

7011 3500 0002 4935 9069

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

06/19/2013

Sent To: James D. and Karen A. Melvin
 907 E. Fiesta Dr.
 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:

James D. and Karen A. Melvin
 907 E. Fiesta Dr.
 Carlsbad, Nm 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Karen Melvin ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 6-20-13

D. Is delivery address different from item 1? ☐ Yes
 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) 7011 3500 0002 4935 9069

PS Form 3811, February 2004 Domestic Return Receipt

7011 3500 0002 4935 9076

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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: Marynel and Pete Mileta
 1365 Brilliant Street
 Raton, NM 87740

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:

Marynel and Pete Mileta
 1365 Brilliant Street
 Raton, NM 87740

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Marynel Mileta ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date

D. Is delivery address different from item 1? ☐ Yes
 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) 7011 3500 0002 4935 9076

7011 3500 0002 4935 9083

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

OFFICIAL USE

HAYWARD, CA 94545

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: Elosia and Jose Morales
 Street, Apt. No., or PO Box No.: 27497 Lemon Tree Ct.
 City, State, ZIP+4: Hayward, CA 94545

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:

Elosia and Jose Morales
 27497 Lemon Tree Ct.
 Hayward, CA 94545

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
Felipa M. Salgado
- B. Received by (Printed Name) C. Date of Delivery
 FELIPA M. SALGADO
- 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

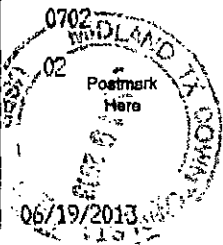
7011 3500 0002 4935 9083

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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



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

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4935 9267

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Myco Industries
 105 S. 4th Street
 Artesia, NM 88210

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ *F. Delgado*
- B. Received by (Printed Name) C. *F. Delgado*
- 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 Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee)

7011 3500 0002 4935 9267

7011 3500 0002 4935 9274

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

OFFICIAL USE
 CARLSBAD NM 88220

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
 06/19/2013

Sent To: **Marcello P and Conrada Navarette**
 Street, Apt. No., or PO Box No. **907 Malaga Rd.**
 City, State, ZIP+4 **Carlsbad, NM 88220-9196**

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:

Marcello P and Conrada Navarette
907 Malaga Rd.
Carlsbad, NM 88220-9196

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Marcello Navarette*

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

Is delivery address different from item 1? ☐ Yes ☒ No
 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 9274

7011 3500 0002 4935 9281

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
 EUNICE NM 88231

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
 06/19/2013

Sent To: **Marina Navarette**
 Street, Apt. No., or PO Box No. **P.O. Box 207**
 City, State, ZIP+4 **Eunice, NM 88231**

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:

Marina Navarette
P.O. Box 207
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Marina Navarette*

B. Received by (Printed Name) C. Date

D. Is delivery address different from item 1? ☐ Yes ☒ No
 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 9281

7010 0290 0003 4461 6698

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

Sent To: Mary + Brent Nearhood
 Street, Apt. No., or PO Box No. 425 Randon Rd
 City, State, ZIP+4 El Dorado, KS 67042

PS Form 3800, August 2005 See Reverse for Instructions

7010 0290 0003 4461 6674

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

Sent To: Nuevo Sies
 Street, Apt. No., or PO Box No. P.O. Box 2588
 City, State, ZIP+4 Roswell, NM 88202

PS Form 3800, August 2005 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 and Brent Nearhood
 425 Randon Rd.
 El Dorado, KS 67042

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Raymond Dickson ☐ Agent ☐ Addressee

B. Received by (Printed Name): RAYMOND DICKSON

C. Date of Delivery: 6-15-13

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: 7010 0290 0003 4461 6698

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:
 Nuevo Sies Limited Partnership
 P.O. Box 2588
 Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Mary E. Sies

C. Date of Delivery: 6-15-13

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: 7010 0290 0003 4461 6674
 (Transfer from service label)

7011 3500 0002 4935 9298

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

OFFICIAL USE

ROSWELL, NM 88202

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

Sent To: **Nuevo Sies Limited Partnership**
 Street, Apt. No., or PO Box No.: **P.O. Box 2588**
 City, State, ZIP+4: **Roswell, NM 88202**

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:

Nuevo Sies Limited Partnership
P.O. Box 2588
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Patricia Stacy* C. Date of Delivery: *6/21/13*

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): **7011 3500 0002 4935 9298**

7011 3500 0002 4935 9311

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

OFFICIAL USE

MALAGA, NM 88263

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

Sent To: **Socorro and Epifania Z Olivas**
 Street, Apt. No., or PO Box No.: **P.O. Box 72**
 City, State, ZIP+4: **Malaga, NM 88263**

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:

Socorro and Epifania Z Olivas
P.O. Box 72
Malaga, NM 88263

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *[Signature]* C. Date: *6/21/13*

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): **7011 3500 0002 4935 9311**

PS Form 3811, February 2004 Domestic Return Receipt 10259

7011 3500 0002 4935 9304

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

Sent To: Armando Fuentes Olivas
1503 Hill St
Carlsbad, NM 88220
City, State, ZIP+4

Postmark Here: 0702 SEP 19 2013

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

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: Socorro and Epifania Z. Olivas
P.O. Box 72
Malaga, NM 88263
City, State, ZIP+4

Postmark Here: 0702 SEP 19 2013

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Socorro and Epifania Z. Olivas
P.O. Box 72
Malaga, NM 88263

2. Article Number (Transfer from service label): 7011 3500 0002 4935 9311

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name):

C. Date of Delivery: 09-24-13

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

PS Form 3800, August 2006 See Reverse for Instructions

7010 0290 0003 4461 2683

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OFFICIAL USE

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

Sent To: Michael Plank
Street, Apt. No.,
or PO Box No. 1108 S. 2nd St.
City, State, ZIP+4[®] Lovington, NM 88260

PS Form 3800, August 2006 See Reverse for Instructions

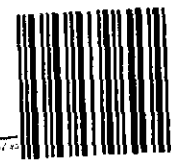
CERTIFIED MAILTM
217 10 20262



7010 0290 0003 4461 2683

RSC Resources, LP
6824 Island Circle
Midland, TX 79707

NSN



1000

89260

U.S. POSTAGE
PAID
MIDLAND, TX
79701
APR 29, 13
AMOUNT
\$6.31
00055732-02

871 CC 1 84-05/01/13
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD
79707141324 *1755-01303-01-15

Michael Plank
1108 S. 2nd St.
Lovington, NM 88260