

7011 3500 0002 4935 9137

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	\$ 0.66	0702	Postmark Here
Certified Fee	\$3.10	02	
Return Receipt Fee (Endorsement Required)	\$2.55		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$6.31	06/19/2013	
Sent To: Lorene Wright Carsons and Florence W. Barker c/o Eddy McIntire			
Street, Apt. No., or PO Box No. 4407 S. Spencer			
City, State, ZIP+4 Carlsbad, NM 88220			
PS Form 3800, August 2006 See Reverse for Instructions			

7011 3500 0002 4935 9137

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	\$ 0.66	0702	Postmark Here
Certified Fee	\$3.10	02	
Return Receipt Fee (Endorsement Required)	\$2.55		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$6.31	06/19/2013	
Attn: Mrs. Laura Garcia			
Sent To: Carlsbad Municipal School District			
Street, Apt. No., or PO Box No. 408 N. Canyon St			
City, State, ZIP+4 Carlsbad, NM 88220			
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:

Lorene Wright Carsons and Florence
W. Barker c/o Eddy McIntire
4407 S. Spencer
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
x Eddy McIntire ☐ Addressee
- B. Received by (Printed Name) Eddy McIntire
- C. Date of Delivery 06/19/2013
- 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 label)

7011 3500 0002 4935 9137

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:

Attn: Mrs. Laura Garcia
Carlsbad Municipal School District
408 N. Canyon St
Carlsbad, NM 88220

2. Article Number
(Transfer from service label)

7011 3500 0002 4935 9137

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
x Tammy Healey ☐ Addressee
- B. Received by (Printed Name) Tammy Healey
- C. Date of Delivery 06/19/2013
- 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
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 3500 0002 4935 9151

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	\$ 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
06/19/2013	
Sent To: Catholic Diocese of Los Cruces	
Street, Apt. No., or PO Box No.: 1280 Med Park Drive	
City, State, ZIP+4: Las Cruces, NM 88005	
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:

Catholic Diocese of Los Cruces
1280 Med Park Drive
Las Cruces, NM 88005

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Eleda Hernandez</i>	☐ Agent ☒ Addressee
B. Received by (Printed Name) <i>Eleda Hernandez</i>	C. Date of Delivery <i>6/19/2013</i>
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	

7011 3500 0002 4935 9151

5176 5634 2000 0056 1101

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	\$ 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
06/19/2013	
Sent To: L. Jim and Vicky Connally	
Street, Apt. No., or PO Box No.: R211-Ash Rd.	
City, State, ZIP+4: Loving, NM 88256	
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:

L. Jim and Vicky Connally
R211-Ash Rd
Loving, NM 88256

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Vicky Connally</i>	☐ Agent ☒ Addressee
B. Received by (Printed Name) <i>Vicky Connally</i>	C. Date of Delivery <i>6/19/2013</i>
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	

7011 3500 0002 4935 9175

7011 3500 0002 4935 9182

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

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

OFFICIAL USE

Postage	\$ 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 Aubrey Covault Jr. and Doris E. Bucherer et al
 Street, Apt. No., or PO Box No. 3606 33rd Ave.
 City, State, ZIP+4 Moline, IL 61265

PS Form 3800, August 2006 See Reverse for Instructions

RECEIVER: COMPLETE THIS SECTION

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

Article Addressed to: Aubrey Covault Jr. and Doris E. Bucherer et al
 3606 33rd Ave.
 Moline, IL 61265

Article Number (Transfer from service label) 7011 3500 0002 4935 9182

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Doris Bucherer*

B. Received by (Printed Name) C. Date of Delivery
 7-5-13

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

7011 3500 0002 4935 9199

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

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

OFFICIAL USE

Postage	\$ 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 Heirs of Louis D. Cummings
 Street, Apt. No., or PO Box No. 13148 W. Bumbarton Dr.
 City, State, ZIP+4 Morrison, CO 80465

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: Heirs of Louis D. Cummings
 13148 W. Bumbarton Dr.
 Morrison, CO 80465

2. Article Number (Transfer from service label) 7011 3500 0002 4935 9199

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Holly Cummings*

B. Received by (Printed Name) C. Date of Delivery
 Holly Cummings 6/22/13

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

7011 3500 0002 4935 9205

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

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

Postmark Here

06/19/2013

Sent To: **D. Stuart Harrounn Jr. Trust**
535 Tres Lagunas Lane, NE
Albuquerque, NM 87113

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:

D. Stuart Harrounn Jr. Trust
535 Tres Lagunas Lane, NE
Albuquerque, NM 87113

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **STUART H. HARROUN**

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

7011 3500 0002 4935 9205

7011 3500 0002 4935 9212

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	\$ 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

Postmark Here

06/19/2013

Sent To: **Michelle G. Davis**
c/o Emily McGuirt
201 Friendship Road
Camden, SC 29020

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:

Michelle G. Davis
c/o Emily McGuirt
201 Friendship Road
Camden, SC 29020

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

7011 3500 0002 4935 9212

7011 3500 0002 4935 9229

U.S. Postal Service TM			
CERTIFIED MAIL TM RECEIPT			
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information, visit our website at www.usps.com			
OFFICIAL USE			
Postage	\$	\$0.66	0702
Certified Fee		\$3.10	02
Return Receipt Fee (Endorsement Required)		\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.31	
Sent To: Devon Energy Production Co., LP			
Street, Apt. No., or PO Box No.: 333 West Sheridan Ave.			
City, State, ZIP+4: Oklahoma City, OK 73102-5010			
PS Form 3800, August 2006		See Reverse for Instructions	

U.S. Postal Service TM			
CERTIFIED MAIL TM RECEIPT			
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information, visit our website at www.usps.com			
OFFICIAL USE			
Postage	\$	\$0.66	0702
Certified Fee		\$3.10	02
Return Receipt Fee (Endorsement Required)		\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.31	
Sent To: Carla Kay Dickson			
Street, Apt. No., or PO Box No.: 405 N. Oaks Lane			
City, State, ZIP+4: Russellville, AR 72802			
PS Form 3800, August 2006		See Reverse for Instructions	

7011 3500 0002 4935 9236

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Devon Energy Production Co., LP
333 West Sheridan Ave.
Oklahoma City, OK 73102-5010

Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature *C. Ramant* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery *6/24/13*

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

7011 3500 0002 4935 9229

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Carla Kay Dickson
405 N. Oaks Lane
Russellville, AR 72802

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *x Raymond Dickson* ☐ ☐

B. Received by (Printed Name) C. Date *Raymond Dickson 6-2*

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

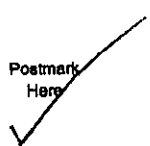
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 3500 0002 4935 9236

7010 0290 0003 4457 9047

U.S. Postal ServiceTM	
CERTIFIED MAILTM RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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 

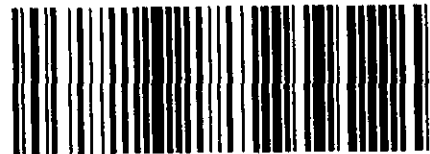
Sent To	Harold Don Drew
Street, Apt. No., or PO Box No.	HC 62, Box 1285
City, State, ZIP+4	Salyersville, KY 41465

PS Form 3800, August 2006 See Reverse for Instructions

KSC Resources, LP
6824 Island Circle
Midland, TX 79707

KSC Resources, LP

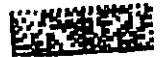
CERTIFIED MAILTM



7010 0290 0003 4457 9047

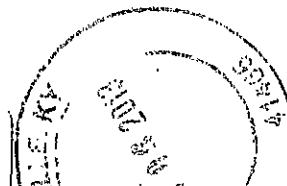
\$6.110
US POSTAGE
FIRST-CLASS
062S0007007473
79707

877856.14



unc

Harold Don Drew
HC 62, Box 1285
Salyersville,



6-6
6-11

NEXT 402 DE 1009 0006/27/

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

BC: 79707141324 #1110-02194-03-4

CERTIFIED MAIL™



7011 3500 0002 4935 9423



1000

88220

U.S. POSTAGE
PAID
MIDLAND, TX
79701
JUN 19, 2013
AMOUNT

\$6.31

00055732-02

Paul E. Dorado
1305
Carl

NIXIE 750 DE 1009 0006/26/13

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

BC: 79707144524 *111D-15993-19-37

8822064322-0006

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

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OFFICIAL USE

Postage	\$ 0.66	0702
Certified Fee	\$3.10	02 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	06/19/2013

Sent To Paul E. Dorado
1305 Irvin St.
Carlsbad, NM 88220
Street, Apt. No., or PO Box No.
City, State, ZIP+4

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	\$ 0.66	0702
Certified Fee	\$3.10	02 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	06/19/2013

Sent To Drew, Harold Don and Wayne
Collinsworth
Street, Apt. No., or PO Box No. HC 62, Box 1285
City, State, ZIP+4 Salyersville
KY, 41465

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:

Drew, Harold Don and Wayne
Collinsworth
HC 62, Box 1285
Salyersville
KY, 41465

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Wayne D. Collinsworth

B. Received by (Printed Name) *Wayne D. Collinsworth* C. Date of Delivery *6-24-13*

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

7011 3500 0002 4935 9427