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®
CARLSBAD NM 88220 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

0702 02 Postmark Here 06/19/2013

Sent To: Lorene Wright Carsons and Florence W. Barker c/o Eddy McCintire
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

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 McCintire
4407 S. Spencer
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Eddy McIntire ☐ Agent ☐ Addressee

B. Received by (Printed Name): Eddy McIntire C. Date of Delivery: 6-19-13

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) 7011 3500 0002 4935 9137

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

7011 3500 0002 4935 9113

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
CARLSBAD NM 88220 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

0702 02 Postmark Here MIDLAND TX JUN 19 2013 06/19/2013

Sent To: Attn: Mrs. Laura Garcia 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:

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

COMPLETE THIS SECTION ON DELIVE

A. Signature: X Tammy Healey

B. Received by (Printed Name): Tammy Healey C.

D. Is delivery address different from item 1
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7011 3500 0002 4935 9113

PS Form 3811, February 2004 Domestic Return Receipt

7011 3500 0002 4935 9151

U.S. Postal Service™
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LAS CRUCES NM 88005 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

0702 02 Postmark Here MIDLAND TX DOWNTOWN STA 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

7011 3500 0002 4935 9175

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

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

LOVING NM 88256 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

0702 02 Postmark Here JUN 19 2013 MIDTOWN STA 79705 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elida Hernandez ☐ Agent ☑ Addressee

B. Received by (Printed Name): Elida Hernandez 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 7011 3500 0002 4935 9151

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Vicky Connally ☐ Agent ☑ Addressee

B. Received by (Printed Name): Vicky Connally C. Date of Delivery: 6/19

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 7011 3500 0002 4935 9175

7011 3500 0002 4935 9182

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

MOLINE IL 61265 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: JUN 19 2013 02 06/19/2013

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

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:

ubrey Covault Jr. and Doris E.
ucherer et al
606 33rd Ave.
oline, IL 61265

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Doris Bucherer ☐ Agent ☑ Addressee

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

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) 7011 3500 0002 4935 9182

7011 3500 0002 4935 9199

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

MORRISON CO 80465 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: JUN 19 2013 0702 02 06/19/2013

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Holly Cummings ☐ Agent ☐ Addressee

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

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

MORRISON CO JUN 22 2013 USPS 80465

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 9199

7011 3500 0002 4935 9205

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

ALBUQUERQUE NM 87113 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

0702 02 Postmark Here — 06/19/2013

Sent To: D. Stuart Harrounn Jr. Trust
Street, Apt. No.; or PO Box No.: 535 Tres Lagunas Lane, NE
City, State, ZIP+4: Albuquerque, NM 87113

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Stuart Harroun — 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): 7011 3500 0002 4935 9205

Domestic Return Receipt — 102595-02-M-1540

7011 3500 0002 4935 9212

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

CAMDEN SC 29020 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

0702 02 JUN 19 2013 Postmark Here — 06/19/2013

Sent To: Michelle G. Davis
c/o Emily McGuirt
Street, Apt. No.; or PO Box No.: 201 Friendship Road
City, State, ZIP+4: Camden, SC 29020

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X Emily P. McGuirt — ☐ Agent ☐ Addressee

B. Received by (Printed Name): EMILY P. MCGUIRT — C. Date: JUN 24 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 M
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐

2. Article Number (Transfer from service label): 7011 3500 0002 4935 9212

7011 3500 0002 4935 9229

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

OKLAHOMA CITY OK 73102 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

0702 02 Postmark Here AUG 6 13 OKLAHOMA CITY OK 73102 06/19/2013

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

7011 3500 0002 4935 9236

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

RUSSELLVILLE AR 72802 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

0702 02 Postmark Here AUG 6 13 RUSSELLVILLE AR 72802 06/19/2013

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

NDER: *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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C. Ramos ☐ Agent ☐ Addressee

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

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

Article Number (Transfer from service label) 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.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Raymond Dickson ☐ Agent ☐

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

D. Is delivery address different from item 1? ☐
If YES, enter delivery address below: ☐

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

4. Restricted Delivery? *(Extra Fee)* ☐

2. Article Number (Transfer from service label) 7011 3500 0002 4935 9236

U.S. Postal Service™
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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: Harold Don Drew
Street, Apt. No.; or PO Box No.: HC 62, Box 1245
City, State, ZIP+4: Salyersville, KY 41465

PS Form 3800, August 2006 — See Reverse for Instructions

7010 0290 0003 4457 9047

RSC Resources, LP
6824 Island Circle
Midland, TX 79707

CERTIFIED MAIL™

7010 0290 0003 4457 9047

$6.11⁰
US POSTAGE
FIRST-CLASS
062S0007007473
79707

877896.14

UNC

Harold Don Drew
HC 62, Box 1285
Salyersville,

6-6
6-11

NIXIE 402 DE 1000 0006/27/

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

BC: 79707141324 *1110-02194-03-4

CERTIFIED MAIL™

7011 3500 0002 4935 9243

UNITED STATES POSTAL SERVICE

1000

88220

U.S. POSTAGE
PAID
MIDLAND, TX
79701
JUN 19, 13
AMOUNT

$6.31

00055732-02

Paul E. Dorado
130[illegible]
Carl[illegible]

NIXIE 750 DE 1009 0006/26/13

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

BC: 79707144524 *1110-15993-19-37

88220[illegible]

7011 3500 0002 4935 9243

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

CARLSBAD NM 88220 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	06/19/2013

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

PS Form 3800, August 2006 — See Reverse for Instructions

7011 3500 0002 4935 9243

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

SALYERSVILLE KY 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	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

7011 3500 0002 4935 9427

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wayne D. Collinsworth ☐ Agent ☐ Addressee

B. Received by (Printed Name): WAYNE D. COLLINSWORTH C. Date of Delivery: 6-24-13

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): 7011 3500 0002 4935 9427

PS Form 3811, February 2004 Domestic Return Receipt