7011 3500 0002 4935 9335

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IDALOU TX 79329 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 6 2013 MIDLAND TX 06/19/2013

Sent To: Charles Melton Pace
Street, Apt. No., or PO Box No.: P.O. Box 1310
City, State, ZIP+4: Idalou, TX 79329

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4935 9342

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SAN JOSE CA 95123 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 79721 Postmark Here JUN 6 2013 MIDLAND TX 06/19/2013

Sent To: Gerald and Tamara Prichard Trust
Street, Apt. No., or PO Box No.: 346 Avenida Nogalas
City, State, ZIP+4: San Jose, CA 95123

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:

Charles Melton Pace
P.O. Box 1310
Idalou, TX 79329

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judy Pace ☐ Agent ☐ Addressee

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

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 9335

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:

Gerald and Tamara Prichard Trust
346 Avenida Nogalas
San Jose, CA 95123

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 6/2

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 9342

PS Form 3811, February 2004 Domestic Return Receipt 10

U.S. Postal Service™
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CLOVIS NM 88101 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

7011 3500 0002 4935 9359

Sent To: Stephen K Quinn
Street, Apt. No.; or PO Box No.: c/o Wesley Quinn P.O. Box 490
City, State, ZIP+4: Clovis, NM 88101

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:

Stephen K Quinn
c/o Wesley Quinn
P.O. Box 490
Clovis, NM 88101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jessica Brice ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jessica Brice C. Date of Delivery 6/19/13

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

CLOVIS, NM JUN 19 2013

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 9359

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MALAGA NM 88263 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

7011 3500 0002 4935 9366

Sent To: Guadalupe M and Roberto Quinones
Street, Apt. No.; or PO Box No.: P.O. Box 54
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:

Guadalupe M and Roberto Quinones
P.O. Box 54
Malaga, NM 88263

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert M Quinones ☐ Agent ☐ Addressee

B. Received by (Printed Name) Roberto M Quinones C. Date 6/

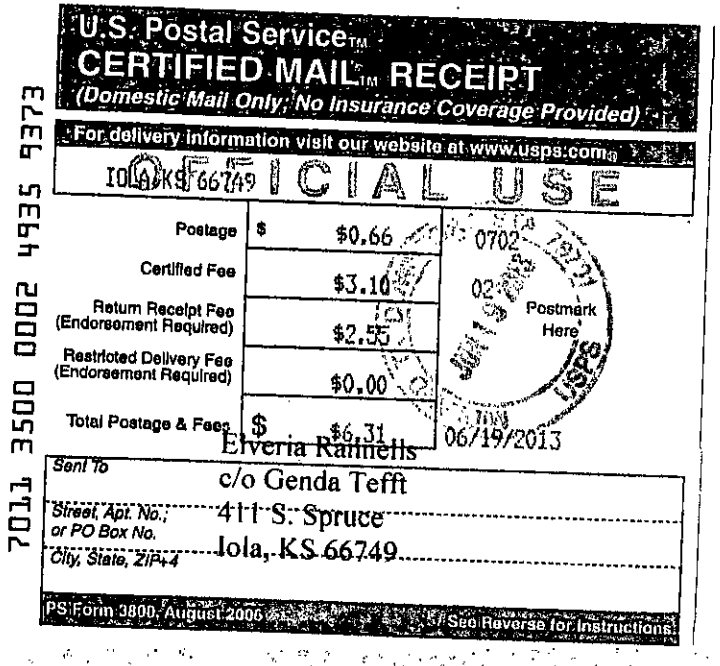
D. Is delivery address different from item 1? ☐
If YES, enter delivery address below: ☐

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 9366

PS Form 3811, February 2004 Domestic Return Receipt



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IOLA KS 66749 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 Postmark Here 06/19/2013

Sent To: Elveria Rannells
c/o Genda Tefft
Street, Apt. No., or PO Box No.: 411 S. Spruce
City, State, ZIP+4: Iola, KS 66749

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4935 9373

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:

Elveria Rannells
c/o Genda Tefft
411 S. Spruce
Iola, KS 66749

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brenda Tefft ☐ Agent ☑ Addressee

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

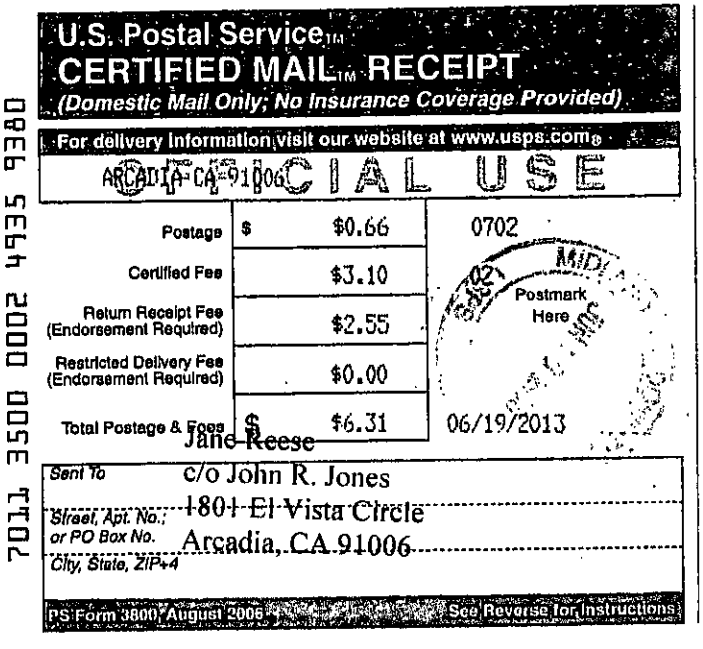
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

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 9373

PS Form 3811, February 2004 Domestic Return Receipt



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ARCADIA CA 91006 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 Postmark Here 06/19/2013

Sent To: ~~Jane Reese~~ c/o John R. Jones
Street, Apt. No., or PO Box No.: 1801 El Vista Circle
City, State, ZIP+4: Arcadia, CA 91006

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4935 9380

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:

Jane Reese
c/o John R. Jones
1801 El Vista Circle
Arcadia, CA 91006

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John R. Jones ☐ ☐

B. Received by (Printed Name) C. Date 6/2[illegible]

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 Me
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐

2. Article Number (Transfer from service label) 7011 3500 0002 4935 9380

PS Form 3811, February 2004 Domestic Return Receipt

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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 JUN 9 2013 MIDLAND TX USPS
06/19/2013

Sent To: Dawn Rios
Street, Apt. No.; or PO Box No.: 902 Alamosa
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4935 9397

U.S. Postal Service™
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MALAGA NM 88263 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 13 2013 USPS
06/19/2013

Sent To: Celma and Efrain Rios
Street, Apt. No.; or PO Box No.: P.O. Box 113
City, State, ZIP+4: Malaga, NM 88263

PS Form 3800, August 2006 See Reverse

7011 3500 0002 4935 9403

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:

Dawn Rios
902 Alamosa
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dawn Rios ☐ 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

CARLSBAD NM JUN 1 2013 USPS

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 9397

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:

Celma and Efrain Rios
P.O. Box 113
Malaga, NM 88263

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Christa Hernandez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Christa Hernandez C. Date 6/13

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 9403

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

MALAGA NM 88263 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: Ernesto Rios
Street, Apt. No.; or PO Box No.: 406 E. Chapman Rd.
City, State, ZIP+4: Carlsbad, NM 88263

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4935 9410

CERTIFIED MAIL™

7011 3500 0002 4935 9410

U.S. POSTAGE PAID MIDLAND, TX 79701 JUN 19, 13 AMOUNT $6.31 00055732-02

1000 88263

RSC Resources, LP
6824 Island Circle
Midland, TX 79707

RIOS
HC63
6/21

Ernesto Rios
406 E. Chapman Rd
Carlsbad, NM 88

NIXIE 750 DE 1009 0006/26/13

RETURN TO SENDER
NO MAIL RECEPTACLE
UNABLE TO FORWARD

BC: 79707141324 *1110-15989-19-37