

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

**APPLICATION OF CML EXPLORATION, LLC
FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT, UNORTHODOX OIL WELL
LOCATION, AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

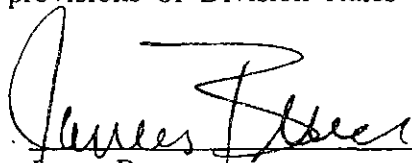
Case No. 15,008

AFFIDAVIT OF NOTICE

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

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

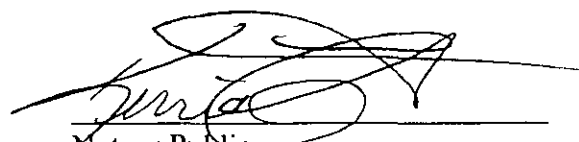
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for CML Exploration, LLC.
3. CML Exploration, LLC has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of June, 2013 by James Bruce.



My Commission Expires:


Notary Public

Oil Conservation Division
Case No. 5 15008
Exhibit No.

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)

jamesbruce@aol.com

June 5, 2013

To: Persons on Exhibit A

Enclosed is a copy of an application for a non-standard well unit, compulsory pooling, and an unorthodox well location, filed with the New Mexico Oil Conservation Division by CML Exploration, LLC, regarding the E $\frac{1}{2}$ SW $\frac{1}{4}$ of Section 8, Township 10 South, Range 38 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 27, 2013, 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 regulations to file a Pre-Hearing Statement no later than Thursday, June 20, 2013. 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.

We understand that some of you are considering leasing your interests to CML Exploration, LLC. If you do so you will be dismissed from this case.

Very truly yours,



James Bruce

Attorney for CML Exploration, LLC

EXHIBIT

A

EXHIBIT A

Charles C. and Louise B. Showalter,
Trustees of the Showalter 1993 Trust
569 C Avenida Sevilla
Laguna Hill, CA 92635

Terry Renee Rosemark Harper
P.O. Box 1804
Kalaheo, HI 96756

Cherrie Dee Kinchloe
P.O. Box 1219
Kalaheo, HI 96741

Mary Ann Haug
No. 905
1200 Humboldt
Denver, CO 80218

John William McDonald
1301 Sunny Hill Court
Bettendorf, IA 51722

Catherine A. Crawford
8660 B Bodega Highway
Sebastopol, CA 95005

Allison Crawford Stone
17618 North Ranchette
Colbert WA 99055

Julianne Clay Kline
1025 Springfield
Modesto, CA 95350

Marianne Clay Barnes
8417 Wenatshee Drive
El Cajon, CA 92021

Carolyn Sue Clay
1043 Chadwick Circle
Pittsburgh, CA 94565

Rosalind Grace Clay McCluskey
16529 Calle Ana
Paway, CA 92064

Jeffrey Glenn Hull
2870 Wicker Court
Sparks, NV 89436

Anna Sue Schroeder and Laura
K. Pressley, Trustees of the
Anna Sue Schroeder Trust
P.O. Box 33208
Reno, NV 89533

Carla Sue Pressley
1720 Crossing Court
Sparks, NV 89434

Jan Rebecca Decker
15121 Daffodil Street Court E
Sumner, WA 98390

Laurie Kathleen Presley
35 Winter Storm Court
Sparks, NV 89436

Mark Kevin Presley
585 Lyyski Street
Sparks, NV 89431

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 C. and Louise B. Showalter,
Trustees of the Showalter 1993 Trust
569 C Avenida Sevilla
Laguna Hill, CA 92635

2. Article Number:

(Transfer from service label)

7012 0470 0001 5975 0282

PS Form 3811, February 2004

Domestic Return Receipt

CML

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mary Olmedo

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Mary Olmedo

C. Date of Delivery

6/11/13

D. Is delivery address different from item 1?

- ☐
- Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

KALAEHO HI 96741

Postage \$ \$0.66

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ \$6.31

Sent To

Cherrie Dee Kinchloe
P.O. Box 1219
Kalaheo, HI 96741

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

City, State, ZIP+4

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:

Cherrie Dee Kinchloe
P.O. Box 1219
Kalaheo, HI 96741

2. Article Number:

(Transfer from service label)

7012 0470 0001 5976 8034

PS Form 3811, February 2004

Domestic Return Receipt

CML

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Cherrie Kinchloe

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Cherrie Kinchloe

C. Date of Delivery

JUN 10 2013

D. Is delivery address different from item 1?

- ☐
- Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

LAGUNA WOODS CA 92637

Postage \$ \$0.66

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage \$ \$6.31

Sent To

Charles C. and Louise B. Showalter,
Trustees of the Showalter 1993 Trust
569 C Avenida Sevilla
Laguna Hill, CA 92635

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

City, State, ZIP+4

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:

Mary Ann Haug
No. 905
1200 Humboldt
Denver, CO 80218

2. Article Number

(Transfer from service label)

7012 0470 0001 5976 8041

PS Form 3811, February 2004

Domestic Return Receipt

CML

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

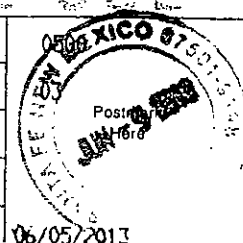
U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

BETTENDORF IA 52722

Postage \$0.66
Certified Fee \$3.10
Return Receipt Fee (Endorsement Required) \$2.55
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$6.31



Sent To John William McDonald
1301 Sunny Hill Court
Bettendorf, IA 51722

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

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

DENVER CO 80218

Postage \$0.66
Certified Fee \$3.10
Return Receipt Fee (Endorsement Required) \$2.55
Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$6.31

06/05/2013

Sent To Mary Ann Haug
No. 905
1200 Humboldt
Denver, CO 80218
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

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:

John William McDonald
1301 Sunny Hill Court
Bettendorf, IA 51722

2. Article Number

(Transfer from service label)

7012 0470 0001 5976 8058

PS Form 3811, February 2004

Domestic Return Receipt

CML

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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:

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:

Carla Sue Pressley
1720 Crossing Court
Sparks, NV 89434

2. Article Number
(Transfer from service label)

7012 0470 0001 5976 8393

PS Form 3811, February 2004

Domestic Return Receipt

Car

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

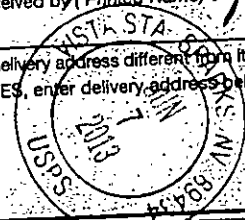
A. Signature
X *CS Pressley* ☐ Agent ☒ Addressee

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



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

RENO NV 89533

Postage \$0.66
Certified Fee \$3.10
Return Receipt Fee (Endorsement Required) \$2.55
Restricted Delivery Fee (Endorsement Required) \$0.00

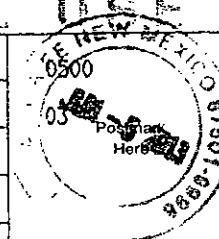
Total Postage & Fees \$6.31

Sent To Anna Sue Schroeder and Laura K. Pressley, Trustees of the Anna Sue Schroeder Trust
P.O. Box 33208
Reno, NV 89533

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions



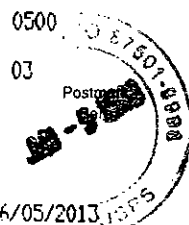
U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

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

SPARKS NV 89434

Postage \$0.66
Certified Fee \$3.10
Return Receipt Fee (Endorsement Required) \$2.55
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$6.31



Sent To Carla Sue Pressley
1720 Crossing Court
Sparks, NV 89434

City, State, ZIP+4

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:

Anna Sue Schroeder and Laura K. Pressley, Trustees of the Anna Sue Schroeder Trust
P.O. Box 33208
Reno, NV 89533

2. Article Number
(Transfer from service label)

7012 0470 0001 5975 2088

PS Form 3811, February 2004

Domestic Return Receipt

Car

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Anna Sue Schroeder* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Anna Sue Schroeder 6/8/13

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

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:

Jeffrey Glenn Hull
 2870 Wicker Court
 Sparks, NV 89436

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jeffrey Hull* ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 HULL

C. Date of Delivery
 6-7-13

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

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

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

7012 0470 0001 5975 2095

Domestic Return Receipt

102595-02-M-1540

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

POWAY CA 92064

OFFICIAL USE

Postage	\$ 0.66
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.31

0500

Postmark Here
 06/05/2013

Sent To
 Rosalind Grace Clay McCluskey
 16529 Calle Ana
 Poway, CA 92064

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

PS Form 3800, August 2006

See Reverse for Instructions

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

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

SPARKS NV 89436

OFFICIAL USE

Postage	\$ 0.66
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.31

0500

Postmark Here
 06/05/2013

Sent To
 Jeffrey Glenn Hull
 2870 Wicker Court
 Sparks, NV 89436

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

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:

Rosalind Grace Clay McCluskey
 16529 Calle Ana
 Poway, CA 92064

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rosalind McCluskey* ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 Rosalind McCluskey

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 ☒ No

7012 0470 0001 5976 8409

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:

Marianne Clay Barnes
8417 Wenatshee Drive
El Cajon, CA 92021

2. Article Number

7012 0470 0001 5976 8423

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Marianne Barnes ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Marianne Barnes 6-8-13

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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)

☐ YesU.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

MODESTO, CA 95350

Postage	\$ 0.66
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.31



06/05/2013

Sent To Julianne Clay Kline
1025 Springfield
Modesto, CA 95350

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0001 5976 8430

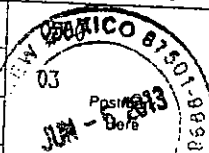
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

EL CAJON, CA 92021

Postage	\$ 0.66
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.31



06/05/2013

Sent To Marianne Clay Barnes
8417 Wenatshee Drive
El Cajon, CA 92021

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

City, State, ZIP+4

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:

Julianne Clay Kline
1025 Springfield
Modesto, CA 95350

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Julianne Clay Kline ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Julianne Kline 6-8-13

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7012 0470 0001 5976 8430

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7012 0470 0001 5976 8423

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:

Allison Crawford Stone
17618 North Ranchette
Colbert WA 99055

COMPLETE THIS SECTION ON DELIVERY

A. Signature:

X *Alison C. Stone*

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Alison C. Stone

C. Date of Delivery

6-4-13

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)

7012 0470 0001 5976 6061

PS Form 3811, February 2004

Domestic Return Receipt

CML

102595-02-M-1540

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

CAMPBELL CA 95009

Postage \$ 0.66

0500

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.31



Sent To

Catherine A. Crawford
8660 B Bodega Highway
Sebastopol, CA 95005

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

COLBERT WA 99005-9258

Postage \$ 0.66

0500

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.31



Sent To

Allison Crawford Stone
17618 North Ranchette
Colbert WA 99055

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

City, State, ZIP+4

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:

Catherine A. Crawford
8660 B Bodega Highway
Sebastopol, CA 95005

COMPLETE THIS SECTION ON DELIVERY

A. Signature:

X *Catherine A. Crawford*

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Crawford

C. Date of Delivery

6-10-13

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)

7012 0470 0001 5976 8447

PS Form 3811, February 2004

Domestic Return Receipt

CML

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:

Rebecca Decker
121 Daffodil Street Court E
Sumner, WA 98390

2. Article Number

(Transfer from service label)

7012 0470 0001 5976 8386

PS Form 3811, February 2004

Domestic Return Receipt

CML

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jan Decker

☐ Agent

☐ Addressee

B. Received by (Printed Name)

JAN DECKER 6/14/13

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

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

SPARKS NV 89431

OFFICIAL USE

Postage \$ \$0.46

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ \$6.11



Sent To

Mark Kevin Presley

585 Lyyski Street

Sparks, NV 89431

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

SUMNER WA 98390

Postage \$ \$0.46

0500

Certified Fee \$3.10

03

Return Receipt Fee (Endorsement Required)

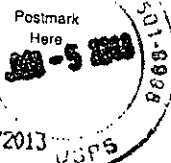
\$2.55

Restricted Delivery Fee (Endorsement Required)

\$0.00

Total Postage & Fees \$ \$6.11

06/05/2013



Sent To

Jan Rebecca Decker

15121 Daffodil Street Court E

Sumner, WA 98390

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

City, State, ZIP+4

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:

Mark Kevin Presley
585 Lyyski Street
Sparks, NV 89431

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mark Presley

☐ 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

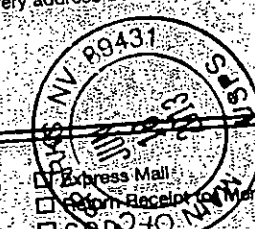
☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



2. Article Number

(Transfer from service label)

7012 0470 0001 5976 8362

PS Form 3811, February 2004

Domestic Return Receipt

CML

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:

Laurie Kathleen Presley
35 Winter Storm Court
Sparks, NV 89436

2. Article Number

7012 0470 0001 5976 8379

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt *can*

102595-02-M-1540

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? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

SPARKS NV 89436

OFFICIAL USE

Postage	\$	\$0.46
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.11

0500
NEW MEXICOPostmark
JUL 5 2013

06/05/2013

Sent To Laurie Kathleen Presley
35 Winter Storm Court
Street, Apt. No., or PO Box No. Sparks, NV 89436
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0001 5976 8379

7012 0470 0001 5975 0299

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(Domestic Mail Only; No Insurance Coverage Provided)
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KOLAH HI 96756

Postage	\$ 0.66
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.31

0500UM - 5 2013

03

Postmark
Here

06/05/2013

Sent To Terry Renee Rosemark Harper
 Street, Apt. No., P.O. Box 1804
 or PO Box No. Kalaheo, HI 96756
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0001 5976 8426

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

PITTSBURG CA 94565

Postage	\$ 0.66
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.31



06/05/2013

Sent To Carolyn Sue Clay
 Street, Apt. No., 1043 Chadwick Circle
 or PO Box No. Pittsburgh, CA 94565
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions