

Exhibit "1"  
Hawk B-1 Lease  
Request for Surface Commingling  
Ownership of Non-Consent Well

**WORKING INTEREST OWNERS:**

APACHE CORPORATION 100%  
303 VETERANS AIRPARK LANE  
SUITE 3000  
MIDLAND, TX 79705

CHEVRON USA INC 0% Before Payout (25% After Payout)  
ATTN: NOJV Group  
PO BOX 2100  
HOUSTON, TX 77252

**ROYALTY INTEREST OWNER(S):**

OFFICE OF NATURAL RESOURCES REVENUE  
PO BOX 25627  
DENVER, CO 80225-0627

**Interest Owner Name:****Received Notice:****Comments:**

ALBERT D WHITE JR 2402 SWEETWATER COUNTRY CLUB DR APOPKA, FL 32712	Yes	
ALLIE M LEE TRUST WELLS FARGO BANK NA TRUSTEE PO BOX 40909 AUSTIN, TX 78704-0016	Yes	
ANN E PERKINS 803 JUNIPERO SERRA STOCKTON, CA 95210	Yes	
ANNA BESS CALFIN MIKE M CALFIN POA 3412 56TH ST LUBBOCK, TX 79413-4747	Yes	
BETTY KYTE DREESSEN IRREV TST INGRID DREESSEN POWELL TR PO BOX 1665 LOS ALTOS, CA 94022	Yes	
BETTY OWENS DOLPH 2913 LIVE OAK DRIVE ROWLETT, TX 75088		No green card returned
BEVERLY B BLAIR 2635 BAMBOO DR LAKE HAVASU CITY, AZ 86403	Yes	
BILL J MARKHAM ESTATE TRUST ROSEMARIE MARKHAM TRUSTEE PO BOX 716 RUIDOSO, NM 88355	Yes	
BOYS CLUB OF AMERICA NATIONAL HEADQUARTERS 1275 PEACHTREE ST NE ATLANTA, GA 30309-3506	Yes	
BURLINGTON RESOURCES OIL & GAS CO LP c/o CONOCOPHILLIPS COMPANY P.O. BOX 2197 HOUSTON, TX 77252-2197	Yes	
C B JR MARKHAM ESTATE TRUST DTD 5-21-87 DONNA EDWARDS TTEE 2512 METZGAR RD SW ALBUQUERQUE, NM 87105-6336	Yes	

**Interest Owner Name:****Received Notice:****Comments:**

CECIL BOND KYTE PO BOX 30864 SANTA BARBARA, CA 93130	Yes	
CECILE MARIE DRESSEN PO BOX 1696 POULSBO, WA 98370	Yes	
CHARLES H COLL P O BOX 1818 ROSWELL, NM 88202-1818	Yes	
CHARLES R HAWK 6466 262ND RD EFFINGHAM, KS 66023-4186	Yes	
CHEVRON USA INC ATTN: NOJV GROUP PO Box 2100 HOUSTON, TX 77252	Yes	
CHOSEN PEOPLE MINISTRIES INC 241 E. 51 <sup>ST</sup> STREET NEW YORK, NY 10022		Resent to correct address
CLARENCE RICHARD MARKHAM FAMILY TRUST CLARENCE RICHARD MARKHAM & JOYCE STANLEY MARKHAM TRUSTEES 3110-38TH STREET LUBBOCK, TX 79413	Yes	
CLARKE C COLL PO BOX 1818 ROSWELL, NM 88202-1818	Yes	
COLLEGE OF THE SOUTHWEST 6610 LOVINGTON HWY HOBBS, NM 88240-9120	Yes	
DERRIL E PEABODY 2477 CENTRAL PARK DRIVE LODI, CA 95242	Yes	
DIANA J SOLARSKI 6320 KALEE DR AMARILLO, TX 79109	Yes	

**Interest Owner Name:****Received Notice:****Comments:**

DONALD MARSHALL MARKHAM FAMILY DTD 4-12-95 DONALD MARSHALL TTEE PO BOX 241 CENTER POINT, TX 78010-0241	Yes	
DP OIL & GAS LLC 1500 BROADWAY SUITE 1212 LUBBOCK, TX 79401	Yes	
EDWARD T DRESSEN JR PO BOX 830 PALO CEDRO, CA 96073	Yes	
ELDON K TURNER & RUEDELE S TURNER REVOCABLE LIVING TRUST 8609 NICHOLS WAY NORTH RICHLAND HILLS, TX 76180-5357	Yes	
ELKS NATIONAL FOUNDATION ATTN JIM OKELLY DIRECTOR 2750 N LAKEVIEW AVE CHICAGO, IL 60614-2256	Yes	
ELLEN HIGLEY 6640 N W PARK PLAZA DRIVE KANSAS CITY, MO 64151	Yes	
ELLIOTT INDUSTRIES PO BOX 1328 SANTA FE, NM 87504	Yes	
ELLIOTT-HALL CO ATTN: GEORGE HALL P O BOX 1231 OGDEN, UT 84402	Yes	
ERIC J COLL PO BOX 1818 ROSWELL, NM 88202-1818	Yes	
FAIRWAY OIL & GAS COMPANY P.O. BOX 845 SPARTA, NJ 07871	Yes	

**Interest Owner Name:****Received Notice:****Comments:**

FLOYD J & DORIS C SUTTON REV LIVING TRST DTD 5/3/90 ATTN: FLOYD J OR DORIS C SUTTON 1100 PACIFIC CT ATCHISON, KS 66002-2774	Yes	
FOREST HOME INC c/o DAVID CARLSON CFO 40000 VALLEY OF THE FALLS FOREST FALLS, CA 92339	Yes	
GENE L DUKE & CLEBBIE F DUKE REV LIV TRST DTD 1/14/04 8303 ROCHESTER AVE LUBBOCK, TX 79424		Correct address, but Gene requested me to resend to a different address
GERALD DALE HIGLEY 13521 GREEN CEDAR LN OKLAHOMA CITY, OK 73131	Yes	
HAZEL K SHOEMAKER 2100 N E 140 APT 307A EDMOND, OK 73013	Yes	
HELEN L WASER REVOC LIV TR 4 1 93 HELEN L WASER TRUSTEE 20055 306TH RD ATCHISON, KS 66002-8235	Yes	
HERD PARTNERS LTD P O BOX 130 MIDLAND, TX 79702-0130	Yes	
HERSHEL T & JUDY B OWENS REVOC LIVING TRUST HERSHEL & JUDY OWENS TRUSTEES 9702 E 90TH CT N OWASSO, OK 74055-7270	Yes	
HIEN THI NGO NGUYEN 27753 WHITTINGTON RD MENIFEE, CA 92584	Yes	

**Interest Owner Name:****Received Notice:****Comments:**

INGRID DREESSEN POWELL PO BOX 416 LOS ALTOS, CA 94023		No green card returned
J L BURKE III 8928 MEADOW KNOLL DRIVE DALLAS, TX 75243	Yes	
JAMES C UNDERWOOD 303 E 400 MULLINVILLE, KS 67109	Yes	
JAMES M OWENS P O BOX 1003 DUMAS, TX 79029-1003	Yes	
JAMES RUSSELL PROCTOR 145 N MCRAE LANE ST DAVID, AZ 85630	Yes	
JANET E CARTER 2918 LIVE OAK DRIVE ROWLETT, TX 75088		No green card returned
JOHN BLUMBERG 123 E STANTON RD ANDOVER, KS 67002	Yes	
JOHN REDFERN III P O BOX 50890 MIDLAND, TX 79710	Yes	
JON F COLL P O BOX 1818 ROSWELL, NM 88202-1818	Yes	

**Interest Owner Name:****Received Notice:****Comments:**

JON F COLL II 7335 WALLA WALLA SAN ANTONIO, TX 78250	Yes	
JULIA BENHAM TESTAMENTARY TRST ALLEN W VILLEMARETTE TRUSTEE 10157 S RUNNYMEDE PL BATON ROUGE, LA 70815	Yes	
KATHERINE A KECK 1801 AVE OF THE STARS STE 446 LOS ANGELES, CA 90067-5906	Yes	
KATHRYN ANN PRICE 1148 BRIARCLIFF WICHITA, KS 67207	Yes	
KEVIN K LEONARD CHILD'S TRUST KEVIN K LEONARD, TRUSTEE PO BOX 50688 MIDLAND, TX 79710-0688	Yes	
KNOTT TRUST LAURIE A KNOTT TTEES 2713 N GOLD CT HOBBS, NM 88240	Yes	
LANA OWENS 764 WILDWOOD TRAIL WEATHERFORD, TX 76085	Yes	
LARRY BLUMBERG 2344 ARBOR LAKE CT HENDERSON, NV 89044		No green card returned
MARGARET F EMERY 16 EMERY ROAD CLAYTON, NM 88415	Yes	
MARILYN BURKE SALTER 20031 82 AVE W EDMONDS, WA 98026	Yes	

**Interest Owner Name:****Received Notice:****Comments:**

MARLENA K WEISHAAR REV TRUST c/o MARLENA K WEISHAAR TRUSTEE 917 S E 42ND TERRACE TOPEKA, KS 66609-1657	Yes	
MARLENA S WEISHAAR 917 S E 42ND TERRACE TOPEKA, KS 66609	Yes	
MAX COLL II 83 LA BARBERIA TRAIL SANTA FE, NM 87505-9008	Yes	
MAX W COLL III 7625-2 EL CENTRO BLVD LAS CRUCES, NM 88012	Yes	
MELANIE COLL DETEMPLE 5653 TOBIAS AVE VAN NUYS, CA 91411	Yes	
MICHAEL KYLE LEONARD CHILD'S TRUST MICHAEL KYLE LEONARD, TRUSTEE PO BOX 2625 EAGLE PASS, TX 78853	Yes	
MOLLY M AZOPARDI CHILD'S TRUST MOLLY AZOPARDI, TRUSTEE PO BOX 620 WIMBERLY, TX 78676	Yes	
MOLLY MICHELE AZOPARDI PO BOX 620 WIMBERLY, TX 78676	Yes	
MONTGOMERY PETROLEUM INC 4925 GREENVILLE AVE STE 915 DALLAS, TX 75206	Yes	
NANCY I FARMER 5136 E 35TH STREET TULSA, OK 74135	Yes	

**Interest Owner Name:****Received Notice:****Comments:**

NEW MEXICO BOYS & GIRLS RANCH FOUNDATION INC PO BOX 40909 AUSTIN, TX 78704-0016	Yes	
NM O&G LTD JIM CONE GENERAL PARTNER PO BOX 10217 LUBBOCK, TX 79408	Yes	
OFFICE OF NATURAL RESOURCES REVENUE PO BOX 25627 DENVER, CO 80225-0627	Yes	
PATRICK LEONARD CHILD'S TRUST PATRICK LEONARD, TRUSTEE PO BOX 700633 SAN ANTONIO, TX 78270	Yes	
PERRY H UNDERWOOD PO BOX 304 OSAWATOMIE, KS 66064	Yes	
R JANE EPPES BOX 962 FLIPPIN, AR 72634	Yes	
RAYMOND FOSTER REV LIVING TRST PO BOX 231 HORTON, KS 66439	Yes	
REX BLUMBERG 294 SUNSET LN HENDERSON, NC 27537-5081	Yes	
ROBERT J LEONARD THE LEONARD TRUST DTD 11-10-93 P O BOX 400 ROSWELL, NM 88202-0400	Yes	
ROBERT KNIGHT c/o J ROBERT SHINE POA 8003 COUNTY ROAD 6910 LUBBOCK, TX 79407	Yes	

**Interest Owner Name:****Received Notice:****Comments:**

ROBERTA BUCKELEW 2762 STEELE CANYON RD RANCHO SAN DIEGO, CA 92019	Yes	
RONALD O HOLMAN 5949 SHERRY LANE STE 1700 DALLAS, TX 75225	Yes	
SABINE ROYALTY TRUST LBX 840887 DALLAS, TX 75284-0887	Yes	
SALLY RODGERS 152B ARROYO HONDO ROAD SANTA FE, NM 87508	Yes	
SHANNON C LEONARD CHILD'S TRUST SHANNON C LEONARD, TRUSTEE 1018 SUNSET CANYON DR N DRIPPING SPRINGS, TX 78620	Yes	
SHRINERS HOSPITALS FOR CHILDREN c/o THE NORTHERN TRUST COMPANY PO BOX 226270 DALLAS, TX 75222-6270	Yes	
SOUTHWESTERN BAPTIST THEOLOGICAL SEMINARY c/o BAPTIST FOUNDATION OF TX 1601 ELM ST STE 1700 DALLAS, TX 75201-4741	Yes	
STANLEY WHITE PO BOX 1533 OVERGAARD, AZ 85933	Yes	
STATE OF NEW MEXICO COMMISSIONER OF PUBLIC LANDS PO BOX 1148 SANTA FE, NM 87504	Yes	
TEXAS TECHNOLOGICAL UNIVERSITY PO BOX 45025 LUBBOCK, TX 79409-5025	Yes	

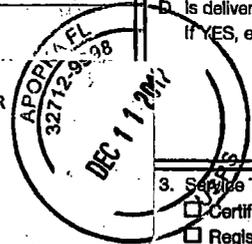
**Interest Owner Name:****Received Notice:****Comments:**

THE HAWK TRUST WILMA J HAWK TRUSTEE 408 COLORADO STREET HIGHLAND, KS 66035	Yes	
OHIO STATE UNIVERSITY PLANNING AND REAL ESTATE 2003 MILLIKEN ROAD SUITE 200 MCCrackEN COLUMBUS, OH 43210	Yes	
THE TEXAS A&M UNIVERSITY 301 TARROW ST FL 6 COLLEGE STATION, TX 77840-7896		Resent to correct address
THOMAS CARLTON HIGLEY 3812 PARAMOUNT BLVD AMARILLO, TX 79109	Yes	
UNIVERSITY OF NEW MEXICO REGENTS c/o DIRECTOR OF REAL ESTATE MSC06 3595 2811 CAMPUS BLVD NE ALBUQUERQUE, NM 87131	Yes	
WAIKIKI PARTNERS LP P O BOX 2127 MIDLAND, TX 79702-2127	Yes	
WILLIAM RAY PROCTOR PO BOX 7156 ODESSA, TX 79760-7156	Yes	
XTO ENERGY, INC. 810 HOUSTON STREET FORT WORTH, TX 76102	Yes	Offset Interest Owner
BURLESON PETROLEUM, INC. P.O. BOX 2479 MIDLAND, TX 79702	Yes	Offset Interest Owner
CAMPBELL & HEDRICK P.O. BOX 401 MIDLAND, TX 79701		Offset Interest Owner - Unclaimed; Resent to physical address

**Interest Owner Name:****Received Notice:****Comments:**

BUREAU OF LAND MANAGEMENT 620 E. GREENE STREET CARLSBAD, NM 88220-6262	Yes	
WILBUR C HIGLEY JR PAY TX COMPTROLLER OF PUB ACCT UNCLAIMED PROPERTYSECTION PO BOX 12019 AUSTIN, TX 78711-2019		Deceased; Wife is Ellen Higley
THE BISHOP WIPPLE SCHOOLS ADDRESS UNKNOWN UNKNOWN, DE 99999-9999		Cannot locate
DAVID MCINTOSH PAY TX COMPTROLLER OF PUB ACCT UNCLAIMED PROPERTYSECTION PO BOX 12019 AUSTIN, TX 78711-2019		Cannot locate

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>A.D. White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) <i>A.D. White</i>	C. Date of Delivery
ALBERT D WHITE JR 2402 SWEETWATER COUNTRY CLUB DR APOPKA, FL 32712 MH - HAWK B-1		<input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7012 1640 0001 6933 2519	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-15	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Hank Salts</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) <i>Hank Salts</i>	C. Date of Delivery <i>12-10-11</i>
ALLIE M LEE TRUST WELLS FARGO BANK NA TRUSTEE PO BOX 40909 AUSTIN, TX 78704-0016 MH - HAWK B-1		<input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7012 1640 0001 6933 2533	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-15	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Ann Perkins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) <i>Ann Perkins</i>	C. Date of Delivery
ANN E PERKINS 803 JUNIPERO SERRA STOCKTON, CA 95210 MH - HAWK B-1		<input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7012 1640 0001 6933 2557	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-15	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Mike Calfin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name)	C. Date of Delivery 1/27/12
1. Article Addressed to:  ANNA BESS CALFIN MIKE M CALFIN POA 3412 56TH ST LUBBOCK, TX 79413-4747 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7012 1640 0001 6933 2564	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-11

Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Ingrid Powell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) INGRID POWELL	C. Date of Delivery 12/20/11
1. Article Addressed to:  BETTY KYTE DREESSEN IRREV TST INGRID DREESSEN POWELL TR PO BOX 1665 LOS ALTOS, CA 94022 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7012 1640 0001 6933 2595	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-11

3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>B. Blair</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name)	C. Date of Delivery 12-11
1. Article Addressed to:  BEVERLY B BLAIR 2635 BAMBOO DR LAKE HAVASU CITY, AZ 86403 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2649</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>John Markham</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <i>John Markham</i>	C. Date of Delivery 2002 12 11
1. Article Addressed to:  BILL J MARKHAM ESTATE TRUST ROSEMARIE MARKHAM TRUSTEE PO BOX 716 RUIDOSO, NM 88355 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2670</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Albert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <i>ALBERT</i>	C. Date of Delivery 12/10/12
1. Article Addressed to:  BOYS CLUB OF AMERICA NATIONAL HEADQUARTERS 1275 PEACHTREE ST NE ATLANTA, GA 30309-3506 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2700</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

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	B. Received by (Printed Name) <i>CHAD B</i>	C. Date of Delivery <i>12/11/12</i>
1. Article Addressed to:  BURLINGTON RESOURCES OIL & GAS CO LP c/o CONOCOPHILLIPS COMPANY P.O. BOX 2197 HOUSTON, TX 77252-2197 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2724</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Donna Edwards</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <i>DONNA EDWARDS</i>	C. Date of Delivery <i>12/11/12</i>
1. Article Addressed to:  C B JR MARKHAM ESTATE TRUST DTD 5-21-87 DONNA EDWARDS TTEE 2512 METZGAR RD SW ALBUQUERQUE, NM 87105-6336 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2526</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

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<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Rachael</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <i>Rachael</i>	C. Date of Delivery <i>12-10-12</i>
1. Article Addressed to:  CECIL BOND KYTE PO BOX 30864 SANTA BARBARA, CA 93130 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2540</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

**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:

CECILE MARIE DRESSEN  
 PO BOX 1696  
 POULSBO, WA 98370  
 MH - HAWK B-1

2. Article Number  
 (Transfer from service label)

7012 1640 0001 6933 2571

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X   Agent  
 Address
- B. Received by (Printed Name)  C. Date of Delivery  
 CECILE MARIE DRESSEN 2-11-12
- 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

**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:

CHARLES H COLL  
 P O BOX 1818  
 ROSWELL, NM 88202-1818  
 MH - HAWK B-1

2. Article Number  
 (Transfer from service label)

7012 1640 0001 6933 2588

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X   Agent  
 Address
- B. Received by (Printed Name)  C. Date of Delivery  
 Charles H Coll 12-12-12
- 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

**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:

CHARLES R HAWK  
 6466 262ND RD  
 EFFINGHAM, KS 66023-4186  
 MH - HAWK B-1

2. Article Number  
 (Transfer from service label)

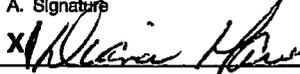
7012 1640 0001 6933 2601

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X   Agent  
 Address
- B. Received by (Printed Name)  C. Date of Delivery  
 Diana Hawk 12-10-12
- 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

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address <i>[Signature]</i>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
CHEVRON USA INC ATTN: NOJV GROUP PO Box 2100 HOUSTON, TX 77252 MH - HAWK B-1		A. Alleyne	12-11-12
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
7012 1640 0001 6933 2618			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-11	

7012 1640 0001 6929 6859

<b>OFFICIAL USE</b>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Return Receipt Fee (Endorsement Required)
Certified Fee	Restricted Delivery Fee (Endorsement Required)
Postmark Here	
<b>CHOSEN PEOPLE MINISTRIES INC</b> 241 E. 51st STREET NEW YORK, NY 10022 MH - HAWK B-1	
PS Form 3800, August 2005 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address X	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
CHOSEN PEOPLE MINISTRIES INC 1300 CROSS BEAM DR CHARLOTTE, NC 28217 MH - HAWK B-1 <i>Not deliverable</i> 241 E. 51st St → confirmed address New York, NY 10022			888-293-7482 or 212-207-1926
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
7012 1640 0001 6933 2632			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-15	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address X Joyce S. Markham	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
CLARENCE RICHARD MARKHAM FAMILY TRUST CLARENCE RICHARD MARKHAM & JOYCE STANLEY MARKHAM TRUSTEES 3110-38TH STREET MH - HAWK B-1 HUBROCK TX 79413			12-6
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
7012 1640 0001 6933 2656			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-11	

**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:

CLARKE C COLL  
PO BOX 1818  
ROSWELL, NM 88202-1818  
MH - HAWK B-1

2. Article Number  
(Transfer from service label)

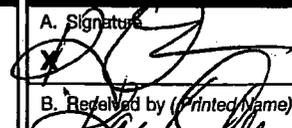
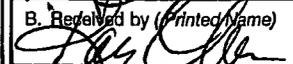
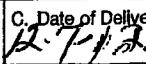
7012 1640 0001 6933 2663

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature   Agent  
 Address
- 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

**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:

COLLEGE OF THE SOUTHWEST  
6610 LOVINGTON HWY  
HOBBS, NM 88240-9120  
MH - HAWK B-1

2. Article Number  
(Transfer from service label)

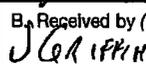
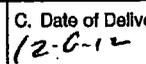
7012 1640 0001 6933 2687

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature   Agent  
 Address
- 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

**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:

DERRILE PEABODY  
2477 CENTRAL PARK DRIVE  
LODI, CA 95242  
MH - HAWK B-1

2. Article Number  
(Transfer from service label)

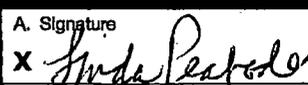
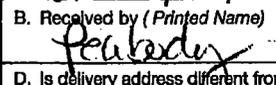
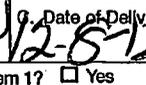
7012 1640 0001 6933 2694

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature   Agent  
 Address
- 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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>D Skl</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name)	C. Date of Delivery 10/2/12
1. Article Addressed to:  DIANA J SOLARSKI 6320 KALEE DR AMARILLO, TX 79109 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2717</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Donald Markham</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) DONALD MARKHAM	C. Date of Delivery
1. Article Addressed to:  DONALD MARSHALL MARKHAM FAMILY DTD 4-12-95 DONALD MARSHALL TTEE PO BOX 241 CENTER POINT, TX 78010-0241 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2731</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>C. Casan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) C. Casan	C. Date of Delivery 7/26/12
1. Article Addressed to:  DP OIL & GAS LLC 1500 BROADWAY SUITE 1212 LUBBOCK, TX 79401 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2755</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

EDWARD T DREESSEN JR  
 PO BOX 830  
 PALO CEDRO, CA 96073  
 MH - HAWK B-1

2. Article Number  
(Transfer from service label)

7012 1640 0001 6933 2779

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X *[Signature]*  Agent  Address
- B. Received by (Printed Name)  
 ED DREESSEN
- C. Date of Delivery  
 12/11/04
- 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

**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:

ELDON K TURNER & RUEDELE S TURNER  
 REVOCABLE LIVING TRUST  
 8609 NICHOLS WAY  
 NORTH RICHLAND HILLS, TX 76180-5357  
 MH - HAWK B-1

2. Article Number  
(Transfer from service label)

7012 1640 0001 6933 2793

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X *[Signature]*  Agent  Address
- B. Received by (Printed Name)  
 Eldon Turner
- C. Date of Delivery  
 6/21/02
- 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

**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:

ELKS NATIONAL FOUNDATION  
 ATTN JIM OKELLY DIRECTOR  
 2750 N LAKEVIEW AVE  
 CHICAGO, IL 60614-2256  
 MH - HAWK B-1

2. Article Number  
(Transfer from service label)

7012 1640 0001 6933 2816

PS Form 3811, February 2004

Domestic Return Receipt

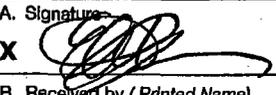
102595-02-M-15

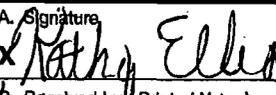
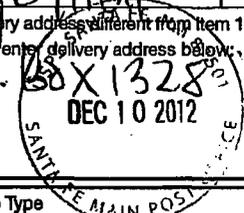
**COMPLETE THIS SECTION ON DELIVERY**

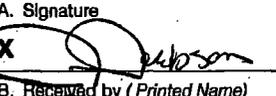
- A. Signature  
 X *[Signature]*  Agent  Address
- B. Received by (Printed Name)  
 J. Okelly
- C. Date of Delivery  
 12/11/04
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

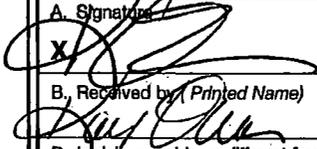
3. Service Type
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

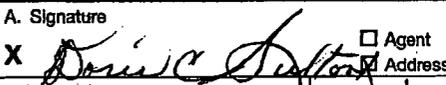
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> X  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) _____ C. Date of Delivery <u>12-26-12</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:  ELLEN HIGLEY 6640 N W PARK PLAZA DRIVE KANSAS CITY, MO 64151 MH - HAWK B-1	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <u>7012 1640 0001 6933 2830</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> X  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <u>Kathy Elliott</u> C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>P.O. BOX 1328</u> <u>DEC 10 2012</u> 	
1. Article Addressed to:  ELLIOTT INDUSTRIES PO BOX 1328 SANTA FE, NM 87504 MH - HAWK B-1	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <u>7012 1640 0001 6933 2854</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> X  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <u>J. Johnson</u> C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:  ELLIOTT HALL CO ATTN: GEORGE HALL P O BOX 1231 OGDEN, UT 84402 MH - HAWK B-1	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <u>7012 1640 0001 6933 2861</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name)	C. Date of Delivery 12/7/12
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
ERIC J COLL PO BOX 1818 ROSWELL, NM 88202-1818 MH - HAWK B-1	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7012 1640 0001 6933 2748	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
FAIRWAY OIL & GAS COMPANY P.O. BOX 845 SPARTA, NJ 07871 MH - HAWK B-1	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7012 1640 0001 6933 2762	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name)	C. Date of Delivery 12/8/12
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
FLOYD J & DORIS C SUTTON REV LIVING TRST DTD 5/3/90 ATTN: FLOYD J OR DORIS C SUTTON 1100 PACIFIC CT ATCHISON, KS 66002-2774 MH - HAWK B-1	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7012 1640 0001 6933 2786	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Address	
1. Article Addressed to:  FOREST HOME INC c/o DAVID CARLSON CFO 40000 VALLEY OF THE FALLS FOREST FALLS, CA 92339 MH - HAWK B-1	B. Received by (Printed Name) Eric Rivera	C. Date of Delivery 12-10-11
	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No Forest Home Foundation 700 E. Redlands Redlands Blvd Ste 23811 Redland CA	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7012 1640 0001 6933 2809	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address	
1. Article Addressed to: spoke to Gene →  GENE L DUKE & CLEBBIE F DUKE REV LIV TRST DTD 1/14/04 8303 ROCHESTER AVE LUBBOCK, TX 79424 MH - HAWK B-1  → this is the correct address for system  303-408-2430	B. Received by (Printed Name) 11/7/13	C. Date of Delivery certified to
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No send to 6901 S. Spotswood street Littleton, CO 80120	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7012 1640 0001 6933 2823	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Address	
1. Article Addressed to:  GERALD DALE HIGLEY 13521 GREEN CEDAR LN OKLAHOMA CITY, OK 73131 MH - HAWK B-1	B. Received by (Printed Name) Gerald Higley	C. Date of Delivery 12-10-11
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7012 1640 0001 6933 2847	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-11

**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:

HAZEL K SHOEMAKER  
2100 N E 140 APT 307A  
EDMOND, OK 73013  
MH - HAWK B-1

2. Article Number

(Transfer from service label)

7012 1640 0001 6933 2878

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Mica Gaddis

- Agent  
 Addressee

B. Received by (Printed Name)

MICA GADDIS

C. Date of Delivery

12/7/11

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:

HELEN L WASER REVOC LIV TR 4 1 93  
HELEN L WASER TRUSTEE  
20055 306TH RD  
ATCHISON, KS 66002-8235  
MH - HAWK B-1

2. Article Number

(Transfer from service label)

7012 1640 0001 6933 2892

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Helen Waser

- Agent  
 Addressee

B. Received by (Printed Name)

H W

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

**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:

HERD PARTNERS LTD.  
P O BOX 130  
MIDLAND, TX 79702-0130  
MH - HAWK B-1

2. Article Number

(Transfer from service label)

7012 1640 0001 6933 2915

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Marshall M Query

- Agent  
 Addressee

B. Received by (Printed Name)

MARSHA L MCDUERRY

C. Date of Delivery

D. Is delivery address different from item 1?

- Yes  
 No

If YES, enter delivery address below:

130

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:

HERSHEL T & JUDY B OWENS REVOC LIVING TRUST  
 HERSHEL & JUDY OWENS TRUSTEES  
 9702 E 90TH CT N  
 OWASSO, OK 74055-7270  
 MH - HAWK B-1

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

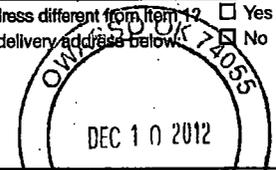
*X Hershel Owens*

- 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

7012 1640 0001 6933 2934

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

**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:

HIEN THI NGO NGUYEN  
 27753 WHITTINGTON RD  
 MENIFEE, CA 92584  
 MH - HAWK B-1

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Hien Thi Ngo Nguyen*

- 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)

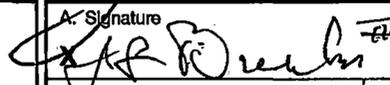
Yes

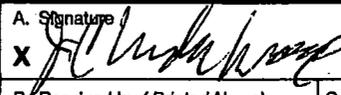
7012 1640 0001 6933 2885

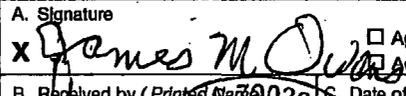
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>J.I. BURKE III 8928 MEADOW KNOLL DRIVE DALLAS, TX 75243 MH - HAWK B-1</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2922</b></p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <b>12-7-12</b></p>
<p>1. Article Addressed to:</p> <p>JAMES C UNDERWOOD 303 E 400 MULLINVILLE, KS 67109 MH - HAWK B-1</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2946</b></p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>JAMES M OWENS P O BOX 1003 DUMAS, TX 79029-1003 MH - HAWK B-1</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2960</b></p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11</p>

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name)  <b>J. PROCTOR</b></p> <p>C. Date of Delivery  <b>12/8/12</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>JAMES RUSSELL PROCTOR          145 N MCRAE LANE          ST DAVID, AZ 85630          MH - HAWK B-1</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number          (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p> <p><b>7012 1640 0001 6933 2984</b></p>	
PS Form 3 11, February 2004		Domestic Return Receipt	
		102595-02-M-15	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name)  <b>MARCIA R. BLUMBERG</b></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>JOHN BLUMBERG          123 E STANTON RD          ANDOVER, KS 67002          MH - HAWK B-1</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number          (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p> <p><b>7012 1640 0001 6933 3325</b></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-15	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JOHN REDFERN III  
P O BOX 50890  
MIDLAND, TX 79710  
MH - HAWK B-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Address  
*Joy McGary*

B. Received by (Printed Name)  
 Joy McGary

C. Date of Delivery  
 1/11/04

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

2. Article Number (Transfer from service label) **7012 1640 0001 6933 3349**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E

**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:

JON F COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818  
MH - HAWK B-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Address  
*Jay Allen*

B. Received by (Printed Name)  
 Jay Allen

C. Date of Delivery  
 12-7-02

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

2. Article Number (Transfer from service label) **7012 1640 0001 6933 3356**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E

**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:

JON F COLL II  
7335 WALLA WALLA  
SAN ANTONIO, TX 78250  
MH - HAWK B-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Address  
*Michelle Coll*

B. Received by (Printed Name)  
 Michelle Coll

C. Date of Delivery  
 1/1

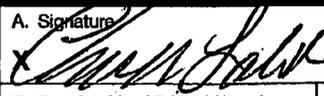
D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

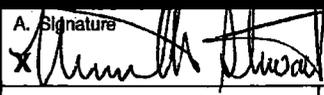
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

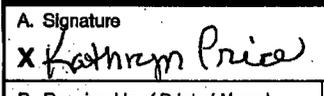
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7012 1640 0001 6933 2953**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) Charles LaLonde	C. Date of Delivery 12-10-1
1. Article Addressed to:  JULIA BENHAM TESTAMENTARY TRST ALLEN W VILLEMARETTE TRUSTEE 10157 S RUNNYMEDE PL BATON ROUGE, LA 70815 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7012 1640 0001 6933 2977	
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) Minnette Stewart	C. Date of Delivery 12-10-1
1. Article Addressed to:  KATHERINE A KECK 1801 AVE OF THE STARS STE 446 LOS ANGELES, CA 90067-5906 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7012 1640 0001 6933 3301	
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address	
	B. Received by (Printed Name) KATHRYN PRICE	C. Date of Delivery 12-18-1
1. Article Addressed to:  KATHRYN ANN PRICE 1148 BRIARCLIFF WICHITA, KS 67207 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7012 1640 0001 6933 3332	
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-15		

**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:

KEVIN K LEONARD CHILD'S TRUST  
 KEVIN K LEONARD, TRUSTEE  
 PO BOX 50688  
 MIDLAND, TX 79710-0688  
 MH - HAWK B-1

2. Article Number  
 (Transfer from service label)

7012 1640 0001 6933 3295

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Address
- B. Received by (Printed Name)  Received  
 Kevin Leonard
- C. Date of Delivery  
 12-11-12
- 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

**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:

KNOTT TRUST  
 LAURIE A KNOTT TTEES  
 2713 N GOLD CT  
 HOBBS, NM 88240  
 MH - HAWK B-1

2. Article Number  
 (Transfer from service label)

7012 1640 0001 6933 3363

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Address
- B. Received by (Printed Name)  Received
- C. Date of Delivery  
 12/6/12
- 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

**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:

LANA OWENS  
 764 WILDWOOD TRAIL  
 WEATHERFORD, TX 76085  
 MH - HAWK B-1

2. Article Number  
 (Transfer from service label)

7012 1640 0001 6933 3387

PS Form 3811, February 2004

Domestic Return Receipt

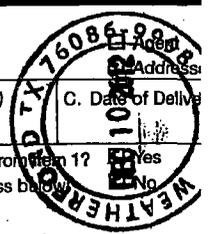
102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Address
- B. Received by (Printed Name)  Received  
 LANA OWENS
- C. Date of Delivery  
 12/6/12
- 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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Margaret Emery</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Margaret Emery</i> C. Date of Delivery <i>12/2/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MARGARET F EMERY          16 EMERY ROAD          CLAYTON, NM 88415          MH - HAWK B-1</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Transfer from service label) **7012 1640 0001 6933 3431**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Marilyn Burke Salter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>M SALTER</i> C. Date of Delivery <i>12/6/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MARILYN BURKE SALTER          20031 82 AVE W          EDMONDS, WA 98026          MH - HAWK B-1</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Transfer from service label) **7012 1640 0001 6933 3448**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <i>Marlena Weishaar</i> <input checked="" type="checkbox"/> Address	
	B. Received by (Printed Name) <b>MARLENA WEISHAAR</b>	C. Date of Delivery <b>12/10/12</b>
1. Article Addressed to:  MARLENA K WEISHAAR REV TRUST c/o MARLENA K WEISHAAR TRUSTEE 917 S E 42ND TERRACE TOPEKA, KS 66609-1657 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 2991</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-16		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <i>Marlena Weishaar</i> <input checked="" type="checkbox"/> Address	
	B. Received by (Printed Name) <b>Marlena Weishaar</b>	C. Date of Delivery <b>12/10/12</b>
1. Article Addressed to:  MARLENA S WEISHAAR 917 S E 42ND TERRACE TOPEKA, KS 66609 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3004</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-16		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <i>Max Coll II</i> <input checked="" type="checkbox"/> Address	
	B. Received by (Printed Name) <b>MAX COLL II</b>	C. Date of Delivery <b>12-7-12</b>
1. Article Addressed to:  MAX COLL II 83 LA BARBERIA TRAIL SANTA FE, NM 87505-9008 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3011</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-16		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Max Coll III</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <i>Max Coll III</i>	C. Date of Delivery <i>12/11/12</i>
1. Article Addressed to:  MAX W COLL III 7625-2 EL CENTRO BLVD LAS CRUCES, NM 88012 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3028</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Melanie Coll Detemple</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name)	C. Date of Delivery <i>12/17/12</i>
1. Article Addressed to:  MELANIE COLL DETEMPLE 5653 TOBIAS AVE VAN NUYS, CA 91411 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3035</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Michael Leonard Child's Trust</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <i>Michael Leonard</i>	C. Date of Delivery <i>12-11-12</i>
1. Article Addressed to:  MICHAEL KYLE LEONARD CHILD'S TRUST MICHAEL KYLE LEONARD, TRUSTEE PO BOX 2625 EAGLE PASS, TX 78853 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3042</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>Molly M. Azopardi</i> <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>MOLLY M AZOPARDI CHILD'S TRUST  MOLLY AZOPARDI, TRUSTEE  PO BOX 620  WIMBERLY, TX 78676  MH - HAWK B-1</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3059</b></p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>Molly M. Azopardi</i> <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>MOLLY MICHELE AZOPARDI  PO BOX 620  WIMBERLY, TX 78676  MH - HAWK B-1</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3066</b></p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>X</i> <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>MONTGOMERY PETROLEUM INC  4925 GREENVILLE AVE STE 915  DALLAS, TX 75206  MH - HAWK B-1</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3134</b></p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

**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 I FARMER  
5136 E 35TH STREET  
TULSA, OK 74135  
MH - HAWK B-1

2. Article Number  
(Transfer from service label) **7012 1640 0001 6933 3097**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Nancy I Farmer*  Agent  Address

B. Received by (Printed Name) *Nancy I Farmer* C. Date of Delivery *DEC 11 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.

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:

NEW MEXICO BOYS & GIRLS RANCH FOUNDATION INC  
PO BOX 40909  
AUSTIN, TX 78704-0016  
MH - HAWK B-1

2. Article Number  
(Transfer from service label) **7012 1640 0001 6933 3370**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Hank Sullivan*  Agent  Address

B. Received by (Printed Name) *Hank Sullivan* C. Date of Delivery *12-10-12*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NM O&G LTD  
JIM CONE GENERAL PARTNER  
PO BOX 10217  
LUBBOCK, TX 79408  
MH - HAWK B-1

2. Article Number  
(Transfer from service label) **7012 1640 0001 6933 3394**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Jim Cone*  Agent  Address

B. Received by (Printed Name) *Jim Cone* C. Date of Delivery *12-6-12*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

**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:

OFFICE OF NATURAL RESOURCES REVENUE  
PO BOX 25627  
DENVER, CO 80225-0627  
MH - HAWK B-1

2. Article Number  
(Transfer from service label)

7012 1640 0001 6933 3417

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X *Brenda Clavette*  Agent  Address
- B. Received by (Printed Name) C. Date of Delivery  
DEC 10 2002
- 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

**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:

PATRICK LEONARD CHILD'S TRUST  
PATRICK LEONARD, TRUSTEE  
PO BOX 700633  
SAN ANTONIO, TX 78270  
MH - HAWK B-1

2. Article Number  
(Transfer from service label)

7012 1640 0001 6933 3424

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X *Patrick Leonard*  Agent  Address
- B. Received by (Printed Name) C. Date of Delivery  
*Patrick Leonard*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
P.O. BOX 700633

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:

PERRY H UNDERWOOD  
PO BOX 304  
OSAWATOMIE, KS 66064  
MH - HAWK B-1

2. Article Number  
(Transfer from service label)

7012 1640 0001 6933 3691

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X *Perry Underwood*  Agent  Address
- B. Received by (Printed Name) C. Date of Delivery  
*Perry Underwood* 12-8-02
- 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

**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:

R JANE EPPES  
 BOX 962  
 FLIPPIN, AR 72634  
 MH - HAWK B-1

2. Article Number

(Transfer from service label)

7012 1640 0001 6933 3714

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Tonya Eppes*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

Tonya Eppes

C. Date of Delivery

12/7/12

 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**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 FOSTER REV LIVING TRST  
 PO BOX 231  
 HORTON, KS 66439  
 MH - HAWK B-1

2. Article Number

(Transfer from service label)

7012 1640 0001 6933 3721

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Penny Foster*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

Penny Foster

C. Date of Delivery

12/8/12

 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**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:

REX BLUMBERG  
 294 SUNSET LN  
 HENDERSON, NC 27537-5081  
 MH - HAWK B-1

2. Article Number

(Transfer from service label)

7012 1640 0001 6933 3752

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Kathleen Dwyer*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

Kathleen Dwyer

C. Date of Delivery

12/12/12

 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

**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 J LEONARD  
THE LEONARD TRUST DTD 11-10-93  
P O BOX 400  
ROSWELL, NM 88202-0400  
MH - HAWK B-1

2. Article Number

(Transfer from service label)

7012 1640 0001 6933 3769

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-16

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Robert Leonard*

- 
- Agent
- 
- 
- Address

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**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 KNIGHT  
c/o J ROBERT SHINE POA  
8003 COUNTY ROAD 6910  
LUBBOCK, TX 79407  
MH - HAWK B-1

2. Article Number

(Transfer from service label)

7012 1640 0001 6933 3110

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Robert Knight*

- 
- Agent
- 
- 
- Address

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**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:

ROBERTA BUCKELEW  
2762 STEELE CANYON RD  
RANCHO SAN DIEGO, CA 92019  
MH - HAWK B-1

2. Article Number

(Transfer from service label)

7012 1640 0001 6933 3455

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Roberta Buckelew*

- 
- Agent
- 
- 
- Address

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) H. P. Ba	C. Date of Delivery 12-12
RONALD O HOLMAN 5949 SHERRY LANE STE 1700 DALLAS, TX 75225 MH - HAWK B-1		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7012 1640 0001 6933 3462	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-11	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) DEC 07 2004	C. Date of Delivery
SABINE ROYALTY TRUST LBX 840887 DALLAS, TX 75284-0887 MH - HAWK B-1		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7012 1640 0001 6933 3707	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-11	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery 12/7/11
SALLY RODGERS 152B ARROYO HONDO ROAD SANTA FE, NM 87508 MH - HAWK B-1		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7012 1640 0001 6933 3738	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-11	

**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:

SHANNON C LEONARD CHILD'S TRUST  
 SHANNON C LEONARD, TRUSTEE  
 1018 SUNSET CANYON DR N  
 DRIPPING SPRINGS, TX 78620  
 MH - HAWK B-1

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X *Shannon Leonard*  Agent  Address
- B. Received by (Printed Name) C. Date of Delivery  
 12-7-02
- 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

7012 1640 0001 6933 3745

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**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:

SHRINERS HOSPITALS FOR CHILDREN  
 c/o THE NORTHERN TRUST COMPANY  
 PO BOX 226270  
 DALLAS, TX 75222-6270  
 MH - HAWK B-1

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X *Shriner*  Agent  Address
- B. Received by (Printed Name) C. Date of Delivery  
 DEC 10 2002
- 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

7012 1640 0001 6933 3776

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**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:

SOUTHWESTERN BAPTIST THEOLOGICAL SEMINARY  
 c/o BAPTIST FOUNDATION OF TX  
 1601 ELM ST STE 1700  
 DALLAS, TX 75201-4741  
 MH - HAWK B-1

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X *Debra*  Agent  Address
- B. Received by (Printed Name) C. Date of Delivery  
 Debra [Signature] 12-10-02
- 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

7012 1640 0001 6933 3783

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Stanley White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <i>Stanley White</i>	C. Date of Delivery
1. Article Addressed to:  STANLEY WHITE PO BOX 1533 OVERGAARD, AZ 85933 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3806</b>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:  STATE OF NEW MEXICO COMMISSIONER OF PUBLIC LANDS PO BOX 1148 SANTA FE, NM 87504 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center;">DEC 10 2012</div>	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3820</b>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>P. C. [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:  TEXAS TECHNOLOGICAL UNIVERSITY PO BOX 45025 LUBBOCK, TX 79409-5025 MH - HAWK B-1	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center;"> </div>	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3479</b>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Cliff Hawk</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address B. Received by (Printed Name) <i>Cliff Hawk</i> C. Date of Delivery <i>12-14-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:  THE HAWK TRUST WILMA J HAWK TRUSTEE 408 COLORADO STREET HIGHLAND, KS 66035 MH - HAWK B-1		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3073</b>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1E	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>OSU FOD</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address B. Received by (Printed Name) <i>OSU FOD</i> C. Date of Delivery <i>12/26/12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:  OHIO STATE UNIVERSITY PLANNING AND REAL ESTATE 2003 MILLIKEN ROAD SUITE 200 MCCrackEN COLUMBUS, OH 43210 MH - HAWK B-1		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6929 6873</b>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1E	

7012 1640 0001 6929 6866

PS Form 3800, August 2006 See Reverse for Instructions	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Endorsement	<b>OFFICIAL USE</b>	Total Post THE TEXAS A&M UNIVERSITY 301 TARROW ST FL 6 COLLEGE STATION, TX 77840-7896 MH - HAWK B-1
	<i>V. A. Sewell</i>		

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>OSU FOD</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address B. Received by (Printed Name) <i>OSU FOD</i> C. Date of Delivery <i>12/26/12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:  <b>TEXA200* 778452043 1C11 11 12/14/12</b> <b>FORWARD TIME EXP RTN TO SENDER</b> <b>THE TEXAS A&amp;M UNIVERSITY SYSTEM OFFI</b> <b>301 TARROW ST FL 6</b> <b>COLLEGE STA TX 77840-7896</b>  <b>RETURN TO SENDER</b>  THE TEXAS A&M UNIV SYSTEM ON BEHALF OF WEST TX ST UNIV A&M SYSTEM BUILDING 200 TECHNOLOGY WAY STE 2003 COLLEGE STATION, TX 77845 MH - HAWK B-1		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <b>7012 1640 0001 6933 3103</b>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1E	

929-458-6083

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Thomas Carlton Higley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) <i>Thomas Higley</i>	C. Date of Delivery <i>12-7-12</i>
<p>THOMAS CARLTON HIGLEY  3812 PARAMOUNT BLVD  AMARILLO, TX 79109  MH - HAWK B-1</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7012 1640 0001 6933 3790		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-16	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Michael M. Moore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) <i>Michael Moore</i>	C. Date of Delivery <i>12/7/12</i>
<p>UNIVERSITY OF NEW MEXICO REGENTS  c/o DIRECTOR OF REAL ESTATE MSC06 3595  2811 CAMPUS BLVD NE  ALBUQUERQUE, NM 87131  MH - HAWK B-1</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7012 1640 0001 6933 3813		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-11	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Jean Hernandez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) <i>Jean Hernandez</i>	C. Date of Delivery <i>12-10-12</i>
<p>WAIKIKI PARTNERS LP  P O BOX 2127  MIDLAND, TX 79702-2127  MH - HAWK B-1</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7012 1640 0001 6933 3837		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-11	

**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 RAY PROCTOR  
PO BOX 7156  
ODESSA, TX 79760-7156  
MH - HAWK B-1

**2. Article Number-**

(Transfer from service label)

7012 1640 0001 6933 3165

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X Michael Howard

- Agent  
 Address

**B. Received by (Printed Name)**

Michael Howard

**C. Date of Delivery**

12-7-12

**D. Is delivery address different from item 1?**

If YES, enter delivery address below:  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

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

XTO ENERGY, INC.  
810 HOUSTON STREET  
FORT WORTH, TX 76102  
MH - HAWK B-1

**2. Article Number**

(Transfer from service label)

7012 1640 0001 6933 3172

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X Kenis Lacy - Brown

- Agent  
 Address

**B. Received by (Printed Name)**

Kenis Lacy - Brown

**C. Date of Delivery**

DEC 07 2012

**D. Is delivery address different from item 1?**

If YES, enter delivery address below:  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

**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:**

BURLESON PETROLEUM, INC.  
P.O. BOX 2479  
MIDLAND, TX 79702  
MH - HAWK B-1

**2. Article Number**

(Transfer from service label)

7012 1640 0001 6933 3127

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X Jimmy Araya

- Agent  
 Address

**B. Received by (Printed Name)**

Jimmy Araya

**C. Date of Delivery**

12-11-12

**D. Is delivery address different from item 1?**

If YES, enter delivery address below:  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

7012 1640 0001 6933 0041

PS Form 3800, August 2005  
See Reverse for Instructions

Sent To  
Street Apt. No. or PO Box No.  
City, State, ZIP+4  
Campbell & Hedrick  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees  
Postage \$  
Certified Fee \$  
Postmark  
11/5/12  
re sent  
Hawk B-1

OFFICIAL USE

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:

CAMPBELL & HEDRICK  
P.O. BOX 401  
MIDLAND, TX 79701  
MH - HAWK B-1

*Undam*  
203 West Wall St  
Ste 405

2. Article Number (Transfer from service label) 7012 1640 0001 6933 3158

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *[Signature]*  Agent  Address

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

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: 432-684-4393

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-11

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BUREAU OF LAND MANAGEMENT  
620 E. GREENE STREET  
CARLSBAD, NM 88220-6262  
MH - HAWK B-1

2. Article Number (Transfer from service label) 7012 1640 0001 6933 3141

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *[Signature]*  Agent  Address

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* 12/6/12

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11

**Earl E. DeBrine**

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**From:** mcalfin@nts-online.net  
**Sent:** Friday, January 18, 2013 1:51 PM  
**To:** Earl E. DeBrine  
**Subject:** Application of Apache Corporation for approval, retroactively, for surface commingling and an exception to the metering requirements of Division Rule 19.15.12.10(C)(1), Lea County, New Mexico.

Dear Mr. DeBrine:

Please be advised that my Mother, Anna Bess Calfin of Lubbock Texas is a royalty owner in the above referenced lease and receives payment from Apache Corporation. She has always been pleased with Apache's management and history of effective cost management on these oil interests.

She has no objection to the Application and endorses the Application of Apache Corporation. You are authorized to release this letter as a means of support to any party you deem necessary.

Please call at your convenience should you have any questions or need any further information.

Best Personal Regards,  
Mike

of Mike M. Calfin, Attorney at Law P.O. Box 737 Lubbock, TX 79408  
2-2744  
806 762-1143 Fax