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.

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-22-13

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)

jamesbruc@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 E½SW¼ 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

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

2. Article Number (Transfer from service label) 7012 0470 0001 5975 0282

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

U.S. Postal Service™
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KALAHEO HI 96741 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 SANTA FE NEW MEXICO 87501 Postmark Here JUN -5 2013 06/05/2013

Sent To Cherrie Dee Kinchloe
Street, Apt. No.; or PO Box No. P.O. Box 1219
City, State, ZIP+4 Kalaheo, HI 96741

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8034

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LAGUNA WOODS CA 92637 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	$ $6.31

0500 SANTA FE NEW MEXICO 87501 Postmark Here JUN -5 2013 06/05/2013

Sent To Charles C. and Louise B. Showalter,
Trustees of the Showalter 1993 Trust
Street, Apt. No.; or PO Box No. 569 C Avenida Sevilla
City, State, ZIP+4 Laguna Hill, CA 92635

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5975 0282

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cherrie Dee Kinchloe ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. 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

2. Article Number (Transfer from service la 7012 0470 0001 5976 8034

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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 lat 7012 0470 0001 5976 8041

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

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BETTENDORF IA 52722 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 SANTA FE NEW MEXICO 87501 Postmark Here 06/05/2013

Sent To: John William McDonald
Street, Apt. No.; or PO Box No.: 1301 Sunny Hill Court
City, State, ZIP+4: Bettendorf, IA 51722

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8058

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DENVER CO 80218 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 & Fe	$ $6.31

0500 SANTA FE NEW MEXICO 87501 Postmark Here JUN -5 2013 06/05/2013

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

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8041

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) | C. Date of Delivery 6/7/13

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 8058

PS Form 3811, February 2004 Domestic Return Receipt CMC 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:

Carla Sue Pressley
1720 Crossing Court
Sparks, NV 89434

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

RENO STA. USPS JUN 2013 NV 89534

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 8393

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

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RENO NV 89533 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 03 Postmark Here 06/05/2013 USPS

Sent To: Anna Sue Schroeder and Laura K. Pressley, Trustees of the Anna Sue Schroeder Trust
Street, Apt. No.; or PO Box No.: P.O. Box 33208
City, State, ZIP+4: Reno, NV 89533

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5975 2088

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SPARKS NV 89434 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 03 Postmark Here 06/05/2013 USPS

Sent To: Carla Sue Pressley
Street, Apt. No.; or PO Box No.: 1720 Crossing Court
City, State, ZIP+4: Sparks, NV 89434

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8393

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anna Sue Schroeder ☐ Agent ☐ Addressee

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

2. Article Number (Transfer from service label) 7012 0470 0001 5975 2088

PS Form 3811, February 2004 Domestic Return Receipt Carl 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:

Jeffrey Glenn Hull
2870 Wicker Court
Sparks, NV 89436

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] 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

2. Article Number (Transfer from service label) 7012 0470 0001 5975 2095

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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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
SANTA FE NEW MEXICO 87501
Postmark Here
JUN -5 2013
06/05/2013

Sent To Jeffrey Glenn Hull
Street, Apt. No.; or PO Box No. 2870 Wicker Court
City, State, ZIP+4 Sparks, NV 89436

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5975 2095

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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
SANTA FE NEW MEXICO 87501
Postmark Here
JUN -5 2013
06/05/2013

Sent To Rosalind Grace Clay McCluskey
Street, Apt. No.; or PO Box No. 16529 Calle Ana
City, State, ZIP+4 Paway, CA 92064

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8409

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
Paway, CA 92064

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 / No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7012 0470 0001 5976 8409

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:

Marianne Clay Barnes
8417 Wenatshee Drive
El Cajon, CA 92021

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marianne Barnes ☐ Agent ☐ Addressee

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

2. Article Number (Transfer from service label) 7012 0470 0001 5976 8423

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

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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

0500 MODESTO, CA 95350 03 Postmark JUN - 5 2013 06/05/2013

Sent To Julianne Clay Kline
Street, Apt. No.; or PO Box No. 1025 Springfield
City, State, ZIP+4 Modesto, CA 95350

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8430

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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

NEW MEXICO 87501-6893 03 Postmark JUN - 5 2013 Before 06/05/2013

Sent To Marianne Clay Barnes
Street, Apt. No.; or PO Box No. 8417 Wenatshee Drive
City, State, ZIP+4 El Cajon, CA 92021

PS Form 3800, August 2006 See Reverse for Instructions

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:

Julianne Clay Kline
1025 Springfield
Modesto, CA 95350

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julianne Clay Kline ☐ Agent ☒ Addressee

B. Received by (Printed Name) Julianne Clay Kline C. Date of Delivery JUN 5 2013

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

USPS 95350

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 8430

PS Form 3811, February 2004 Domestic Return Receipt Cav 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:

Allison Crawford Stone
17618 North Ranchette
Colbert WA 99055

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Allison 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 CMC 102595-02-M-1540

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

CAMPBELL CA 95009 OFFICIAL USE

Postage	$ $0.66	0500
Certified Fee	$3.10	03
Return Receipt Fee (Endorsement Required)	$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.31	06/05/2013

Sent To: Catherine A. Crawford
Street, Apt. No.; or PO Box No.: 8660 B Bodega Highway
City, State, ZIP+4: Sebastopol, CA 95005

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8447

U.S. Postal Service™
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COLBERT WA 99005-9258 OFFICIAL USE

Postage	$ $0.66	0500
Certified Fee	$3.10	03
Return Receipt Fee (Endorsement Required)	$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.31	06/05/2013

Sent To: Allison Crawford Stone
Street, Apt. No.; or PO Box No.: 17618 North Ranchette
City, State, ZIP+4: Colbert WA 99055

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 6061

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 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 CMC 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
15121 Daffodil Street Court E
Sumner, WA 98390

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jan Decker ☐ Agent ☐ Addressee

B. Received by (Printed Name) JAN DECKER C. Date of Delivery 6/14/13

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 8386

PS Form 3811, February 2004 Domestic Return Receipt CMC 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®

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

0500 03 Postmark Here 06/05/2013 USPS

Sent To Mark Kevin Presley
Street, Apt. No.; or PO Box No. 585 Lyyski Street
City, State, ZIP+4 Sparks, NV 89431

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8362

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

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

SUMNER WA 98390 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 03 Postmark Here 06/05/2013 USPS

Sent To Jan Rebecca Decker
Street, Apt. No.; or PO Box No. 15121 Daffodil Street Court E
City, State, ZIP+4 Sumner, WA 98390

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8386

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 ☐ Agent ☒ Addressee

B. Received by (Printed Name) MARK PRESLEY 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) 7012 0470 0001 5976 8362

PS Form 3811, February 2004 Domestic Return Receipt CMC 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

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 lab. 7012 0470 0001 5976 8379

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®

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 03 NEW MEXICO
Postmark Here
JUN -5 2013
06/05/2013

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

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5976 8379

7012 0470 0001 5975 0299

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

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

KOLOA HI 96756

Postage	$ $0.66	0500 JUN - 5 2013
Certified Fee	$3.10	03 Postmark Here
Return Receipt Fee (Endorsement Required)	$2.55	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.31	06/05/2013

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

PS Form 3800, August 2006 — See Reverse for Instructions

7012 0470 0001 5976 8416

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	0500
Certified Fee	$3.10	03
Return Receipt Fee (Endorsement Required)	$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.31	06/05/2013

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

PS Form 3800, August 2006 — See Reverse for Instructions