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

APPLICATION OF NADEL AND GUSSMAN PERMIAN, L.L.C. FOR APPROVAL OF A NON-STANDARD OIL SPACING AND PRORATION UNIT AND COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 14,883**

AFFIDAVIT OF NOTICE

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

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

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

2. I am an attorney for Nadel and Gussman Permian, L.L.C.

3. Nadel and Gussman Heyco, L.L.C. has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit 1.

5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

James Bruce

SUBSCRIBED AND SWORN TO before me this 29th day of October, 2012 by James Bruce.

My Commission Expires: 3/14/13

Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

August 30, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Working interest owners in the E½W½ of Section 24, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard oil spacing and proration unit, filed with the New Mexico Oil Conservation Division by Nadel and Gussman Permian, L.L.C., regarding a well in the E½W½ of Section 24, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 20, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, September 13, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

Attorney for Nadel and Gussman Permian, L.L.C.

EXHIBIT 1

EXHIBIT 1

Scott A. Harris
145 Ocean Pines Terrace
Jupiter, FL 33477

Cirrus Exploration
3423 Soncy Road
Suite 200
Amarillo, TX 79119

GST Co.
1013 Centre Road
Wilmington, DE 19805

Cimarex Energy Co.
600 N. Marienfeld
Suite 600
Midland, TX 79701

Matt Bradshaw
4503 Whirlwind Cove
Spicewood, TX 78669

Jack Dill Knox, Personal
Representative of the Estate
of Winnie Dill Knox
3878 Oak Lawn Avenue
Suite 500
Dallas, TX 75219

LD Exploration Inc.
P.O. Box 9573
Midland, TX 79708

Sharbro Oil Ltd. Co.
P.O. Box 840
Artesia, NM 88210

Yates Bros.
105 South Fourth Street
Artesia, NM 88210

Shackelford Oil Properties
1096 Mechem Drive
Suite G-15
Ruidoso, NM 88345

John A. Yates, Individually
and as Trustee of Trust "Q"
105 South Fourth Street
Artesia, NM 88210

Harvey E. Yates et ux. Louise
P.O. Box 1933
Roswell, NM 88202

S.P. Yates et ux. Estelle H.
105 S. Fourth Street
Artesia, NM 88210

Myco Industries, Inc.
105 South 4th Street
Artesia, NM 88210

Jack Dill Knox
3878 Oak Lawn Avenue
Suite 500
Dallas, TX 75219

Therylene Knox Helm
4401 Glenwick Lane
Dallas, TX 75205

COG Operating LLC
COG Oil & Gas LLC
550 W. Texas Avenue
Suite 100
Midland, TX 79701

William J. McCaw
P.O. Box 376
Artesia, NM 88211

June Stevens
1018 Jefferson Street
Plainview, TX 79072

Ede Schmaling Bullock
P.O. Box 2303
Rockwell, TX 75087

Lisa Schmaling Simmons
965 Rain Lilly Lane
Boulder, CO 80304

Texacal Oil & Gas Inc.
4299 MacArthur Blvd.
Suite 207
Newport Beach, CA 92660

Linda Clayton Nelson
1116 Rosebriar Drive
Guthrie, OK 73044

Joe A. Clayton III
P.O. Box 4190
Murfreesboro, TN 37133

Bert Nelson Myers
12035 Redbud Brooks Trail
Houston, TX 77089

Paul Julian Casabonne
177 CR 3823
Bridgeport, TX 76426

Regina Casabonne
fka Regina Wood
c/o Dedra Munoz
458 Choctaw
Hagerman, NM 88232

Melinda Nell Jones
708 Plantation Circle
Panama City, FL 32403

Elizabeth Myers Schrader
P.O. Box 1210
Roswell, NM 88202

Rada Angeline Muncy Hamilton
377 Long Creek Road
Mesquite, TX 75182

Thyra Nell Myers Welborne
227 Via Ballena
San Clemente, CA 92672

Ruth M. Myers
2417 Camino Corso Road
Ana Clemente, CA 92666

Martha B. Myers DSSP
227 Via Ballena
San Clemente, CA 92672

John Larry Casabonne
5205 Eastwind Road
Artesia, NM 88210

Dale Douglas et ux. Renee R.
P.O. Box 10187
Midland, TX 79702

Gay Brookshire Muncy
9607 Tower NE
Albuquerque, NM 87112

Billie Jean Muncy Case
9607 Tower NE
Albuquerque, NM 87112

Florine Muncy Stockton
2044 Crescent Drive
Las Cruces, NM 88001

Phillip McCubbins
56 Ripplevale Grove
London, England N1 1HT

Roy Weldon Muncy
731 Indiana Court
El Segundo, CA 90245

Vivian Dorhmann
P.O. Box 828
Needles, CA 82363

Allen Ray Young
224 PR 2431
Decatur, TX 76234

James R. Smith et ux. Kendall C.
2402 Humble
Midland, TX 79705

Kemp B. Smith
P.O. Box 26974
Albuquerque, NM 87125

Ray Smith
P.O. Box 671
Tijeras, NM 97059

Jane Kneubuhl, as Trustee
of the Chelsea Casabonne Trust
6700 Jefferson Paige Road,
Lot #90
Shreveport, LA 71119

Jane Kneubuhl, as Trustee
of the Alana Casabonne Trust
6700 Jefferson Paige Road
Lot #90
Shreveport, LA 71119

Voight E. Healey
622 E. Street
Taft, CA 93268

Elmer Dwight Healey
P.O. Box 844
Avenal, CA 93204

Louise Mitchell
223 "S" Avenue Majorka
Laguna Hills, CA 92653

Frank Lee Muncy
P.O. Box 162
Arcadia, OK 73007

Coleen June Magnuson
P.O. Box 43
Eldora, Iowa 50627

Geneva Shivers
P.O. Box 10073
Longview, TX 75608

Wes Brackman
920 N. Hancock Avenue
Colorado Springs, CO 80903

Ila Mae Muncy Jacobs
Heir of Herman Muncy
255 Red Bud Drive
Martin, TN 38237

Paul Herman Muncy
Heir of Herman Muncy
255 Red Bud Drive
Martin, TN 38237

Bobby Jack Muncy
255 Red Bud Drive
Martin, TN 38237

Betty Muncy
800 NW Avenue J
Seminole, TX 79360

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:

Ray Smith
P.O. Box 671
Tijeras, NM 97059

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ray W Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name) RAY SMITH C. Date of Delivery 9-5-12

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

2. Article Number (Transfer from service label) 7008 1140 0003 5881 0851

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

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OFFICIAL USE

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

Postmark Here

7008 1140 0003 5881 0851

Sent To James R. Smith et ux. Kendall C.
Street, Apt. No.; or PO Box No. 2402 Humble
City, State, ZIP+4 Midland, TX 79705

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

7008 1140 0003 5881 0851

Sent To Ray Smith
Street, Apt. No.; or PO Box No. P.O. Box 671
City, State, ZIP+4 Tijeras, NM 97059

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James R. Smith et ux. Kendall C.
2402 Humble
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 0875

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Shackelford Oil Properties
1096 Mechem Drive
Suite G-15
Ruidoso, NM 88345

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery SEP 2012

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2282

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

Postmark Here

Sent To: Shackelford Oil Properties
Street, Apt. No.; or PO Box No.: 1096 Mechem Drive Suite G-15
City, State, ZIP+4: Ruidoso, NM 88345

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 2282

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:

Harvey E. Yates et ux. Louise
P.O. Box 1933
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2541

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

Postmark Here

Sent To: Harvey E. Yates et ux. Louise
Street, Apt. No.; or PO Box No.: P.O. Box 1933
City, State, ZIP+4: Roswell, NM 88202

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 2541

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:

Jack Dill Knox
3878 Oak Lawn Avenue
Suite 500
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan Padilla ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2640

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

Postmark Here

Sent To: COG Operating LLC
COG Oil & Gas LLC
Street, Apt. No.; or PO Box No.: 550 W. Texas Avenue
Suite 100
City, State, ZIP+4: Midland, TX 79701

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7008 1140 0003 5881 2596

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

Postmark Here

Sent To: Jack Dill Knox
Street, Apt. No.; or PO Box No.: 3878 Oak Lawn Avenue
Suite 500
City, State, ZIP+4: Dallas, TX 75219

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7008 1140 0003 5881 2640

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:

COG Operating LLC
COG Oil & Gas LLC
550 W. Texas Avenue
Suite 100
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2596

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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 J. McCaw
P.O. Box 376
Artesia, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Andrea Watts ☐ Agent ☐ Addressee

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

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

SEP - 5 2012

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) 7008 1140 0003 5881 2626

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

Postmark Here
SEP - 5 2012

Sent To: Ede Schmaling Bullock
Street, Apt. No.; or PO Box No.: P.O. Box 2303
City, State, ZIP+4: Rockwell, TX 75087

7008 1140 0003 5881 2602

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

Postmark Here

Sent To: William J. McCaw
Street, Apt. No.; or PO Box No.: P.O. Box 376
City, State, ZIP+4: Artesia, NM 88211

7008 1140 0003 5881 2626

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ede Schmaling Bullock
P.O. Box 2303
Rockwell, TX 75087

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Randy Bullock C. Date of Delivery 8/5/2012

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2602

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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:

Regina Casabonne
fka Regina Wood
c/o Dedra Munoz
458 Choctaw
Hagerman, NM 88232

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dedra Munoz ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
9/12/12

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

2. Article Number (Transfer from service label) 7008 1140 0003 5881 1032

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

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OFFICIAL USE

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

Postmark Here
SANTA FE, NM 87501 OCT - 1 2012

Sent To: Lisa Schmaling Simmons
Street, Apt. No., or PO Box No.: 965 Rain Lilly Lane
City, State, ZIP+4: Boulder, CO 80304

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 2589

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

Postmark Here
SANTA FE, NM 87501 OCT - 1 2012

Sent To: Regina Casabonne
Street, Apt. No., or PO Box No.: fka Regina Wood
City, State, ZIP+4: c/o Dedra Munoz
458 Choctaw
Hagerman, NM 88232

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 1032

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:

Lisa Schmaling Simmons
965 Rain Lilly Lane
Boulder, CO 80304

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lisa Simmons ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2589

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

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Melinda Nell Jones
708 Plantation Circle
Panama City, FL 32403

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melinda Jones ☐ Agent ☑ Addressee

B. Received by (Printed Name) Melinda Jones | C. Date of Delivery 9/5/12

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

2. Article Number (Transfer from service label) 7008 1140 0003 5881 1025

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

7008 1140 0003 5881 2343

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OFFICIAL USE

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

Postmark Here

Sent To: Cirrus Exploration
Street, Apt. No.; or PO Box No.: 3423 Soncy Road, Suite 200
City, State, ZIP+4: Amarillo, TX 79119

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 1025

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

SEP - 1 2012

Postmark Here

Sent To: Melinda Nell Jones
Street, Apt. No.; or PO Box No.: 708 Plantation Circle
City, State, ZIP+4: Panama City, FL 32403

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 1025

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:

Cirrus Exploration
3423 Soncy Road
Suite 200
Amarillo, TX 79119

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nell Pryor ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 9-5-12

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

2. Article Number (Transfer from service) 7008 1140 0003 5881 2343

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cimarex Energy Co.
600 N. Marienfeld
Suite 600
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
9-4-12

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

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2336

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

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

Postmark Here

Sent To: Cimarex Energy Co.
Street, Apt. No.; or PO Box No.: 600 N. Marienfeld Suite 600
City, State, ZIP+4: Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 2336

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

Postmark Here

Sent To: Jack Dill Knox, Personal Representative of the Estate of Winnie Dill Knox
Street, Apt. No.; or PO Box No.: 3878 Oak Lawn Avenue Suite 500
City, State, ZIP+4: Dallas, TX 75219

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 2329

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:

Jack Dill Knox, Personal
Representative of the Estate
of Winnie Dill Knox
3878 Oak Lawn Avenue
Suite 500
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan Padilla ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2329

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Betty Muncy
800 NW Avenue J
Seminole, TX 79360

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty Muncy ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery 9-4-12

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

2. Article Number (Transfer from service label) 7008 1140 0003 5881 0721

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

7008 1140 0003 5881 0738

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

Postmark Here

Sent To Bobby Jack Muncy
Street, Apt. No.; or PO Box No. 255 Red Bud Drive
City, State, ZIP+4 Martin, TN 38237

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 0721

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

Postmark Here

Sent To Betty Muncy
Street, Apt. No.; or PO Box No. 800 NW Avenue J
City, State, ZIP+4 Seminole, TX 79360

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bobby Jack Muncy
255 Red Bud Drive
Martin, TN 38237

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bobby Jack Muncy ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 9-4-12

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

2. Article Number (Transfer from service label) 7008 1140 0003 5881 0738

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Paul Herman Muncy
Heir of Herman Muncy
255 Red Bud Drive
Martin, TN 38237

COMPLETE THIS SECTION ON DELIVERY

A. Signature — ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery 9-5

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 0745

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

7008 1140 0003 5881 0752

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

Postmark Here

Sent To: Ila Mae Muncy Jacobs
Heir of Herman Muncy
Street, Apt. No.; or PO Box No.: 255 Red Bud Drive
City, State, ZIP+4: Martin, TN 38237

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 0745

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

Postmark Here

Sent To: Paul Herman Muncy
Heir of Herman Muncy
Street, Apt. No.; or PO Box No.: 255 Red Bud Drive
City, State, ZIP+4: Martin, TN 38237

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ila Mae Muncy Jacobs
Heir of Herman Muncy
255 Red Bud Drive
Martin, TN 38237

COMPLETE THIS SECTION ON DELIVERY

A. Signature — ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery 9-5

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 0752

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wes Brackman
920 N. Hancock Avenue
Colorado Springs, CO 80903

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service la 7008 1140 0003 5881 0769

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

Postmark Here

Sent To: Wes Brackman
Street, Apt. No.; or PO Box No.: 920 N. Hancock Avenue
City, State, ZIP+4: Colorado Springs, CO 80903

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 0769

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

Postmark Here

Sent To: Geneva Shivers
Street, Apt. No.; or PO Box No.: P.O. Box 10073
City, State, ZIP+4: Longview, TX 75608

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 0776

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:

Geneva Shivers
P.O. Box 10073
Longview, TX 75608

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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 lab 7008 1140 0003 5881 0776

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kemp B. Smith
P.O. Box 26974
Albuquerque, NM 87125

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kemp Smith C. Date of Delivery 9/17/2012

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1140 0003 5881 0868

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

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

SEP - 1 - 2012 SANTA FE NM USPS

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7008 1140 0003 5881 0882

Sent To Allen Ray Young
Street, Apt. No.; or PO Box No. 224 PR 2431
City, State, ZIP+4 Decatur, TX 76234

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Allen Ray Young
224 PR 2431
Decatur, TX 76234

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Fred Mayden ☐ Agent ☐ Addressee

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

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

SEP - 6 2012

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) 7008 1140 0003 5881 0882

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

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

SEP - 1 - 2012 SANTA FE NM USPS

Postmark Here

7008 1140 0003 5881 0868

Sent To Kemp B. Smith
Street, Apt. No.; or PO Box No. P.O. Box 26974
City, State, ZIP+4 Albuquerque, NM 87125

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sharbro Oil Ltd. Co.
P.O. Box 840
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Colby Ducker SEP - 4

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service) 7008 1140 0003 5881 2305

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

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

Postmark Here

7008 1140 0003 5881 2299

Sent To Yates Bros.
Street, Apt. No.; or PO Box No. 105 South Fourth Street
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

7008 1140 0003 5881 2305

Sent To Sharbro Oil Ltd. Co.
Street, Apt. No.; or PO Box No. P.O. Box 840
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Bros.
105 South Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. Delgado ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
J. Delgado 9-4-12

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

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2299

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

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Myco Industries, Inc.
105 South 4th Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. Delgado ☑ Agent ☐ Addressee

B. Received by (Printed Name) J. Delgado C. Date of Delivery 9-4-12

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

2. Article Number *(Transfer from service label)* 7008 1140 0003 5881 2527

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

7008 1140 0003 5881 2275

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Postage	$
Certified Fee	SEP - 1 2012
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To John A. Yates, Individually and as Trustee of Trust "Q"
Street, Apt. No.; or PO Box No. 105 South Fourth Street
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 2527

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Postage	$
Certified Fee	SEP - 1 2012
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Myco Industries, Inc.
Street, Apt. No.; or PO Box No. 105 South 4th Street
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 2275

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

John A. Yates, Individually
and as Trustee of Trust "Q"
105 South Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. Delgado ☑ Agent ☐ Addressee

B. Received by (Printed Name) J. Delgado C. Date of Delivery 9-4-12

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

2. Article Number *(Transfer from service label)* 7008 1140 0003 5881 2275

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

S.P. Yates et ux. Estelle H.
105 S. Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. Delgado ☑ Agent ☐ Addressee

B. Received by (Printed Name) J. Delgado C. Date of Delivery 9-4-12

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

2. Article Number (Transfer from service label) 7008 1140 0003 5881 2534

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

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

Postmark Here

Sent To Therylene Knox Helm
Street, Apt. No.; or PO Box No. 4401 Glenwick Lane
City, State, ZIP+4 Dallas, TX 75205

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 2633

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

SEP - 4 2012

Postmark Here

Sent To S.P. Yates et ux. Estelle H.
Street, Apt. No.; or PO Box No. 105 S. Fourth Street
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5881 2534

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:

Therylene Knox Helm
4401 Glenwick Lane
Dallas, TX 75205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lanay Bullock C. Date of Delivery 9/10/12

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
PO Box 2303
Rockwall TX 75087

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) 7008 1140 0003 5881 2633

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dale Douglas et ux. Renee R.
P.O. Box 10187
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 9/10/12

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

2. Article Number (Transfer from service label) 7008 1140 0003 5881 0950

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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

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

OFFICIAL USE

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

Postmark Here
SEP - 1 2012

Sent To: Linda Clayton Nelson
Street, Apt. No.; or PO Box No.: 1116 Rosebriar Drive
City, State, ZIP+4: Guthrie, OK 73044

7008 1140 0003 5881 0950

PS Form 3800, August 2006 See Reverse for Instructions

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

OFFICIAL USE

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

Postmark Here
SEP - 1 2012

Sent To: Dale Douglas et ux. Renee R.
Street, Apt. No.; or PO Box No.: P.O. Box 10187
City, State, ZIP+4: Midland, TX 79702

7008 1140 0003 5881 0950

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Linda Clayton Nelson
1116 Rosebriar Drive
Guthrie, OK 73044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
SEP - 7

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) 7008 1140 0003 5881 2565

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7008 1140 0003 5881 2367

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

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

OFFICIAL USE

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

Postmark Here

Sent To: Scott A. Harris
Street, Apt. No.; or PO Box No.: 145 Ocean Pines Terrace
City, State, ZIP+4: Jupiter, FL 33477

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Scott A. Harris
145 Ocean Pines Terrace
Jupiter, FL 33477

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Zachary Harris
C. Date of Delivery: 10/26/12

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

2. Article Number *(Transfer from service)*: 7008 1140 0003 5881 2367

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

7008 1140 0003 5881 0998

CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

SEP - 1 2012

Sent To: Thyra Nell Myers Welborne
Street, Apt. No.; or PO Box No.: 227 Via Ballena
City, State, ZIP+4: San Clemente, CA 92672

PS Form 3800, August 2006 — See Reverse for Instructions

7008 1140 0003 5881 0974

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

SEP - 1 2012

Sent To: Martha B. Myers DSSP
Street, Apt. No.; or PO Box No.: 227 Via Ballena
City, State, ZIP+4: San Clemente, CA 92672

PS Form 3800, August 2006 — See Reverse for Instructions

Registered No. RR265997166US

Date Stamp: SANTA FE MAIN POST OFFICE 0506 19 SEP - 1 2012 09/01/12

To Be Completed By Post Office

Reg. Fee	$11.75		
Handling Charge	$0.00	Return Receipt	$2.35
Postage	$1.05	Restricted Delivery	$0.00
Received by	[signature]		

Customer Must Declare Full Value $0.00 NON

Domestic Insurance up to $25,000 is included based upon the **declared value.** International Indemnity is limited. (See Reverse).

OFFICIAL USE

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

FROM: 87501
James Bruce
P.O. Box 1056
Santa Fe, NM 87504
USA

TO: GB/Great Britain and Northern Ireland
Phoebe McCubbin
56 Ripplevale Grove
London, England N1 1HT
United Kingdom

PS Form **3806**, **Receipt for Registered Mail** — Copy 1 - Customer
May 2007 (7530-02-000-9051) — (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com®

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

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

OFFICIAL USE

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

Postmark Here

7008 1140 0003 5881 2572

Sent To: Texacal Oil & Gas Inc.
Street, Apt. No.; or PO Box No.: 4299 MacArthur Blvd. Suite 207
City, State, ZIP+4: Newport Beach, CA 92660

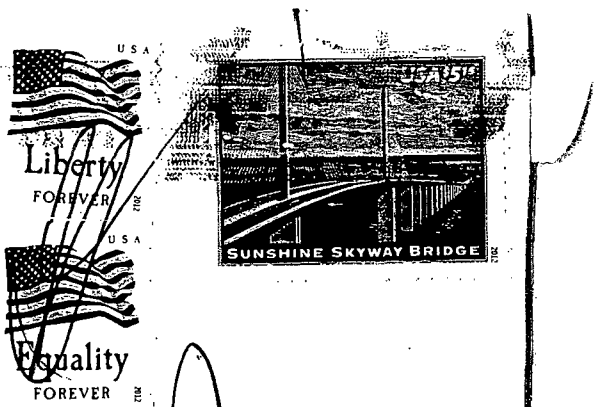
PS Form 3800, August 2006 — See Reverse for Instructions

CERTIFIED MAIL™

7008 1140 0003 5881 2572

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 10-02-12
2ND NOTICE 10-9
RETURN 10-19



Texacal Oil & Gas Inc.
4299 MacArthur Blvd.
Suite 207
Newport Beach, CA 92660

NIXIE 917 5E 1 00 09/26/12
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *0668-04517-01-42

87504105656

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

SANTA FE, NM 87...

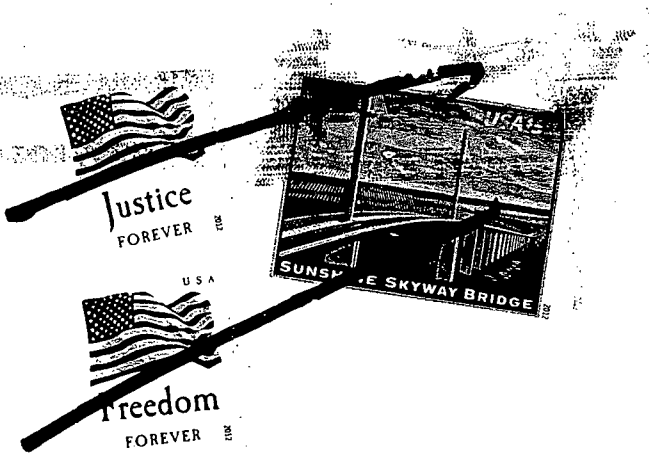
Sent To: Bert Nelson Myers
Street, Apt. No.; or PO Box No.: 12035 Redbud Brooks Trail
City, State, ZIP+4: Houston, TX 77089

PS Form 3800, August 2006 — See Reverse for Instructions

7008 1140 0003 5881 1056

CERTIFIED MAIL™

7008 1140 0003 5881 1056



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 09-11-12
2ND NOTICE
RETURN

ANK
8934

Bert Nelson Myers
12035 Redbud Brooks Trail
Houston, TX 77089

87504 1056
77089263835

NIXIE 773 1E 1 00 09/07/12
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *0668-04632-01-42

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

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

Postmark Here

SEP - 1 2012

SANTA FE, NM 87501

7008 1140 0003 5881 0929

Sent To: Florine Muncy Stockton

Street, Apt. No.; or PO Box No.: 2044 Crescent Drive

City, State, ZIP+4: Las Cruces, NM 88001

PS Form 3800, August 2006 — See Reverse for Instructions

CERTIFIED MAIL™

7008 1140 0003 5881 0929

USA

Justice FOREVER

USA

Liberty FOREVER

SUNSHINE SKYWAY BRIDGE

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

NOTICE 09-11-12
NOTICE
RN

NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

Florine Muncy Stockton
2044 Crescent Drive
Las Cruces, NM 88001

9800532144

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

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

OFFICIAL USE

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

Postmark Here

Sent To: LD Exploration Inc.
P.O. Box 9573
Midland, TX 79708

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 — See Reverse for Instructions

7008 1140 0003 5881 2312

CERTIFIED MAIL™

7008 1140 0003 5881 2312

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

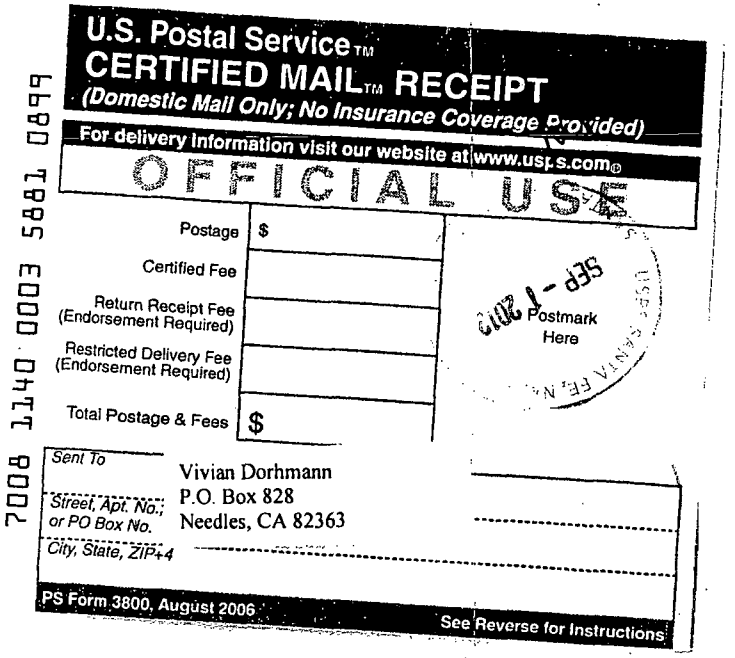
T NOTICE 09-11-12

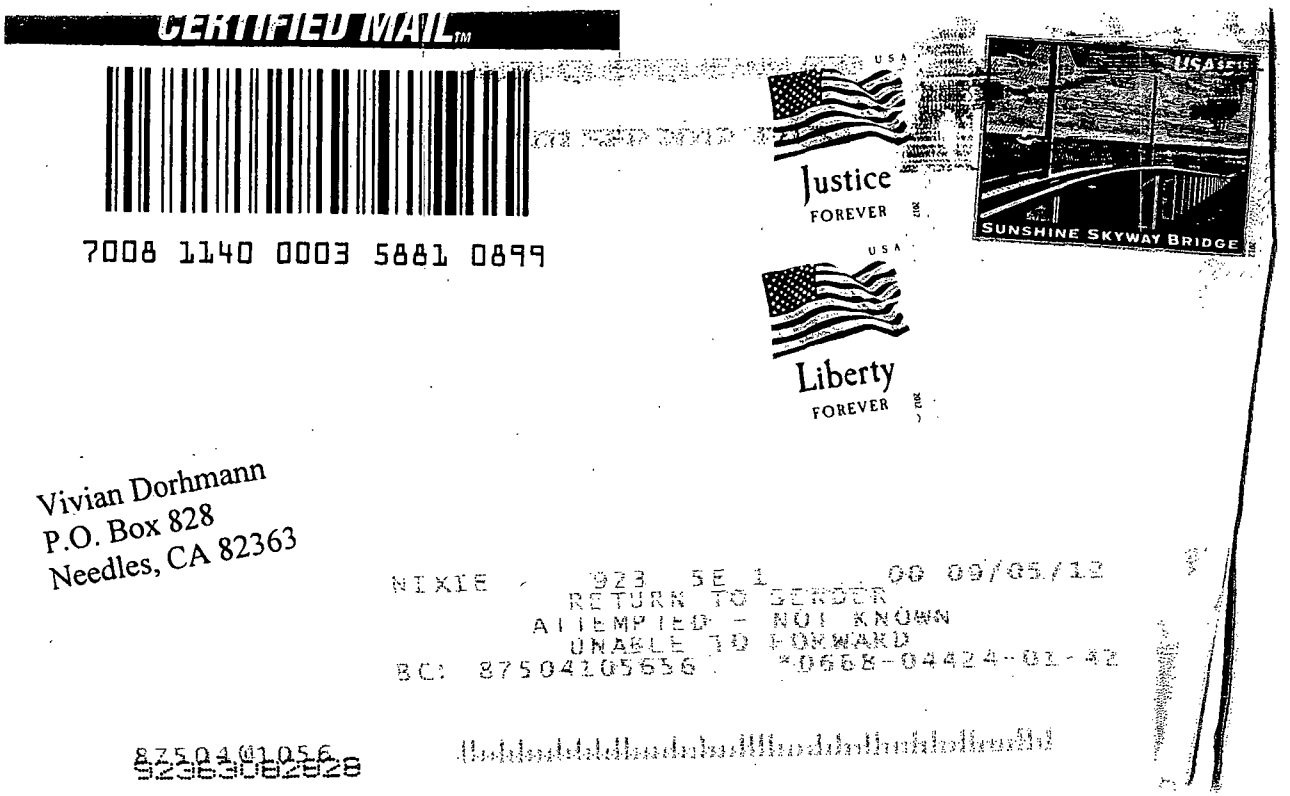
(NOT DELIV... AS ADDRESSED UNABLE TO FORWARD)

LD Exploration Inc.
P.O. Box 9573
Midland, TX 79708

1st Notice 9-5
2nd Notice
Return 9-20

79708957373





James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 09-11-12
2ND NOTICE
RETURN

Vivian Dorhmann
P.O. Box 828
Needles, CA 82363

NIXIE 923 5E 1 00 09/05/12
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *0668-04424-01-42

87504@1056
92363082828

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To: Voight E. Healey
Street, Apt. No.; or PO Box No.: 622 E. Street
City, State, ZIP+4: Taft, CA 93268

PS Form 3800, August 2006 — See Reverse for Instructions

7008 1140 0003 5881 0820

CERTIFIED MAIL™

7008 1140 0003 5881 0820

SUNSHINE SKYWAY BRIDGE

Freedom FOREVER

Liberty FOREVER

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 09-11-12
2ND NOTICE
RETURN

Voight E. Healey
622 E. Street
Taft, CA 93268

NIXIE 913 SE 1 00 09/05/12
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *0508-05536-01-43

93288422

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

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

Postmark Here

Sent To: Elmer Dwight Healey
Street, Apt. No., or PO Box No.: P.O. Box 844
City, State, ZIP+4: Avenal, CA 93204

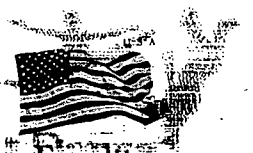
PS Form 3800, August 2006 — See Reverse for Instructions

7008 1140 0003 5881 0813

CERTIFIED MAIL™

7008 1140 0003 5881 0813

ALBUQUERQUE NM 870
01 SEP 2012



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 09-11-12
2ND NOTICE
RETURN

Elmer Dwight Healey
P.O. Box 844
Avenal, CA 93204

NIXIE 913 5E 1 00 09/05/12
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD
BC: 87504105656 *0568-05551-01-43

87504595555

7008 1140 0003 5881 0967

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

OFFICIAL USE

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

SANTA FE, NM 87504 POST OFFICE SEP - 1 2012

Postmark Here

Sent To: John Larry Casabonne
Street, Apt. No.; or PO Box No.: 5205 Eastwind Road
City, State, ZIP+4: Artesia, NM 88210

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

10-02-12
10-19

CERTIFIED MAIL™

7008 1140 0003 5881 0967

Vacant
Deceased
No Receptacle
No Such Number
No Such Street
Attempted, Not Known
Refused
Unclaimed

John Larry Casabonne
5205 Eastwind Road
Artesia, NM 88210

RETURN TO SENDER

Justice FOREVER

USA

Liberty FOREVER

USA 5

SUNSHINE SKYWAY BRIDGE

9-4-12 (D).
9-13
9-23

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Coleen June Magnuson
Street, Apt. No., or PO Box No.: P.O. Box 43
City, State, ZIP+4: Eldora, Iowa 50627

PS Form 3800, August 2006 — See Reverse for Instructions

7008 1140 0003 5881 0783

CERTIFIED MAIL™

7008 1140 0003 5881 0783

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

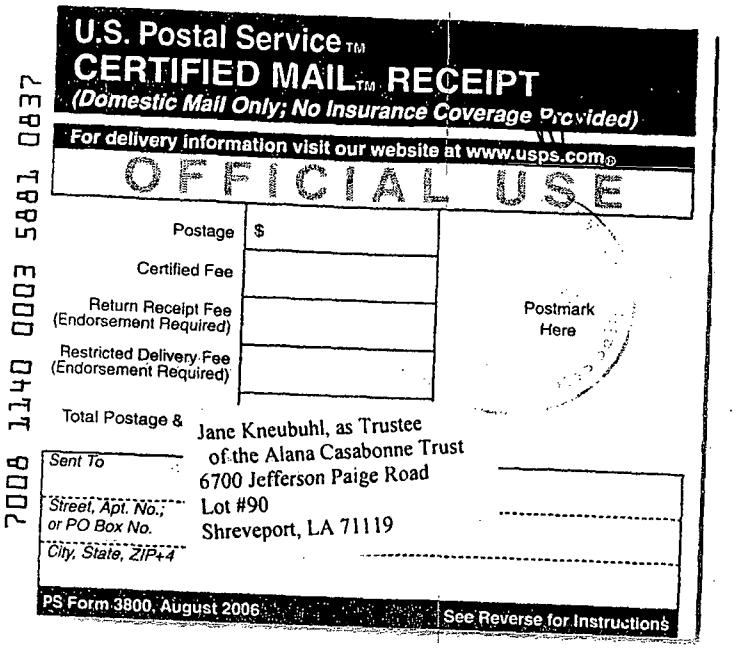
1ST NOTICE 09-11-12
2ND NOTICE
RETURN
ANK

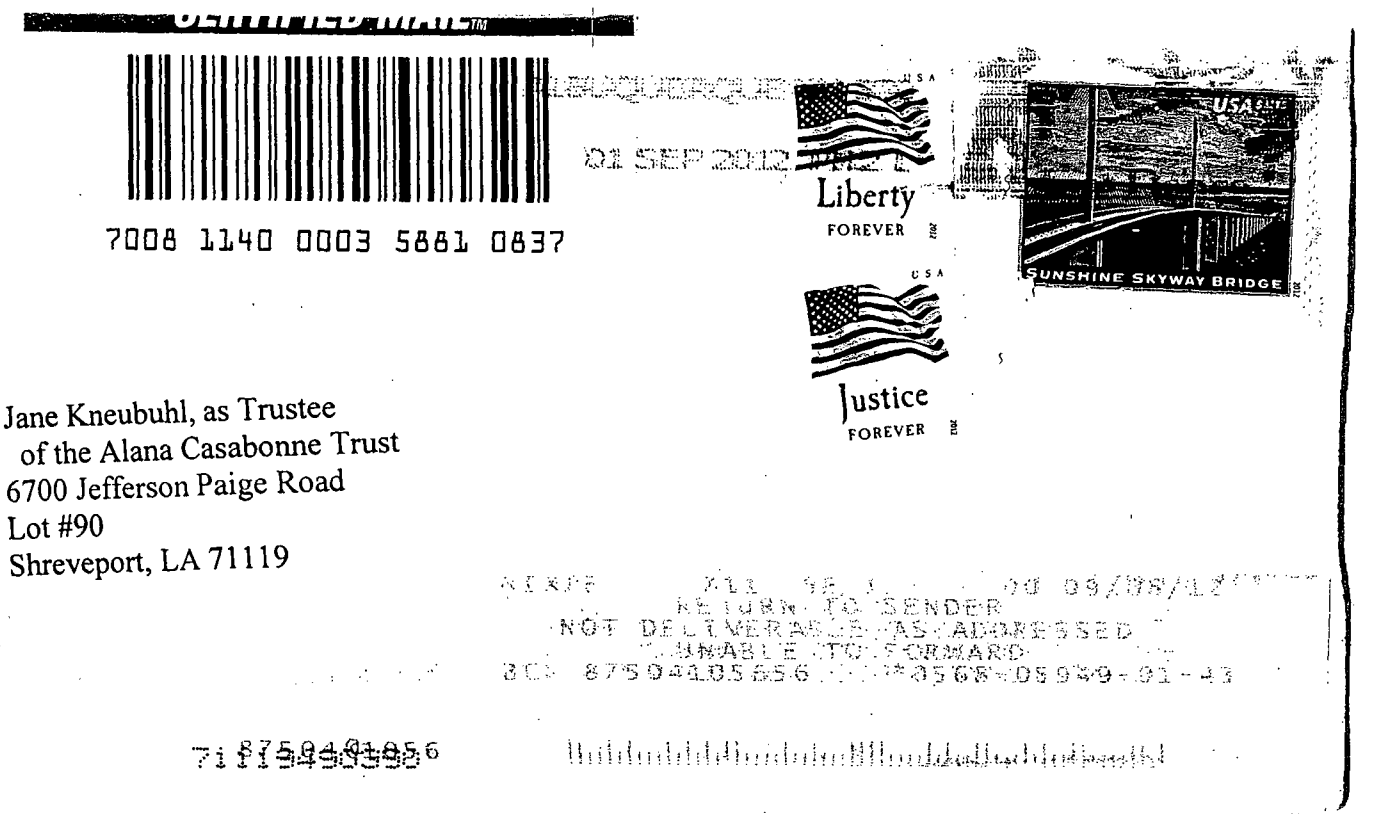
9-4-12

Coleen June Magnuson
P.O. Box 43
Eldora, Iowa 50627

NIXIE 593 SE 1 00 09/06/12
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *0668-04946-01-43

87504@1056
50627004343





James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 09-13-12
2ND NOTICE
RETURN

Jane Kneubuhl, as Trustee
of the Alana Casabonne Trust
6700 Jefferson Paige Road
Lot #90
Shreveport, LA 71119

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

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

OFFICIAL USE

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

Postmark Here

Sent To: Jane Kneubuhl, as Trustee of the Chelsea Casabonne Trust
Street, Apt. No.; or PO Box No.: 6700 Jefferson Paige Road, Lot #90
City, State, ZIP+4: Shreveport, LA 71119

PS Form 3800, August 2006 — See Reverse for Instructions

7008 1140 0003 5881 0844

CERTIFIED MAIL™

7008 1140 0003 5881 0844

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

USA $5.15 SUNSHINE SKYWAY BRIDGE

ALBUQUERQUE NM SEP 11 2012 USPS 87121

Equality FOREVER
Freedom FOREVER

1ST NOTICE 09-13-12
2ND NOTICE ______
RETURN ______

Jane Kneubuhl, as Trustee
of the Chelsea Casabonne Trust
6700 Jefferson Paige Road,
Lot #90
Shreveport, LA 71119

NIXIE 711 DE 1 00 09/08/12
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *2255-07605-01-44

87504101956
71119@4503 C020

7008 1140 0003 5881 1049

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

OFFICIAL USE

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

Postmark Here

Sent To: Paul Julian Casabonne
Street, Apt. No.; or PO Box No.: 177 CR 3823
City, State, ZIP+4: Bridgeport, TX 76426

PS Form 3800, August 2006 — See Reverse for Instructions

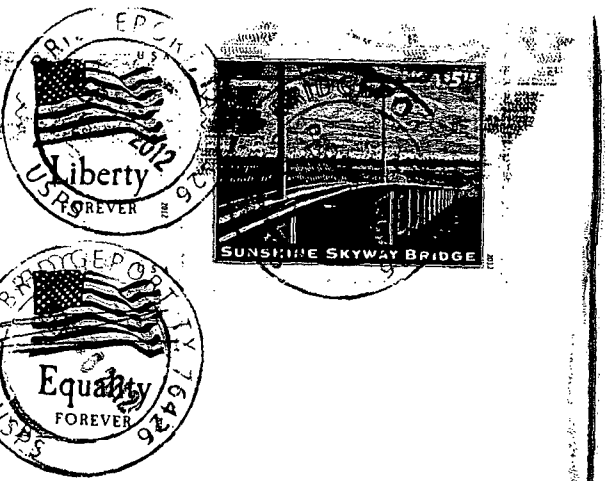
CERTIFIED MAIL™

7008 1140 0003 5881 1049

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

NOTICE 09-17-12
NOTICE
URN

ANK



Paul Julian Casabonne
177 CR 3823
Bridgeport, TX 76426

9-4-12

NIXIE 750 5E 1 00 09/08/12
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *0668-05469-01-42

7E [illegible] 6

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

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

OFFICIAL USE

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

Postmark Here

7008 1140 0003 5881 0790

Sent To
Street, Apt. No.; or PO Box No. Frank Lee Muncy
P.O. Box 162
City, State, ZIP+4 Arcadia, OK 73007

PS Form 3800, August 2006 See Reverse for Instructions

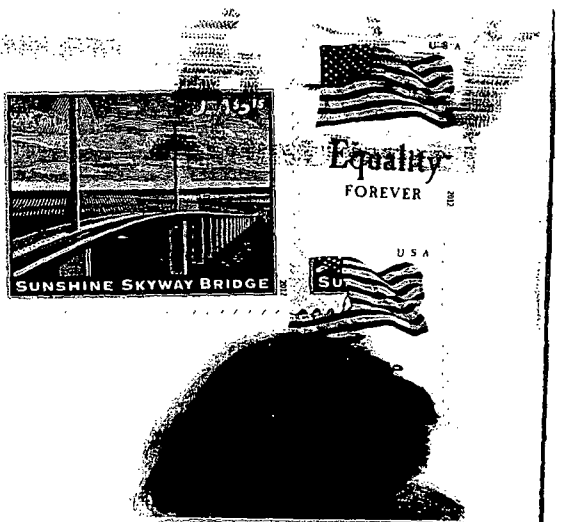
CERTIFIED MAIL™

7008 1140 0003 5881 0790

VTF

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 09-13-12
2ND NOTICE
RETURN



Frank Lee Muncy
P.O. Box 162
Arcadia, OK 73007

NIXIE 731 SE 1 00 09/10/12
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *0668-09334-01-42

87504@1056
73007016262

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

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

OFFICIAL USE

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

Postmark Here

Sent To: GST Co.
Street, Apt. No.; or PO Box No.: 1013 Centre Road
City, State, ZIP+4: Wilmington, DE 19805

PS Form 3800, August 2006 — See Reverse for Instructions

7008 1140 0003 5881 2350

CERTIFIED MAIL™

7008 1140 0003 5881 2350

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 09-14-02
2ND NOTICE
RETURN

VTE
RTS

GST Co.
1013 Centre Road
Wilmington, DE 19805

NIXIE 176 SE 1 00 09/11/12
RETURN TO SENDER
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BC: 87504105656 *0668-03866-01-42

19805125656

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Sent To: Ruth M. Myers
Street, Apt. No.; or PO Box No.: 2417 Camino Corso Road
City, State, ZIP+4: Ana Clemente, CA 92666

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

CERTIFIED MAIL™

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USA Justice FOREVER

SUNSHINE SKYWAY BRIDGE

USA Liberty FOREVER

1ST NOTICE 09-14-02
2ND NOTICE
RETURN

Ruth M. Myers
2417 Camino Corso Road
Ana Clemente, CA 92666

NIXIE 917 5E 1 00 09/09/12
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Not This Add

87504@1056
92673364117

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SEP - 1 2012

Sent To: Roy Weldon Muncy
Street, Apt. No.; or PO Box No.: 731 Indiana Court
City, State, ZIP+4: El Segundo, CA 90245

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7008 1140 0003 5881 0905

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7008 1140 0003 5881 0905

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST [illegible] 09-14-12
2N[illegible]
RE[illegible]

Roy Weldon Muncy
731 Indiana Court
El Segundo, CA 90245

NIXIE 917 5E 1 00 09/07/12
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD
BC: 87504105656 *0668-04476-01-42

87504@1056
9024534568599

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Sent To
Street, Apt. No.; or PO Box No. Louise Mitchell 223 "S" Avenue Majorka
City, State, ZIP+4 Laguna Hills, CA 92653

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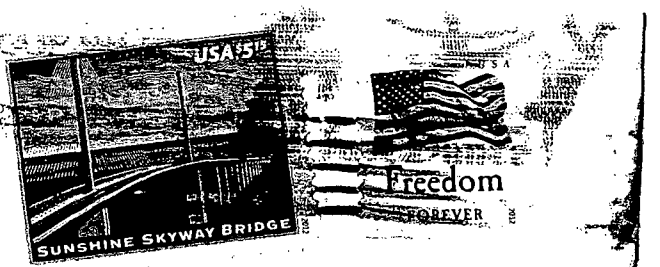
James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

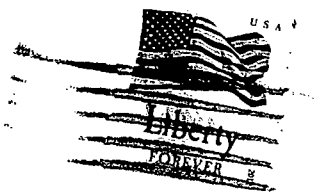
1ST NOTICE 09-14-12
2ND NOTICE
RETURN

Unknown

Louise Mitchell
223 "S" Avenue Majorka
Laguna Hills, CA 92653

87504@105 6





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9/14/12

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Sent To: Elizabeth Myers Schrader
Street, Apt. No. or PO Box No.: P.O. Box 1210
City, State, ZIP+4: Roswell, NM 88202

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7008 1140 0003 5881 1018

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7008 1140 0003 5881 1018

Equality FOREVER

Freedom FOREVER

SUNSHINE SKYWAY BRIDGE

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

09-18-12
9-24
10-4

UKN

9-4

Elizabeth Myers Schrader
P.O. Box 1210
Roswell, NM 88202

NIXIE 87 1 5E 1 00 09/15/12
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *0668-00082-01-43

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8802121010

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Sent To: Joe A. Clayton III
Street, Apt. No.; or PO Box No.: P.O. Box 4190
City, State, ZIP+4: Murfreesboro, TN 37133

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7008 1140 0003 5881 2558

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7008 1140 0003 5881 2558

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

09-18-12
9-24
10-4

ALBUQUERQUE NM 87102 USA

Liberty FOREVER

USA
Equality FOREVER

SUNSHINE SKYWAY BRIDGE

Joe A. Clayton III
P.O. Box 4190
Murfreesboro, TN 37133

9 | 4/17

NIXIE 372 SE 1 00 09/13/12
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37429469090

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7008 1140 0003 5881 2619

Sent To: June Stevens
Street, Apt. No.; or PO Box No.: 1018 Jefferson Street
City, State, ZIP+4: Plainview, TX 79072

PS Form 3800, August 2006 — See Reverse for Instructions

CERTIFIED MAIL™

7008 1140 0003 5881 2619

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST N... 09-27-12
2ND ...
RETURN ...

USA Justice FOREVER

USA Freedom FOREVER

June Stevens
1018 Jefferson Street
Plainview, TX 79072

1st NOTICE 9/4
2nd NOTICE 9-14-12
RETURNED 9-18-12

NIXIE 750 SE 1 00 09/21/12
RETURN TO SENDER
UNCLAIMED
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87504105656 ...

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7008 1140 0003 5881 0936

Sent To: Billie Jean Muncy Case
Street, Apt. No.; or PO Box No.: 9607 Tower NE
City, State, ZIP+4: Albuquerque, NM 87112

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

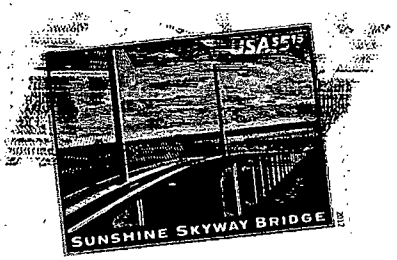
1ST NOTICE 09-11-12
2ND NOTICE
RETURN

RETURNED TO SENDER
ATTEMPTED - NOT KNOWN

Billie Jean Muncy Case
9607 Tower NE
Albuquerque, NM 87112

USA
Freedom
FOREVER

USA
Equality
FOREVER



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2nd Notice
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Sent To: Gay Brookshire Muncy
Street, Apt. No.; or PO Box No.: 9607 Tower NE
City, State, ZIP+4: Albuquerque, NM 87112

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7008 1140 0003 5881 0943

CERTIFIED MAIL™

7008 1140 0003 5881 0943

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

09-11-12

Justice FOREVER

Liberty FOREVER

SUNSHINE SKYWAY BRIDGE

ATTEMPTED NOT KNOWN

Gay Brookshire Muncy
9607 Tower NE
Albuquerque, NM 87112

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Sent To: Rada Angeline Muncy Hamilton
Street, Apt. No., or PO Box No.: 377 Long Creek Road
City, State, ZIP+4: Mesquite, TX 75182

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7008 1140 0003 5881 1001

CERTIFIED MAIL™

7008 1140 0003 5881 1001

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

Liberty FOREVER

USA

Justice FOREVER

USA 5

SUNSHINE SKYWAY BRIDGE

09-18-17
9-24
10-4
Refused

Rada Angeline Muncy Hamilton
377 Long Creek Road
Mesquite, TX 75182

LH
9/4

NIXIE 750 DZ 1 70 09/13/12
RETURN TO SENDER
REFUSED
UNABLE TO FORWARD
BC: 87504105656 *2382-05371-13-23

75182737756