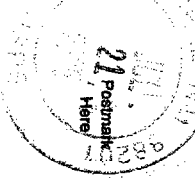


U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

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

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent to: Nice Turner
 Street, Apt. No., P.O. Box No. P.O. Box 25848
 City, State ZIP+4[®] OK 73109, Oklahoma City, OK 73105

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:
Mrs. Mike Turner
P.O. Box 25848
OK 73109
OK Oklahoma City, OK
73105

7005 0390 0002 7878 2237

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) Blackberry ☐ Addressee
- C. Date of Delivery Jul 25 2004
- D. Is delivery address different from item 1? ☐ Yes ☒ No

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No
5. Return Receipt for Merchandise ☐ Yes ☒ No
6. Registered ☐ Yes ☒ No
7. Insured Mail ☐ Yes ☒ No
8. Express Mail ☐ Yes ☒ No

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:
Ble Whitley
311 Overcreek
Richardson, TX
75080

7005 0390 0002 7878 2053

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) Whitley ☐ Addressee
- C. Date of Delivery 7/25/04
- D. Is delivery address different from item 1? ☐ Yes ☒ No

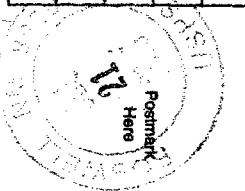
3. Service Type ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
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OFFICIAL USE

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

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent to: Bill Whitley
 Street, Apt. No., P.O. Box No. 311 Overcreek
 City, State ZIP+4[®] Richardson, TX 75080

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 2053

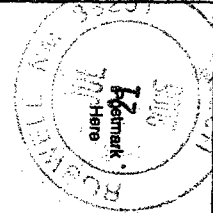
7005 0390 0002 7878 1940

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Plain Station
 Street, Apt. No.: St. 301, 1 Bridgeland Dr.
 or PO Box No.: Bloomington, IL 61701
 City, State, ZIP+4[®]: Bloomington, IL 61701
 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:
Gloria Staller and
as Gloria Staller
Bank of Bloomington,
Ill. 301
1 Bridgeland Dr.
Bloomington, IL 61701

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
☒ X
- 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

7005 0390 0002 7878 1940
 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.

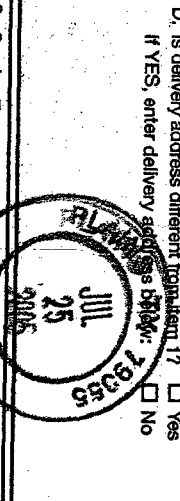
1. Article Addressed to:
Barbara A. Trauweek
Box 1 Box 217
Plain, TX
79355

7005 0390 0002 7878 1858

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
☒ X Barbara Trauweek
- B. Received by (Printed Name) C. Date of Delivery
7-25-05



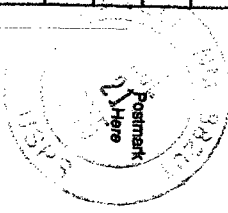
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Barbara A. Trauweek
 Street, Apt. No.: Box 1 Box 217
 or PO Box No.: Plain, TX 79355
 City, State, ZIP+4[®]: Plain, TX 79355
 PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 1858

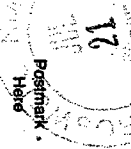
7005 0390 0002 7878 1698

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To Cathie Lane McClorn
Street, Apt. No.: P O Box 658
or PO Box No.
City, State, ZIP+4[®] Chicago, IL 78620

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:
Cathie Lane McClorn
P O Box 658
Chicago, IL 78620

7005 0390 0002 7878 1698

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Cathie Lane McClorn ☒ Agent
B. Received by (Printed Name) Cathie Lane McClorn C. Date of Delivery 7/25/05
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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Robert W. Attaler
1430 N. Lakeshore Dr.
9th Floor
Chicago, IL 60610

7005 0390 0002 7878 1933

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Robert W. Attaler ☐ Agent ☒ Addressee
B. Received by (Printed Name) Robert W. Attaler C. Date of Delivery 7/25/05
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

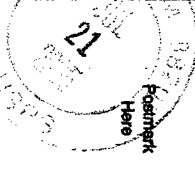
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To Robert W. Attaler
Street, Apt. No.: 1430 N. Lakeshore Dr.
or PO Box No. 9th Floor
City, State, ZIP+4[®] Chicago, IL 60610

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 1933

7005 0390 0002 7878 1735

U.S. Postal Service
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Postmark Here

Sent To: David P. Hatch
Street, Apt. No. 14140 Saddle River Rd.
or PO Box No. 14140
City, State, ZIP+4[®] Saddle River, NJ 07078

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.

Article Addressed to:

David P. Hatch
14140 Saddle River
Rd.
Saddle River, NJ
07078

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]

B. Received by (Printed Name) Nicola Hatch

C. Date of Delivery

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.

Is delivery address different from item 1? ☐ Yes ☐ No

7005 0390 0002 7878 1735

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.

Article Addressed to:

The Berg Street
PO Box 1700
Wilgus, TX
75663

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]

B. Received by (Printed Name) ANTHONY

C. Date of Delivery 7.26.05

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 ☐ No

U.S. Postal Service[®]
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Postmark Here

Sent To: The Berg Street
Street, Apt. No. PO Box 1700
or PO Box No. PO Box 1700
City, State, ZIP+4[®] Wilgus, TX 75663

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 1704

7005 0390 0002 7878 1742

U.S. Postal Service

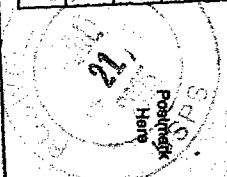
CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$.37
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Case 7. Hatch
 Street, Apt. No.: 1616 S. Monroe
 or PO Box No.: 1616 S. Monroe
 City, State, ZIP+4: San Angelo, TX 76901

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:

Case 7. Hatch
1616 S. Monroe
San Angelo, TX
76901

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name) J. Hutchinson C. Date of Delivery
- 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

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:

The Request of UNM -
Case 7. Hatch, Professor
Ship (Gov) + Public
Adm. Fund
Albuquerque, NM
87131

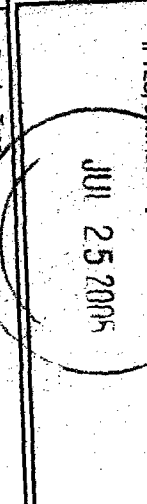
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name) J. Hutchinson C. Date of Delivery 7/25/05
- 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 our website at www.usps.com

OFFICIAL USE

Postage	\$.37
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: UNM - Case 7. Hatch
 Street, Apt. No.: Gov + Public Admin
 or PO Box No.: Albuquerque, NM 87131
 City, State, ZIP+4: Albuquerque, NM 87131

PS Form 3800, June 2002

See Reverse for Instructions

7005 0390 0002 7878 2190

7005 0390 0002 7878 2268

U.S. Postal ServiceTM RECEIPT
CERTIFIED MAILTM (Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 1.37
Certified Fee	2.30
Restricted Delivery Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Julia Marie Duesen
Street, Apt. No.: PO Box 1696
or PO Box No.: WA 98370
City, State, ZIP: Gaithersburg, MD
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:
Julia Marie Duesen
PO Box 1696
Gaithersburg, MD
98370

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Julia Marie Duesen Date of Delivery 7/25/05
- C. Is delivery address different from item 1? ☐ Yes ☒ No
- D. If YES, enter delivery address below:

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

7005 0390 0002 7878 2268

PS Form 3811, February 2004 Domestic Return Receipt

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:
Forton Oil Co.
300 Commerce St.
Gaithersburg, TX
76107

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Jul 25 2005 C. Date of Delivery Jul 25 2005
- 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. ☐ Yes
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7005 0390 0002 7878 2077

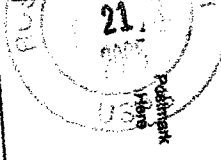
PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal ServiceTM RECEIPT
CERTIFIED MAILTM (Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 1.37
Certified Fee	2.30
Restricted Delivery Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

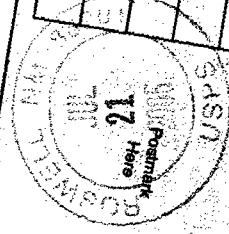


Sent To: Forton Oil Co.
Street, Apt. No.: 300 Commerce St.
or PO Box No.: Gaithersburg, TX
City, State, ZIP: 76107
PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only. No Insurance Coverage Provided)
OFFICIAL USE

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

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Patricia M. Covey
 Street Apt. No.: 1207 E. 3rd St.
 or PO Box No.:
 City, State, ZIP: Gallup, NM 87405

PS Form 3800, June 2002

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.
- Article addressed to:

Patricia M. Covey
 1207 E. 3rd St.
 Gallup, NM

74105

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *[Signature]* ☐ Agent ☐ Addressee

C. Date of Delivery: *6/12/02*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Registered ☐ Express Mail

☐ Insured Mail ☐ C.O.D. ☐ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

102505-02-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.
- Article addressed to:

Anthony L. Cuevas
 P.O. Box 950
 Roswell, NM 88203-0950

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *Elmer T. Gagliardi* ☐ Agent ☐ Addressee

C. Date of Delivery: *6/12/02*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Registered ☐ Express Mail

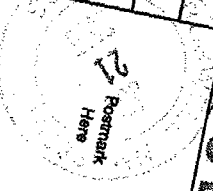
☐ Insured Mail ☐ C.O.D. ☐ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only. No Insurance Coverage Provided)
OFFICIAL USE

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

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Anthony L. Cuevas
 Street Apt. No.: P.O. Box 950
 or PO Box No.:
 City, State, ZIP: Roswell, NM 88203-0950

PS Form 3800, June 2002

See Reverse for Instructions

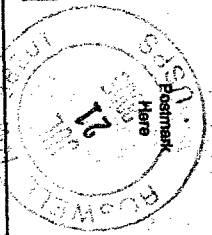
7005 0390 0002 7878 1872

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

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

OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Hugh Daniels Lavigne
Street, Apt. No., or PO Box No. PO Box 690068
City, State, ZIP+4[®] Nero Beach, FL 32969

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:

Hugh Daniels Lavigne
PO Box 690068
Nero Beach, FL
32969

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) [Signature] ☐ Addressee
- C. Date of Delivery 7-26-03
- 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

PS Form 3811, February 2004 Domestic Return Receipt

102585-02-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:

Hugh Lavigne III, Trustee
CE Lavigne Trust
41610 Hugh Lavigne IV
PO Box 50280
Midland, TX
79710

PS Form 3811, February 2004 Domestic Return Receipt

7005 0390 0002 7878 1896

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) Cheryl Buens ☐ Addressee
- C. Date of Delivery 7/25/03
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

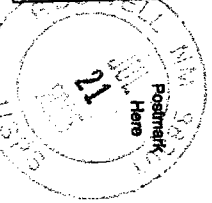
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Hugh Lavigne III, Trustee
Street, Apt. No., or PO Box No. 41610 Hugh Lavigne IV
City, State, ZIP+4[®] PO Box 50280
Midland, TX 79710

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 1896

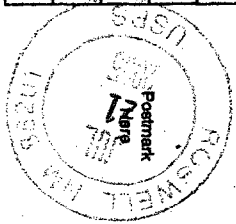
7005 0390 0002 7878 1889

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

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

OFFICIAL USE

Postage	\$ 3.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Eleonor C. Corrigan
Street, Apt. No.: P.O. Box 690068
or PO Box No.: 33969
City, State, ZIP+4: Vero Beach, FL 33969

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:

Eleonor C. Corrigan
P.O. Box 690068
Vero Beach, FL
33969

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name): [Signature] ☐ Date of Delivery: 7-26-5
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. 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

PS Form 3811, February 2004 102595-02-M-1840

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:

Eleonor C. Corrigan III Trustee
of the C.E. Corrigan
Trust #1616
Patrick Edward Corrigan
P.O. Box 690068
Vero Beach, FL 33969

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name): [Signature] ☐ Date of Delivery: 7-26-5
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. 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

Domestic Return Receipt

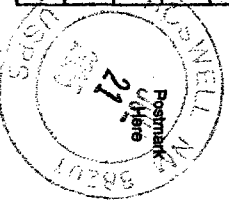
102595-02-M-1840

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 3.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Eleonor C. Corrigan III Trustee of the C.E.
Corrigan Trust #1616
P.O. Box 690068
Vero Beach, FL 33969

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 1902

U.S. Postal ServiceTM RECEIPT
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OFFICIAL USE

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To: Kenneth Lane
 Street Apt No.: P.O. Box 11310
 or PO Box No.: Midland, TX 79702
 City, State, ZIP+4[®]: Midland, TX 79702

PS Form 3811, 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:
Kenneth Lane
P.O. Box 11310
Midland, TX
79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] B. Received by (Printed Name) [Signature]
 C. Date of Delivery Jul 26 2004
 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. ☐ Yes
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 0390 0002 7878 1674
 Domestic Return Receipt

PS Form 3811, February 2004

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:
Conoco Phillips Co.
P.O. Box 2197
Houston, TX 77252-2197

2. Article No. 7005 0390 0002 7878 2046
 Transfer Domestic Return Receipt
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] B. Received by (Printed Name) [Signature]
 C. Date of Delivery Jul 26 2004
 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. ☐ Yes
 4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM RECEIPT
CERTIFIED MAIL[®] (Domestic Mail Only. No Insurance Coverage Provided)
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Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To: Conoco Phillips Co.
 Street Apt No.: P.O. Box 2197
 or PO Box No.: Houston, TX 77252-2197
 City, State, ZIP+4[®]: Houston, TX 77252-2197

PS Form 3811, June 2002 See Reverse for Instructions

7005 0390 0002 7878 2046
 Domestic Return Receipt

7005 0390 0002 7878 1759

U.S. Postal ServiceTM

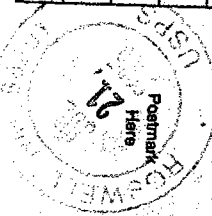
CERTIFIED MAILTM RECEIPT

Domestic Mail Only. No Insurance Coverage Provided.

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

OFFICIAL USE

Postage	\$ 4.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Jeanie H. Collins
 Street, Apt. No.: 3500 rd Englefield
 or PO Box No.: 78703
 City, State, ZIP: Austin, TX 78703

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:

Jeanie H. Collins
3500 rd Englefield
Austin, TX
78703

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Jeanie Collins ☐ Agent
- B. Received by (Printed Name) Jeanie Collins ☐ Addressee
- C. Date of Delivery 7/25/05
- 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

1 7005 0390 0002 7878 1759

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:

Jeanie H. Collins
3500 rd Englefield
Austin, TX
78703

1 7005 0390 0002 7878 1681

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Jeanie Collins ☐ Agent
- B. Received by (Printed Name) Jeanie Collins ☐ Addressee
- C. Date of Delivery 7/25/05
- 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

7005 0390 0002 7878 1681

U.S. Postal ServiceTM

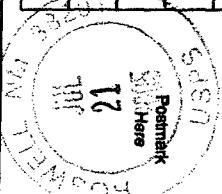
CERTIFIED MAILTM RECEIPT

Domestic Mail Only. No Insurance Coverage Provided.

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

OFFICIAL USE

Postage	\$ 4.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Jeanie H. Collins
 Street, Apt. No.: 3500 rd Englefield
 or PO Box No.: 78703
 City, State, ZIP: Austin, TX 78703

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 2251

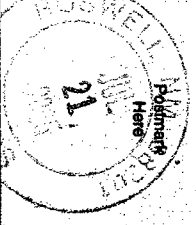
U.S. Postal Service

CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Norman W. Brady
Street Apt. No.: PO Box 583
City, State, ZIP: Geeta, DC 74037

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

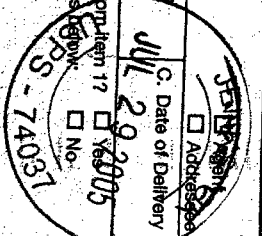
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Norman W. Brady
PO Box 583
Geeta, DC
74037

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Brady
- B. Received by (Printed Name) Brady
- C. Date of Delivery Jul 28 2005
- 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

7005 0390 0002 7878 2251

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:

Mary Debra Brady
1804 Galo Crest Lane
Plano, TX 75023

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Brady ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Brady C. Date of Delivery 7/24/05
- 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

7005 0390 0002 7878 2121

PS Form 3811, February 2004 Domestic Return Receipt

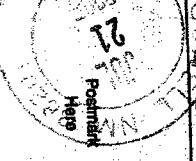
102595-02-M-1540

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

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

OFFICIAL USE

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Mary Debra Brady
Street Apt. No.: 1804 Galo Crest Lane
City, State, ZIP: Plano, TX 75023

PS Form 3800, June 2002 See Reverse for Instructions

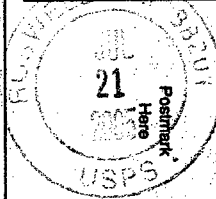
7005 0390 0002 7878 2121

7005 0390 0002 7878 1841

U.S. Postal Service[®]
CERTIFIED MAIL[™] RECEIPT
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OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent to: Steven Bartoch
 Street, Apt. No.: #5 The Gralle
 or PO Box No.: Greene Center, MO 63141
 City, State, ZIP+4: Greene Center, MO 63141
 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:

Steven D. Bartoch
#5 The Gralle
Greene Center, MO
63141

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) Shirley Davis ☐ Addressee
- C. Date of Delivery 2-2-04
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

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

7005 0390 0002 7878 1841

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:

Wynett T. Brady
P.O. Box 6034
Springdale, AR
72766

2. Article 7005 0390 0002 7878 2138
 (Trans) Trans
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) Wynett T. Brady ☒ Addressee
- C. Date of Delivery 2/2/05
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

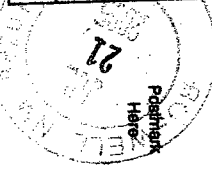
3. Service Type

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

U.S. Postal Service[®]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent to: Wynett T. Brady
 Street, Apt. No.: P.O. Box 6034
 or PO Box No.: Springdale, AR 72766
 City, State, ZIP+4: Springdale, AR 72766
 PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 2138

7005 0390 0002 7878 2213

U.S. Postal Service

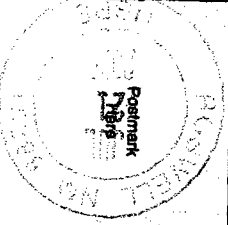
CERTIFIED MAIL[®] RECEIPT

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

OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Send To: Carla-Jess Kay
 Street Apt. No. 3324 Skinner Lane
 or PO Box No. 77027
 City, State, ZIP+4[®] Russell, TX 77027
 PS Form 3806, June 2002 See Reverse for Instructions

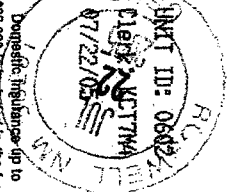
Registered No.

RRB49340883US

Date Stamp

To Be Completed By Post Office

Reg. Fee	7.50	Return	1.75
Handling Charge		Restricted Delivery	
Postage	0.80		



Received by AF
 Customer Must Declare Full Value \$ 12/12
☐ With Postal Insurance
☒ Without Postal Insurance

Domestic Insurance up to \$25,000 is included in the fee. International indemnity is limited. (See Reverse).

OFFICIAL USE

To Be Completed By Customer (Please Print)
 All Entries Must Be in Ballpoint or Typed

TO	FROM
Victoria Hatch Pereira Rua Mauro D'Araujo Ribeiro 485 Varagua Cidade Abril 05182 Sao Paulo, S.P. Brazil	Read and Stevens Inc, P.O. Box 1518 Russell NM 88202

PS Form 3806, May 2004 (7530-02-000-9051)
 Receipt for Registered Mail
 Copy 1 - Customer (See information on Reverse)
 For domestic delivery information, visit our website at www.usps.com

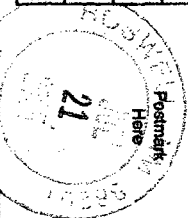
7005 0390 0002 7878 1865

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Olivia E. Brown
 Street, Apt. No., or PO Box No.: 3 Maxwell Lane
 City, State, ZIP+4: Edgemoor, TX 75099

PS Form 3800, June 2002

See Reverse for Instructions

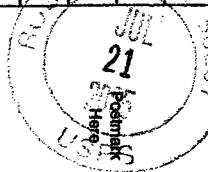
7005 0390 0002 7878 1728

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Jackie Baker
 Street, Apt. No., or PO Box No.: 340 Red Hill Rd. #85
 City, State, ZIP+4: North Barbours, OK 73110

PS Form 3800, June 2002

See Reverse for Instructions

7005 0390 0002 7878 2336

U.S. Postal ServiceTM
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OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 442

Postmark
Here
21

Sent To: *Bill Luack*
 Street, Apt. No.:
 or PO Box No. *10677 Adellens #2*
 City, State, ZIP+4[®] *Los Angeles, CA 90024*

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 2183

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OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 442

Postmark
Here
21

Sent To: *Beckle + Elly Parvian*
 Street, Apt. No.:
 or PO Box No. *7505 Kendrickson Ave.*
 City, State, ZIP+4[®] *Buena Vista, NM 87109*

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 2312

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OFFICIAL USE

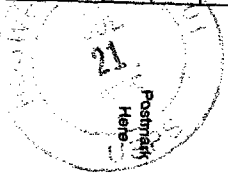
Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To: *Maj Gen Luack*

Street, Apt. No.
or PO Box No. *50 Box 350*

City, State, Zip+4[®] *Russell, NM 88202*

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7005 0390 0002 7878 2329

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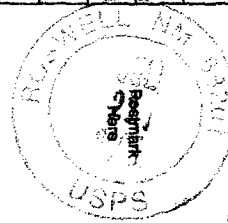
Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To: *Maj Gen Luack*

Street, Apt. No.
or PO Box No. *3001 E. Bohannan*

City, State, Zip+4[®] *304, Los Lunas, NM 88001*

PS Form 3800, June 2002 See Reverse for Instructions



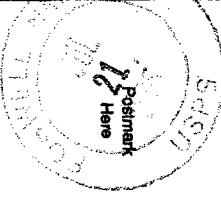
7005 0390 0002 7878 2015

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Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Annie Lavettus Duncan
 Street, Apt. No.: 212 N. 9th
 or PO Box No.:
 City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002

See Reverse for Instructions

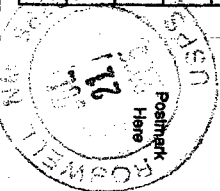
7005 0390 0002 7878 2282

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Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: Yvette Cusack
 Street, Apt. No.: 10908 Hobbs Ave
 or PO Box No.:
 City, State, ZIP+4: Albuquerque, NM 87112

PS Form 3800, June 2002

See Reverse for Instructions

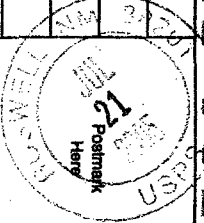
7005 0390 0002 7878 1711

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OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Tina Stueck
 Street, Apt. No.: 22314 Latimer
 or PO Box No.: 22314
 City, State, ZIP+4: Caroga Park, CA 91303

PS Form 3800, June 2002 See Reverse for Instructions

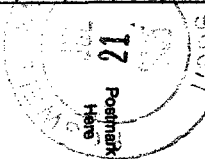
7005 0390 0002 7878 1810

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Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Elizabeth Wallace
 Street, Apt. No.: 1005 Blake St
 or PO Box No.: 1005
 City, State, ZIP+4: Albuquerque, NM 87105

PS Form 3800, June 2002 See Reverse for Instructions

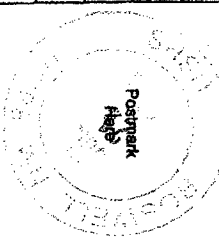
7005 0390 0002 7878 1797

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OFFICIAL USE

Postage	\$ 1.37
Certified Fee	9.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent to Van Houten
Street, Apt. No. 2725 E. 3rd St.
or PO Box No.
City, State, ZIP+4[®] Seattle, WA 98114

PS Form 3800, June 2002 See Reverse for Instructions

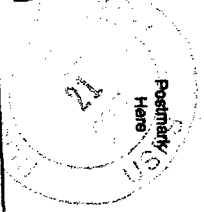
7005 0390 0002 7878 2169

U.S. Postal Service[®]
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OFFICIAL USE

Postage	\$ 1.37
Certified Fee	9.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent to Phillip R. Stuart Jr.
Street, Apt. No. 1101 Back Street Ct.
or PO Box No.
City, State, ZIP+4[®] Albuquerque, NM 87123

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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:
Phillip R. Stuart Jr.
1101 Back Street Ct.
Albuquerque, NM
87123

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Ph. Stuart ☐ Date of Delivery 6/20/02
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. 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

7005 0390 0002 7878 2169

10295-02-000 (6-0)

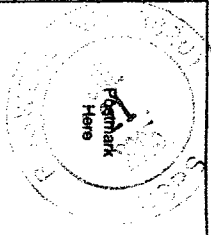
7005 0390 0002 7878 1834

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OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To Dele Marshall
Street, Apt. No. PO Box 666
or PO Box No.
City, State, ZIP+4[®] Alameda, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

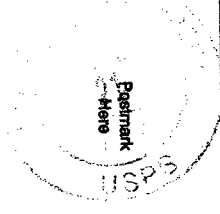
7005 0390 0002 7878 2176

U.S. Postal ServiceTM
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OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To Dele Marshall
Street, Apt. No. PO Box 9437
or PO Box No.
City, State, ZIP+4[®] Alameda, NM 87504

PS Form 3800, June 2002 See Reverse for Instructions

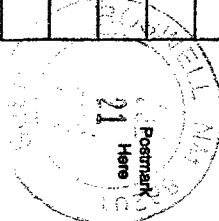
7005 0390 0002 7878 2206

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OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To
Street, Apt. No.,
or PO Box No. 48 Steward Ave.
City, State, ZIP+4 Cambridge, MA 02140

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7005 0390 0002 7878 2091

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OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To
Street, Apt. No.,
or PO Box No. 1511 Jackson
City, State, ZIP+4 Jacksonville, TX 75766

PS Form 3800, June 2002 See Reverse for Instructions

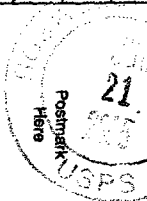
7005 0390 0002 7878 2114

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OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.42



Sent To: Phyllis H Pearce
 Street, Apt. No.: 1511 S Jackson
 or PO Box No.:
 City, State, ZIP+4: Jacksonville, TX 75766

PS Form 3800, June 2002 See Reverse for Instructions

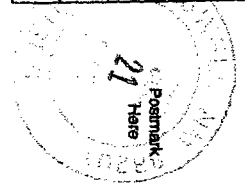
7005 0390 0002 7878 2084

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OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.42



Sent To: Phyllis H Pearce
 Street, Apt. No.: 1511 Jackson
 or PO Box No.:
 City, State, ZIP+4: Jacksonville, TX 75766

PS Form 3800, June 2002 See Reverse for Instructions

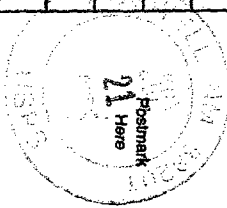
7005 0390 0002 7878 2107

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OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Tom Peacock
 Street, Apt. No.,
 or PO Box No. 1511 Jackson
 City, State, ZIP+4[®] Jacksonville, TX 75766

PS Form 3800, June 2002 See Reverse for Instructions

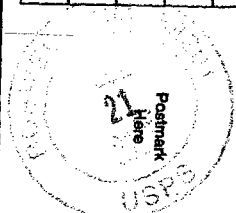
7005 0390 0002 7878 2275

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OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Mobile Energy, Inc.
 Street, Apt. No.,
 or PO Box No. 2100 Northbrook D-250
 City, State, ZIP+4[®] Jackson, TX 77007-3899

PS Form 3800, June 2002 See Reverse for Instructions

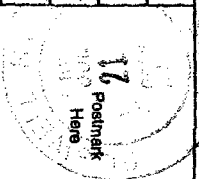
7005 0390 0002 7878 2145

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OFFICIAL USE

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: J. Brady Myers
 Street, Apt. No.: 5004 West 79 St.
 or PO Box No.:
 City, State, ZIP+4: Phoenix, AZ 85043
 PS Form 3800, June 2002 See Reverse for Instructions

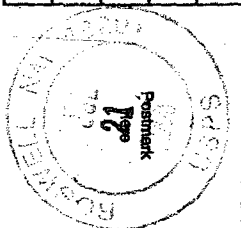
7005 0390 0002 7878 2060

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Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: LIFE Royalties, Inc.
 Street, Apt. No.: 1300 S. University #306
 or PO Box No.:
 City, State, ZIP+4: Fort Worth, TX 76107
 PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 7878 2299

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Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: *General Ligault Jackson*
 Street, Apt. No.: *9108 Briarcliff Lane, N.E.*
 or PO Box No.: *Atlanta, GA 30319*
 City, State, ZIP+4: *Atlanta, GA 30319*

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7005 0390 0002 7878 1773

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OFFICIAL USE

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: *Frank Hlatuk*
 Street, Apt. No.: *5011 Y Street*
 or PO Box No.: *Washington, CA 95819*
 City, State, ZIP+4: *Washington, CA 95819*

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