, ZIP+4 Midland, TX 79705

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:

Margaret Keeling Guengerich
1941 East Delsur Dr.
Tempe, Az 85383

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) 7004 1160 0005 8659 4095

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

2161

7004 1160 0005 8659 4095

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OFFICIAL USE

PEORIA, AZ 85383

Postage	$ 0.37	UNIT [illegible] 87501
Certified Fee	2.30	Postmark JAN 27 2005
Return Reciept Fee (Endorsement Required)	1.75	Clerk: KTBJD3
Restricted Delivery Fee (Endorsement Required)		01/27/05
Total Postage & Fees	$ 4.42	

Sent To
Margaret Keeling Guengerich
Street, Apt. No.; or PO Box No.
1941 East Delsur Dr.
City, State, ZIP+4
Tempe, Az 85383

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

RETURN RECEIPT
REQUESTED

1ST NOTICE _____
2ND NOTICE _____
RETURN _____

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

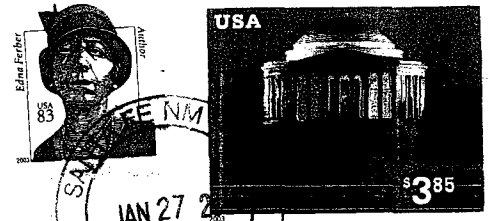
CERTIFIED MAIL

UNITED STATES POSTAL SERVICE

9264 88220

U.S. POSTAGE
PAID
SANTA FE,NM
87501
JAN 27, 05
AMOUNT

$0.00
00028788-00



RETURNED TO SENDER
REFUSED
UNCLAIMED

W.D.Brininstool
2502 South Canal Street
Carlsbad, NM 88220

1/31/05
BB 2.9.05
2.15.05

7004 1160 0005 8659 3852

7004 1160 0005 8659 3852

U.S. Postal Service™
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CARLSBAD, NM 88220 OFFICIAL USE

Postage	$ 0.37	UNIT ID: 050501
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	Postmark Here 2005
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJD3
Total Postage & Fees	$ 4.42	01/27/05

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

W.D.Brininstool
2502 South Canal Street
Carlsbad, NM 88220

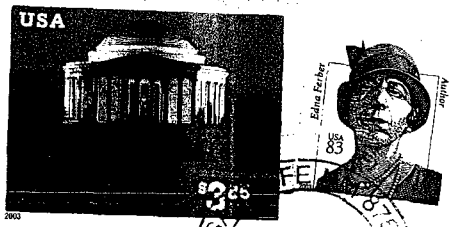
PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 8750

RETURNED TO SENDER
REFUSED
UNCLAIMED

U.S. POSTAGE
PAID
SANTA FE,NM
87501
JAN 27, '05
AMOUNT
$0.00
00028788-00

88220



JAN 27 2005
USPS

218

1ST NOTICE
2ND NOTICE
RETURN RECEIPT REQUESTED

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

Richard A. Smead
206 E. Rose Street
Carlsbad,NM 88220

1/31/05
2-9-05
2-15-05

7004 1160 0005 8659 4019

7504/1058

7004 1160 0005 8659 4019

U.S. Postal Service™
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OFFICIAL USE

CARLSBAD, NM 88220

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KT
Total Postage & Fees	$ 4.42	01/27/05

SANTA FE NM 87501
JAN 27 2005

Sent To
Richard A. Smead
Street, Apt. No.; or PO Box No.
206 E. Rose Street
City, State, ZIP+4
Carlsbad,NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

218

1ST NOTICE
2ND NOTICE
RETURN

RETURNED TO SENDER
REFUSED
UNCLAIMED

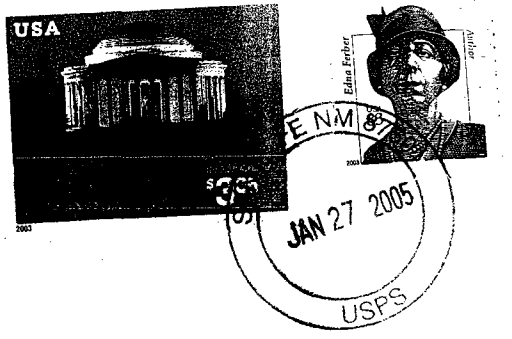
RETURN RECEIPT
REQUESTED

UNITED STATES POSTAL SERVICE

9264 88220

U.S. POSTAGE
PAID
SANTA FE, NM
87501
JAN 27, '05
AMOUNT

$0.00
00028788-00



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

CERTIFIED MAIL™

Donna Croley Lemon
Route 1 Box 5M
Carlsbad, NM 88220

2-4-05
2-15-05
1-31-Bw

7504/1056

7004 1160 0005 8659 3876

7004 1160 0005 8659 3876

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CARLSBAD, NM 88220

Postage	$ 0.37	UNIT ID: 05087501
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJD3
Total Postage & Fees	$ 4.42	01/27/05

Sent To
Donna Croley Lemon
Street, Apt. No.; or PO Box No. Route 1 Box 5M
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

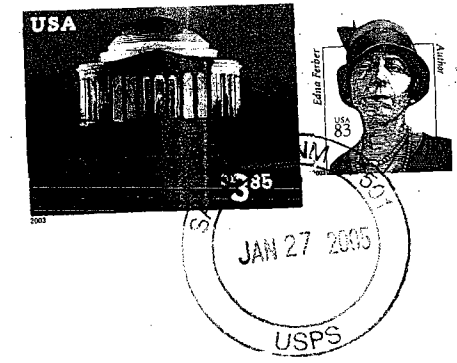
JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

RETURNED TO SENDER
REFUSED
UNCLAIMED

2 16

1ST NOTICE
2ND NOTICE
RETURN RECEIPT REQUESTED

UNITED STATES POSTAL SERVICE
9264 88220
U.S. POSTAGE
PAID
SANTA FE, NM
87501
JAN 27, 05
AMOUNT
$0.00



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

Gary L. Roberts
210 E. Rose Street
Carlsbad, NM 88220

1/31/05
2-9-05
2-15-05

304/1056

7004 1160 0005 8659 4033

7004 1160 0005 8659 4033

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CARLSBAD, NM 88220

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Reciept Fee (Endorsement Required)	1.75	JAN 27 2005
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJR3
Total Postage & Fees	$ 4.42	

Sent To
Gary L. Roberts
Street, Apt. No.; or PO Box No. 210 E. Rose Street
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

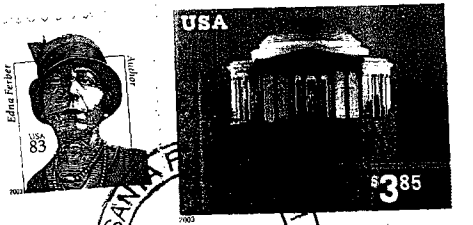
JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

RETURNED TO SENDER
REFUSED
UNCLAIMED

U.S. POSTAGE
PAID
SANTA FE, NM
87501
JAN 27, 05
AMOUNT
$0.00
00028788-00

UNITED STATES POSTAL SERVICE

88220



JAN 27 2005
USPS

RETURN RECEIPT REQUESTED

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

Kathy Faye Croley
2421 Primrose
Carlsbad, NM 88220

1/31/05
2905
2505

87504/1056

7004 1160 0005 8659 3890

7004 1160 0005 8659 3890

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CARLSBAD, NM 88220

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KTBJDJ
Total Postage & Fees	$ 4.42	01/27/05

FE NM
JAN 27 2005
USPS

Sent To
Kathy Faye Croley
Street, Apt. No.; or PO Box No. 2421 Primrose
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

1st NOTICE 3-18-05
2nd NOTICE
RETURNED

RETURNED TO SENDER

UNCLAIMED

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

CERTIFIED MAIL™

504%1056

7004 1160 0005 8659 3658

LN
1-29-05

Jimmy Fischer
c/o Robert Fischer
3407 Daniel Street
Arlington, TX 76014

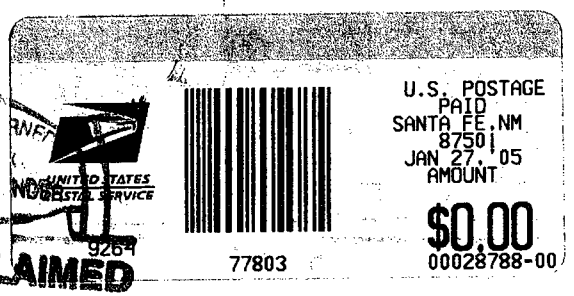
1st NOTICE
2nd NOTICE
RETURNED 2-1

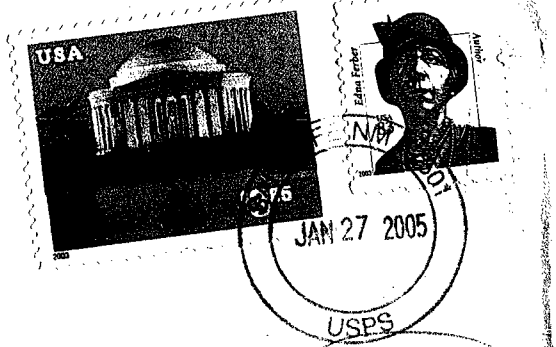
JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

1st NOTICE 3-18-05
2nd NOTICE
RETURNED

RETURN RECEIPT REQUESTED

UNCLAIMED





Matthews

2-11-05
2/16 2/26
C-19

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

CERTIFIED MAIL™

Linda Fischer Mathews
2512 Hardwood
Bryan, TX 77803

7004 1160 0005 8659 3658