

**BEFORE THE OIL CONSERVATION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: WPX ENERGY PRODUCTION
Hearing Date: July 23, 2014



HOLLAND & HART LLP



Michael H. Feldewert
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July 3, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO OFFSETTING INTEREST OWNERS

Re: APPLICATION OF WPX ENERGY PRODUCTION, LLC FOR APPROVAL OF THE SOUTH CHACO FEDERAL EXPLORATORY UNIT; AND FOR AN EXCEPTION TO THE WELL LOCATION REQUIREMENTS SET FORTH IN THE SPECIAL RULES FOR THE BASIN MANCOS GAS POOL, SANDOVAL COUNTY, NEW MEXICO.

Ladies and Gentlemen:

This letter is to advise you that WPX Energy Production, LLC has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on July 24, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an affected interest owner offsetting the proposed Unit, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all 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 are to be resolved prior to the hearing.

If you have any questions about this matter, please contact: Chuck Bassett at Chuck.Bassett@wpxenergy.com or (539) 573-6575.

Sincerely,

Michael H. Feldewert

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TO: INDIAN ALLOTTEE MINERAL INTEREST OWNERS

Re: APPLICATION OF WPX ENERGY PRODUCTION, LLC FOR APPROVAL OF THE SOUTH CHACO FEDERAL EXPLORATORY UNIT; AND FOR AN EXCEPTION TO THE WELL LOCATION REQUIREMENTS SET FORTH IN THE SPECIAL RULES FOR THE BASIN MANCOS GAS POOL, SANDOVAL COUNTY, NEW MEXICO.

Ladies and Gentlemen:

This letter is to advise you that WPX Energy Production, LLC has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on July 24, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an affected Indian Allottee Mineral Interest Owner within the proposed Unit, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date before the Division.

Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all 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 are to be resolved prior to the hearing.

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P.O. Box 523
New Laguna, NM 87038

Chaz Castillo Brown
P.O. Box 151
San Fidel, NM 87049

Pamela Faye Brown
3542 New Castle Drive SE
Rio Rancho, NM 87124

Alice Chavez
P.O. Box 3583
Yatahey, NM 87375

Shirley Ann Charley
38 Road 5255
Bloomfield, NM 87413

Colleen Rene Paquin
131 Parrot Blvd.
Bernalillo, NM 87004

Roberta J Lujan aka Roberta Paquin Lujan
aka Roberta Paquin J. Lujan
227 Don Gaspar Ave., Unit 13
Santa Fe, NM 87501

Wilma L Brudos
110 Briarwood Ct.
League City, TX 77573

Leonard E Paquin
P.O. Box 535
Casa Blanca, NM 87007

Aubrey Anthony Brown
3 Kuu Pin Po
Santa Fe, NM 87506

Janet Brown (Estate)
3542 New Castle Drive SE
Rio Rancho, NM 87124

Adeline Brown
9132 Northridge Ave NE
Albuquerque, NM 87111

Marie T. Albert
P.O. Box 207
Continental Divide, NM 87312

7006 2760 0001 6377 0323

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

For delivery information visit **WPX/STACHACO**

OFFIC

Postage \$

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Postmark Here

Encana
 370 17th St. Suite 1700
 Denver, CO 80202

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:

Encana
 370 17th St. Suite 1700
 Denver, CO 80202

2. Article Number (Transfer from service label) 7006 2760 0001 6377 0323

COMPLETE THIS SECTION ON DELIVERY

A. Signature B. A. A. ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-7-14

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

7006 2760 0001 6377 0316

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

For delivery information visit **WPX/STACHACO**

OFFIC

Postage \$

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Postmark Here

Dugan Production Corporation
 PO Box 420
 Farmington, NM 87499

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:

Dugan Productic
 PO Box 420
 Farmington, NM

2. Article Number (Transfer from service label) 7006 2760 0001 6377 0316

COMPLETE THIS SECTION ON DELIVERY

A. Signature Tom Dugan ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-7-14

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

7006 2760 0001 6377 0293

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

QEP Resources, Inc.
1050 17th St. Suite 500
Denver, CO 80265

PS Form 3800, August 2006 See Reverse for Instructions



7006 2760 0001 6377 0293

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Pitco Production Co.
PO Box 702320
Tulsa, OK 74170

PS Form 3800, August 2006 See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 mail piece or on the front if space permits.

1. Article Addressed to:

Pitco Production Co.
PO Box 702320
Tulsa, OK 74170

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

Signature: *[Signature]*

Received by (Printed Name): *[Signature]*

C. Date of Delivery: JUL 7 2014

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

7006 2760 0001 6377 0293

9020 2269 1000 0922 9002

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)

USPS SANTA FE NM 87501
 JUN 3 2014
 SANTA FE MAIN POST OFFICE

Cimarex Energy Co.
 1700 Lincoln St. Suite 1800
 Denver, CO 80203

for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cimarex Energy Co.
 1700 Lincoln St. Suite 1800
 Denver, CO 80203

2. Article Number 7006 2760 0001 6377 0286
 (Transfer from Service Label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-7-14

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

9020 2269 1000 0922 9002

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)

USPS SANTA FE NM 87501
 JUN 3 2014
 SANTA FE MAIN POST OFFICE

Chevron USA Inc.
 15 Smith Rd.
 Midland, TX 79705

for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron USA Inc.
 15 Smith Rd.
 Midland, TX 79705

2. Article Number 7006 2760 0001 6377 0286
 (Transfer from Service Label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-7-14

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

2920 2269 1000 0942 9002

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Signature Required)

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
JUN 3 2014
USPS SANTA FE NM 87501
SANTA FE MAIN POST OFFICE

Devon Energy Prod. Co. LP
20 N. Broadway #1500
Oklahoma City, OK 73102

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:

Devon Energy Prod. Co. LP
20 N. Broadway #1500
Oklahoma City, OK 73102

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *K. Cam...* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *J.M.C.* C. Date of Delivery *7/1/14*
- 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

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:

EV Properties LP
1001 Fannin #800
Houston, TX 77002

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *H. Call...* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Henry Canale* 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

7006 2760 1000 0942 9002

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Signature Required)

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
JUN 3 2014
USPS SANTA FE NM 87501
SANTA FE MAIN POST OFFICE

EV Properties LP
1001 Fannin #800
Houston, TX 77002

PS Form 3800, August 2006 See Reverse for Instructions

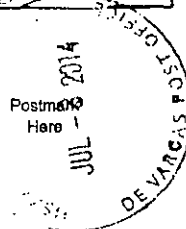
7006 2760 0001 6377 1122

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information: WPX/S. CHACO
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Edith Sam, aka Edith A. Sam
 Street, or P.O. Box: P.O. Box 26703
 City, St: Albuquerque, NM 87125

PS Form 3800, August 2006. See Reverse for Instructions.



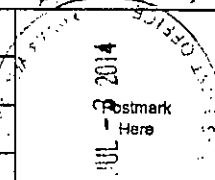
7006 2760 0001 6376 7880

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information: WPX/S. CHACO
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Margaret Sam
 Street, or P.O. Box: P.O. Box 193
 City, St: Nageezi, NM 87037

PS Form 3800, August 2006. See Reverse for Instructions.



7006 2760 0001 6377 1146

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: WPX/S. CHACO

OFFICE

Postage	\$	Postmark Here
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Margaret Trujillo aka Margaret (Peggy)
 Castillo aka Peggy (Margaret) Castillo
 aka Margaret Peggy Castillo Trujillo aka
 Margaret (Peggy) Castillo Trujillo
 HC 79 Box 1523
 Cuba, NM 87013

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:
 Margaret Trujillo aka Margaret (Peggy)
 Castillo aka Peggy (Margaret) Castillo
 aka Margaret Peggy Castillo Trujillo aka
 Margaret (Peggy) Castillo Trujillo
 HC 79 Box 1523
 Cuba, NM 87013

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 1146

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ethel J. Norberto* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 7-8-14

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

7006 2760 0001 6377 1153

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

For delivery information: WPX/S. CHACO

OFFICE

Postage	\$	Postmark Here
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Arlo Sam
 P.O. Box 41
 Counselor, NM 87018

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:
 Arlo Sam
 P.O. Box 41
 Counselor, NM 87018

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 1153

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Arlo Sam* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 7/7/14

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

7006 2760 0001 6377 1160

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Leslie Sam HC 79 Box 1574 Cuba, NM 87013	
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:

Leslie Sam
 HC 79 Box 1574
 Cuba, NM 87013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
 X *Leslie Sam*
 B. Received by (Printed Name) *Leslie Sam* C. Date of Delivery *7/16/14*
 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)

7006 2760 0001 6377 1160

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 1177

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Lester Sam P.O. Box 223 Counselor, NM 87018	
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:

Lester Sam
 P.O. Box 223
 Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
 X *Lester Sam*
 B. Received by (Printed Name) *Vena Sam* 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)

7006 2760 0001 6377 1177

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 0224

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

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Marlene Sam
 Street, Apt. or PO Box: P.O. Box 223
 City, State: Counselor, NM 87018

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:

Marlene Sam
 P.O. Box 223
 Counselor, NM 87018

2. Article Number (Transfer from service label)

7006 2760 0001 6377 0224

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Marlene Sam*

B. Received by (Printed Name): *Marlene Sam*

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

7006 2760 0001 6377 0217

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

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Nancy Palacios
 Street, Apt. or PO Box: P.O. Box 223
 City, State: Counselor, NM 87018

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:

Nancy Palacios
 P.O. Box 223
 Counselor, NM 87018

2. Article Number (Transfer from service label)

7006 2760 0001 6377 0217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Nancy Palacios*

B. Received by (Printed Name): *Nancy Palacios*

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

7006 2760 0001 6377 0200

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; N)	
For delivery information WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To	
Street, Apt or PO Box	Paul Sam
City, State	P.O. Box 223
	Counselor, NM 87018
PS Form 3800 August 2005 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature x <i>Verna Sam</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Verna Sam</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: Paul Sam P.O. Box 223 Counselor, NM 87018		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7006 2760 0001 6377 0200		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811 February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 2760 0001 6377 0194

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; N)	
For delivery information WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To	
Street, Apt or PO Box	Pauline Sam
City, State	P.O. Box 223
	Counselor, NM 87018
PS Form 3800 August 2005 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature x <i>Verna Sam</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Verna Sam</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: Pauline Sam P.O. Box 223 Counselor, NM 87018		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7006 2760 0001 6377 0194		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811 February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 2760 0001 6376 8481

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Coverage Provided)
 For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent To Joseph Lewis Jackson
 Street, Apt. or PO Box P.O. Box 1071
 City, State Kirtland, NM 87417

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 1238

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Coverage Provided)
 For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 DE VARGAS POST OFFICE

Sent To Helen Hoskie Costillo, Helen
 Castillo
 Street, Apt. or PO Box P.O. Box 7914
 City, State Newcomb, NM 87455

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 0167

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No)

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2004

Sent To Ben Armijillo, aka Ben Armijillo A10814
 Street, A or PO Box P.O. Box 1217
 City, State Cuba, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 0170

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No)

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2004

Sent To Cora Bonnie (Armijillo), aka Cora Bunnie, aka Cora Bunnie (Bunny)
 Street, A or PO Box HCR 79 Box 1593
 City, State Cuba, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No)

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2004

Sent To Cora Bonnie (Armijillo), aka Cora Bunnie, aka Cora Bunnie (Bunny)
 Street, A or PO Box HCR 79 Box 1593
 City, State Cuba, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 Cora Bonnie (Armijillo), aka Cora Bunnie, aka Cora Bunnie (Bunny)
 HCR 79 Box 1593
 Cuba, NM 87013

2. Article Number: 7006 2760 0001 6377 0170
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *Matilda Ben*
☐ Agent ☐ Addressee

B. Received by (Printed Name):
 C. Date of Delivery: 7-9-14

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

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

7006 2760 0001 6376 8948

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No

For delivery information visit

WPX/S. CHACO

OFFIC

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent Leon Sam
Street or PO 3141 Aztec 61 Road
City, Aztec, NM 87410

PS Form

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:

Leon Sam
3141 Aztec 61 Road
Aztec, NM 87410

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 8948

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Leon Sam</i>	☐ Agent ☐ Addressee
B. Received by (Printed Name) <i>Leon Sam</i>	C. Date of Delivery <i>7/5/14</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

7006 2760 0001 6377 1276

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No

For delivery information visit

WPX/S. CHACO

OFFIC

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Leonard Sam
Street, A or PO Bx P.O. Box 221
City, Sta Kirtland, NM 87417

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:

Leonard Sam
P.O. Box 221
Kirtland, NM 87417

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 1276

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Leon Sam</i>	☐ 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

7006 2760 0001 6377 1283

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here JUL - 3 2014

Sent To: Maurine (Lorene) Sam, aka Maurine Lorene Sam Harrison, a/k/a Lorene Harrison
 Street, Apt. or PO Box: 49 Road 3961
 City, State: Farmington, NM 87401

PS Form 3800, August 2006 PSN 7530-01-000-9000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. 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.

2. Article Addressed to:
 Maurine (Lorene) Sam, aka Maurine Lorene Sam Harrison, a/k/a Lorene Harrison
 49 Road 3961
 Farmington, NM 87401

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Richard Harrison* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *Richard Harrison*
 C. Date of Delivery: *JUL 9 2014*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

2. Article Number: 7006 2760 0001 6377 1283
 (Transfer from service label)

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

7006 2760 0001 6376 8979

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Postmark Here JUL - 3 2014

Sent To: Rosita Sam aka Rosita Sam Burns aka Rositta S. Burns (aka Rosetta S. Burns)
 Street or PO Box: 2603 E. 30th Street
 City, State: Farmington, NM 87402

PS Form 3800, August 2006 PSN 7530-01-000-9000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. 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.

2. Article Addressed to:
 Rosita Sam aka Rosita Sam Burns aka Rositta S. Burns (aka Rosetta S. Burns)
 2603 E. 30th Street
 Farmington, NM 87402

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Rosita Burns* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *ROSITA BURNS*
 C. Date of Delivery: *7-8-14*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

2. Article Number: 7006 2760 0001 6376 8979
 (Transfer from service label)

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

7006 2760 0001 6377 1306

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **WPX/S. CHACO**)
 For delivery information **OFFICIAL**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014
 DE VILLORES POST OFFICE

Sent To: _____
 Street or PO _____
 City, State _____
 Adrian Sam
 P.O. Box 24
 Counselor, NM 87018

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:
 Adrian Sam
 P.O. Box 24
 Counselor, NM 87018

2. Article Number: 7006 2760 0001 6377 1306
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Adrian Sam* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Adrian Sam* C. Date of Delivery: *7/14/14*

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

7006 2760 0001 6377 1313

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **WPX/S. CHACO**)
 For delivery information **OFFICIAL**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL 1 2014
 DE VILLORES POST OFFICE

Sent To: _____
 Street or PO _____
 City, State _____
 Aurelia Largo
 P.O. Box 92
 Counselor, NM 87018

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:
 Aurelia Largo
 P.O. Box 92
 Counselor, NM 87018

2. Article Number: 7006 2760 0001 6377 1313
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kimberley Cochra* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Kimberley Cochra* C. Date of Delivery: *7/7/14*

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

7006 2760 0001 6376 8993

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Postage Necessary)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
JUL -3 2014	
Sent To	David Werito
Street, or PO Box	P.O. Box 405
City, St.	Dulce, NM 87528
PS Form	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature X <i>David Werito</i> 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	
1. Article Addressed to: David Werito P.O. Box 405 Dulce, NM 87528		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 7006 2760 0001 6376 8993			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 1337

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Postage Necessary)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
JUL -3 2014	
Sent To	Elizabeth Stony (aka Elizabeth Werito Stony), Elizabeth W. Stoner
Street, or PO Box	P.O. Box 1631
City, St.	Cuba, NM 87013
PS Form	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature X <i>Elizabeth Stony</i> 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	
1. Article Addressed to: Elizabeth Stony (aka Elizabeth Werito Stony), Elizabeth W. Stoner P.O. Box 1631 Cuba, NM 87013		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 7006 2760 0001 6377 1337			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 1344

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here JUL 2 2014

Sent To: James S Werito
 C/O Elizabeth Stoney Guardian of
 James S. Werito
 P.O. Box 1631
 Cuba, NM 87013

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 S Werito
 C/O Elizabeth Stoney Guardian of
 James S. Werito
 P.O. Box 1631
 Cuba, NM 87013

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 1344

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- X *[Signature]*
- B. Received by (Printed Name) C. Date of Delivery 7-10-14
- 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

7006 2760 0001 6377 1351

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here JUL 2 2014

Sent To: Roland Beeman Costillo,
 Roland B. Castillo
 614 Everson RD
 Everson, WA 98247

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:

Roland Beeman Costillo,
 Roland B. Castillo
 614 Everson RD
 Everson, WA 98247

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 1351

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- X *[Signature]*
- B. Received by (Printed Name) C. Date of Delivery 7-8-14
- 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

7006 2760 0001 6377 1366

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No For delivery information vis WPX/S. CHAGO OFFICE)

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: Jacqueline Costillo, a/k/a
 Street: Jacqueline Castillo
 or P.O. Box: P.O. Box 7914
 City: Newcomb, NM 87455

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 1375

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; WPX/S. CHAGO OFFICE)

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: Vernnetta Mae Costillo (aka Vernnetta Mae Costillo), a/k/a Vernnetta M. Castillo
 Street: 1215 Rollo Way
 City: Farmington, NM 87401

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:
 Vernnetta Mae Costillo (aka Vernnetta Mae Costillo), a/k/a Vernnetta M. Castillo
 1215 Rollo Way
 Farmington, NM 87401

2. Article Number (Transfer from service label): 7006 2760 0001 6377 1375

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 7/15

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

PS Form 3841, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 1382

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; Insurance Provided)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To Rita Castillo (aka Rita H
Castillo)
Street, Ap or PO Box P.O. Box 1987
City, State, Cuba, NM 87013

PS Form 3800, August 2006

7006 2760 0001 6377 1399

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; Insurance Provided)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To Helen Castillo, Helen L.
Castillo
Street, Ap or P.O. Box P.O. Box 1987
City, Cuba, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 1405

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFF	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Clarisia Anna Tsosie, Clarissa Tsosie P.O. Box 1582 Chile, AZ 86503	
PS Form 3811, February 2004 (See Reverse for Instructions)	

7006 2760 0001 6377 1412

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFF	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Herbert Augustine P.O. Box 962 Fort Washakie, WY 82514	
PS Form 3800, August 2000 (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, on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Leonard Tsosie</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) Leonard Tsosie C. Date of Delivery 7-8-14 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: Clarisia Anna Tsosie, Clarissa Tsosie P.O. Box 1582 Chile, AZ 86503		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)		7006 2760 0001 6377 1405	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6377 1429

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To Street, or PO Box City, State	
Linda Costillo, Linda Castillo 3224 Pennsylvania ST NE Apt 8 Albuquerque, NM 87108	

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery John P. Bobbitt 7/5/14 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
1. Article Addressed to:	3. Service Type
Linda Costillo, Linda Castillo 3224 Pennsylvania ST NE Apt 8 Albuquerque, NM 87108	☐ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
7006 2760 0001 6377 1429	

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

7006 2760 0001 6377 1429

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To Street, or PO Box City, State	
Marie Augustine (aka Marie Augustine Martinez) P.O. Box 478 Cuba, NM 87013	

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Marie A. Martinez 7-7-14 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
1. Article Addressed to:	3. Service Type
Marie Augustine (aka Marie Augustine Martinez) P.O. Box 478 Cuba, NM 87013	☐ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
7006 2760 0001 6377 1436	

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

7006 2760 0001 6377 1443

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)

For delivery information: WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Richard N Smith
 Street, A: 7701 E Pecan St
 or PO Box
 City, State: Tucson, AZ 85730

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, on the front if space permits.

Article Addressed to:
 Richard N Smith
 7701 E Pecan St
 Tucson, AZ 85730

Article Number: 7006 2760 0001 6377 1443
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name): [Signature]
 C. Date of Delivery: 2/15/14

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

7006 2760 0001 6377 1450

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)

For delivery information: WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Gail Smith, Gail T. Zieu
 Street, A: P.O. Box 1544
 or PO Box
 City, State: Farmington, NM 87499

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, on the front if space permits.

Article Addressed to:
 Gail Smith, Gail T. Zieu
 P.O. Box 1544
 Farmington, NM 87499

Article Number: 7006 2760 0001 6377 1450
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name): [Signature]
 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

7006 2760 0001 6377 1467

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

Street, A
or PO Box
City, Sta.

Ruth A Amos
 P.O. Box 1745
 Riverton, WY 82501

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

- 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:

Ruth A Amos
 P.O. Box 1745
 Riverton, WY 82501

2. Article Number
 (Transfer from service label)

7006 2760 0001 6377 1467

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
 B. Received by (Printed Name) Ruth Amos
 C. Date of Delivery 7-8-14
 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

7006 2760 0001 6376 8702

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

JUL -3 2014

Sent

Street
or P.O.
City,

Sam Lee Augustine
 P.O. Box 1102
 Cuba, NM 87013

PS F

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:

Sam Lee Augustine
 P.O. Box 1102
 Cuba, NM 87013

2. Article Number
 (Transfer from service label)

7006 2760 0001 6376 8702

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
 B. Received by (Printed Name) Sam Augustine
 C. Date of Delivery 7-8-14
 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

7006 2760 0001 6377 1481

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; International Mailpiece Not Permitted)

For delivery information: WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: JUL 2 2014

Sent To: Dorothy B Castillo
 Street, A or PO Box: CHR 79 Box 1585
 City, State: Cuba, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Dorothy B Castillo
 CHR 79 Box 1585
 Cuba, NM 87013

2. Article Number: 7006 2760 0001 6377 1481
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 7/18/14

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

PS Form 3811, February 2004 See Reverse for Instructions 102595-02-M-1540

7006 2760 0001 6377 1498

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; International Mailpiece Not Permitted)

For delivery information: WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: JUL 3 2014

Sent To: Beverly Ann Sam
 Street, A or PO Box: 3958 Montgomery Blvd NE
 City, State: Apt 61 Albuquerque, NM 87109

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Beverly Ann Sam
 3958 Montgomery Blvd NE
 Apt 61
 Albuquerque, NM 87109

2. Article Number: 7006 2760 0001 6377 1498
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 7/9/14

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

PS Form 3811, February 2004 See Reverse for Instructions 102595-02-M-1540

7006 2760 0001 6377 1504

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

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To
 Buffy Jewel Sam
 220 Western Skies Dr SE Apt
 2042
 Albuquerque, NM 87123

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:

Buffy Jewel Sam
 220 Western Skies Dr SE Apt
 2042
 Albuquerque, NM 87123

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Buffy Jewel Sam

B. Received by (Printed Name)

Buffy J. Sam

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

☐ Yes
☒ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Eli Vaughn Sam, aka Eli Sam
 P.O. Box 2044
 Ignacio, CO 81137

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Eli Sam

☐ Agent☐ Addressee

B. Received by (Printed Name)

Eli Sam

C. Date of Delivery

7-8-14

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

☐ Yes
☒ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 1511

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

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To
 Eli Vaughn Sam, aka Eli Sam
 P.O. Box 2044
 Ignacio, CO 81137

PS Form 3800, August 2006 See Reverse for Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 1528

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information: WPX/S. CHACO

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Rose C Yazzie
 Street or P.O.: P.O. Box 211
 City, St.: Counselor, NM 87018

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:
 Rose C Yazzie
 P.O. Box 211
 Counselor, NM 87018

2. Article Number: 7006 2760 0001 6377 1528
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Charles Yazzie* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Charlene Yazzie*

C. Date of Delivery: *7/5/14*

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

102595-02-M-1540

7006 2760 0001 6377 1535

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information: WPX/S. CHACO

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Anna Begay
 Street or P.O.B.: HC 61 Box 85
 City, St.: Winslow, AZ 86047

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:
 Anna Begay
 HC 61 Box 85
 Winslow, AZ 86047

2. Article Number: 7006 2760 0001 6377 1535
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Anna Begay* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Anna Begay*

C. Date of Delivery: *JUL 7 2014*

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

102595-02-M-1540

7006 2760 0001 6377 1542

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

For delivery information: WPX/S. CHACO

OFF

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Sandra A Blossch (aka Sandra Blossch), Sandra M. Blossch
 Street, Apt. or PO Box: 303 E South Mountain Ave Lot 169
 City, State: Phoenix, AZ 85042

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:

Sandra A Blossch (aka Sandra Blossch), Sandra M. Blossch
 303 E South Mountain Ave Lot 169
 Phoenix, AZ 85042

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Sandra Blossch* ☐ 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:

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): 7006 2760 0001 6377 1542

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Return

7006 2760 0001 6377 1555

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: WPX/S. CHACO

OFF

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Wallace A Armjillo, Jr (aka Wallace Allen Armijillo, Jr)
 Street, Apt. or PO Box: 1638 W. Culder St
 City, State: Phoenix, AZ 85007

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 1566

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 WPX/S. CHACO
 For delivery information
OFFICIAL MAIL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: Rose Ann Armijo
 Street or PO: C/O Betty D Armijillo Escrito
 City, St: Trading Post
 Cuba, NM 87013

PS Form 3800, August 2005 See Reverse for Instructions

Return

7006 2760 0001 6377 1573

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 WPX/S. CHACO
 For delivery information
OFFICIAL MAIL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: Darlene Armijillo, Darlene
 Street or PO: Armijo
 City, St: P.O. Box 239
 Counselor, NM 87018

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Darlene Armijillo, Darlene
 Armijo
 P.O. Box 239
 Counselor, NM 87018

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 1573

COMPLETE THIS SECTION ON DELIVERY

3. Signature: *Darlene Armijo*
☐ Agent
☐ Addressee

4. Received by (Printed Name): *Darlene Armijo* C. Date of Delivery: *7-8-14*

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

7006 2760 0001 6377 1597

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014
 DEV

PS Form 3800, August 2006 See Reverse for Instructions

Ricky Cayaditto
 4169 A East Route 9 PMB 265
 Cuba, NM 87013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Ricky Cayaditto
 4169 A East Route 9 PMB 265
 Cuba, NM 87013

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6377 1597

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x B. Buckman ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 B. Buckman

C. Date of Delivery
 7-7-14

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

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

7006 2760 0001 6377 1603

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014
 DEV

PS Form 3800, August 2006 See Reverse for Instructions

Esther Sandoval, aka Esther Jim
 P.O. Box 6696
 Farmington, NM 87499

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Esther Sandoval, aka Esther Jim
 P.O. Box 6696
 Farmington, NM 87499

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6377 1603

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Esther Jim ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 Esther Jim

C. Date of Delivery
 JUL 14 2014

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.

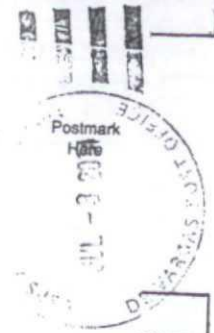
4. Restricted Delivery? (Extra Fee) ☐ Yes

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

30

7006 2760 0001 6377 1610

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information	WPX/S. CHACO
OFFICIAL	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Bernadette E Castillo P.O. Box 1987 Cuba, NM 87013	
PS Form 3800, August 2006 See Reverse for Instructions	



7006 2760 0001 6377 1627

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information	WPX/S. CHACO
OFFICIAL	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Lionel J Castillo P.O. Box 1987 Cuba, NM 87013	
PS Form 3800, August 2006 See Reverse for Instructions	



31

7006 2760 0001 6377 1641

U.S. Postal Service™	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No	
For delivery information, visit WPX/S. CHACO	
OFFICIAL USE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Martha Castillo (Estate), aka Martha H. Castillo Estate C/O Superintendent Eastern Navajo Agency, P.O. Box 328 Crownpoint, NM 87313

PS Form 3800, August 2006. See Reverse for Instructions.

7006 2760 0001 6377 1641

U.S. Postal Service™	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No	
For delivery information, visit WPX/S. CHACO	
OFFICIAL USE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Leona G Castillo P.O. Box 1987 Cuba, NM 87013

PS Form 3800, August 2006. See Reverse for Instructions.

7006 2760 0001 6377 1658

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	278
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
 JUL - 3 2014
 DE VARGAS POST OFFICE

Sent To: Jordan K Armjillo
Street or PO: C/O Casa De Amigos
City, St: 524 58th ST NW
 Albuquerque, NM 87105

PS Form 3800, AUGUST 2004 See Reverse for Instructions

7006 2760 0001 6376 6371

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent To: Nettie Augustine
Street or PO B: P.O. Box 81
City, St: Counselor, NM 87018

PS Form 3800, AUGUST 2004 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:

Nettie Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. 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

7006 2760 0001 6376 6371

7006 2760 0001 6377 1672

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

For delivery information: WPX/S. CHACO

OFF

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: JUL 14 2014

Sent To: Vickie Augustine
 Street or PO: P.O. Box 513
 City, St: Cuba, NM 87013

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:
 Vickie Augustine
 P.O. Box 513
 Cuba, NM 87013

2. Article Number: 7006 2760 0001 6377 1672
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Douglas Buerito* ☒ Agent ☐ Addressee

B. Received by (Printed Name): DOUGLAS BUERITO C. Date of Delivery: 7/14/14

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

PS Form 3800, February 2004. Domestic Return Receipt. 102595-02-M-1540

7006 2760 0001 6377 1689

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

For delivery information: WPX/S. CHACO

OFF

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: JUL -3 2014

Sent To: Victoria Augustine
 Street or PO: P.O. Box 81
 City, St: Counselor, NM 87018

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:
 Victoria Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number: 7006 2760 0001 6377 1689
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[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

PS Form 3800, February 2004. Domestic Return Receipt. 102595-02-M-1540

7006 2760 0001 6376 6401

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL -3 2014

Sent
 Street or P.O. Box
 City, State, ZIP+4®
 Charlotte Augustine
 P.O. Box 81
 Counselor, NM 87018

PS Form 3811, February 2004

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:
 Charlotte Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 6401

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

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

7006 2760 0001 6376 6395

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Postmark Here
JUL -3 2014

Sent
 Street or P.O. Box
 City, State, ZIP+4®
 Dafford Augustine
 P.O. Box 81
 Counselor, NM 87018

PS Form 3811, February 2004

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:
 Dafford Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 6395

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

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

5929 9267 1000 0626

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our **OFFICIAL** website
WPX/S. CHACO

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Lambert Junior Augustine
 P.O. Box 81
 Counselor, NM 87018

Postmark Here

Instructions:

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Lambert Junior Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number
 (Transfer from s) 7006 2760 0001 6376 6265

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

PS Form 3811 February 2004 (Rev. 2-04) Domestic Return Receipt 102595-02-M-1540

35

7006 2760 0001 6376 6388

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our **OFFICIAL** website
WPX/S. CHACO

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

Leonard Augustine
 P.O. Box 81
 Counselor, NM 87018

Postmark Here
 JUL - 3 2014

Instructions:

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Leonard Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 6388

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

PS Form 3811 February 2004 (Rev. 2-04) Domestic Return Receipt 102595-02-M-1540

36

7006 2760 0001 6376 6364

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

For delivery information visit our **WPX/S. CHACO**

OFFICI

Postage	\$	
Certified Fee		380
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
 JUL 3 2014

Sent To
 Silbert Augustine
 P.O. Box 81
 Counselor, NM 87018

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:
 Videll Augustine
 Nellie H. Augustine Parent of Videll Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number (Transfer from service label)
 7006 2760 0001 6377 0101

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

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

7006 2760 0001 6377 0101

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

For delivery information visit our **WPX/S. CHACO**

OFFICI

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
 JUL 3 2014

Sent To
 Videll Augustine
 Nellie H. Augustine Parent of Videll Augustine
 P.O. Box 81
 Counselor, NM 87018

PS Form 3800, August 2006 See Reverse for Instructions

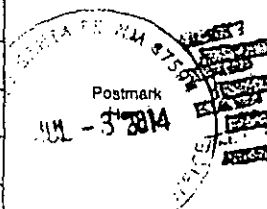
7006 2760 0001 6377 0095

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information: WPX/S. CHACO
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Mark Johnson
 Street, Ap or PO Box: 1216 West Aztec Boulevard
 City, State: Aztec, NM 87410

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:
 Mark Johnson
 1216 West Aztec Boulevard
 Aztec, NM 87410

2. Article Number: 7006 2760 0001 6377 0095
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☐ Agent
☒ Addressee

B. Received by (Printed Name): Mark Johnson
 C. Date of Delivery: JUL - 7 2014

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

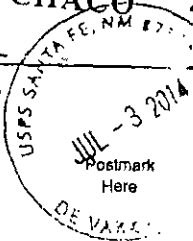
7006 2760 0001 6376 7781

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information: WPX/S. CHACO
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Marcos T. Armijo
 Street, Ap or PO Box: P.O. Box 373
 City, State: Nageezi, NM 87037

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:
 Marcos T. Armijo
 P.O. Box 373
 Nageezi, NM 87037

2. Article Number: 7006 2760 0001 6376 7781
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☐ Agent
☒ Addressee

B. Received by (Printed Name): Marcos T. Armijo
 C. Date of Delivery: JUL - 3 2014

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

7006 2760 0001 6377 0071

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information
OFF

WPX/S. CHACO

Postage \$

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To: Marquez A Chavez
 Street, or PO Box: P.O. Box 2335
 City: Bloomfield, NM 87413

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:
 Marquez A Chavez
 P.O. Box 2335
 Bloomfield, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6377 0071

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Marquez A Chavez* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Marquez A Chavez* C. Date of Delivery *7-7-14*

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

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

7006 2760 0001 6376 7750

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information
OFF

WPX/S. CHACO

Postage \$

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To: Natasha Rose Toledo
 Street, or PO Box: P.O. Box 2276
 City: Farmington, NM 87499

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:
 Natasha Rose Toledo
 P.O. Box 2276
 Farmington, NM 87499

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7750

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Natasha Rose Toledo* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Natasha Rose Toledo* C. Date of Delivery *7-8-14*

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

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

7006 2760 0001 6377 0057

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information, visit www.usps.com

WPX/S. CHACO

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Arlo Sam
 Street, Apt or PO Box: P.O. Box 41
 City, State: Counselor, NM 87018

PS Form 3800, August 2000 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:

Arlo Sam
 P.O. Box 41
 Counselor, NM 87018

2. Article Number:

(Transfer from service label)

7006 2760 0001 6377 0057

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Arlo Sam* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Arlo Sam* C. Date of Delivery: *7/7/14*

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

7006 2760 0001 6377 0040

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information, visit www.usps.com

WPX/S. CHACO

OFFICIAL USE

Postage	\$	Postmark Here JUL - 3 2014 DENVER POST OFFICE
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Leslie Sam
 Street, Apt or PO Box: HC 79 Box 1574
 City, State: Cuba, NM 87013

PS Form 3800, August 2000 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:

Leslie Sam
 HC 79 Box 1574
 Cuba, NM 87013

2. Article Number:

(Transfer from service label)

7006 2760 0001 6377 0040

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Leslie Sam* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Leslie Sam* C. Date of Delivery: *7/16/14*

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

7006 2760 0001 6377 0033

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent
 Street or P.O. Box
 City

Lester Sam
 P.O. Box 223
 Counselor, NM 87018

PS Form 3800, August 2010 See Reverse for Instructions

■ 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:
 Lester Sam
 P.O. Box 223
 Counselor, NM 87018

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 0033

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

A. Signature
 X *Lester Sam* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Lester Sam 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

7006 2760 0001 6377 1184

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent
 Street or P.O. Box
 City

Marlene Sam
 P.O. Box 223
 Counselor, NM 87018

PS Form 3800, August 2010 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:
 Marlene Sam
 P.O. Box 223
 Counselor, NM 87018

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 1184

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Marlene Sam* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Marlene Sam 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

7006 2760 0001 6377 1191

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)

For delivery information, visit **WPX/S. CHAGO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To:
 Nancy Palacios
 P.O. Box 223
 Counselor, NM 87108

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Nancy Palacios
 P.O. Box 223
 Counselor, NM 87108

2. Article Number (Transfer from Service Label)
 7006 2760 0001 6377 1191

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Vera Sam* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Vera Sam* 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

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

7006 2760 0001 6377 1207

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)

For delivery information, visit **WPX/S. CHAGO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To:
 Paul Sam
 P.O. Box 223
 Counselor, NM 87018

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Paul Sam
 P.O. Box 223
 Counselor, NM 87018

2. Article Number (Transfer from Service Label)
 7006 2760 0001 6377 1207

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Vera Sam* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Vera Sam* 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

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

7006 2760 0001 6377 1214

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information

OFFICIAL

WPX/S. CHAGO

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Street, Ap
or PO Box
City, State

Pauline Sam
P.O. Box 223
Counselor, NM 87018

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:

Pauline Sam
P.O. Box 223
Counselor, NM 87018

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Vera Sam*☐ Agent☐ Addressee

B. Received by (Printed Name)

Vera Sam

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 1214

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 1245

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only)

For delivery information

OFFICIAL

WPX/S. CHAGO

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Street
or P.O. Box
City, State

Ben Armijillo, aka Ben
Armijillo A10814
P.O. Box 1217
Cuba, NM 87013

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:

Ben Armijillo, aka Ben
Armijillo A10814
P.O. Box 1217
Cuba, NM 87013

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ben Armijillo*☐ Agent☐ Addressee

B. Received by (Printed Name)

Ben Armijillo

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 1245

Domestic Return Receipt

102595-02-M-1540

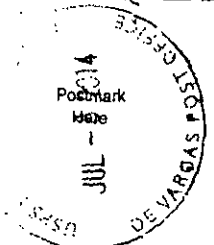
7006 2760 0001 6377 1252

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No) WPX/S. CHACO
 For delivery information visit **OFFICIAL MAIL**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Cora Armijillo Bonnie, aka Cora
 Street, or P.O. Box: Bunnie, aka Cora Bunnie (Bunny)
 City, St: HCR 79 Box 1593
 Cuba, NM 87013

PS Form 3800, August 2000 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

1. 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:
 Cora Armijillo Bonnie, aka Cora Bunnie, aka Cora Bunnie (Bunny)
 HCR 79 Box 1593
 Cuba NM 87013

2. Article Number: 7006 2760 0001 6377 1252
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Maddie Bunn*
☐ Agent ☐ Addressee

B. Received by (Printed Name):
 C. Date of Delivery: 7-9-14

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

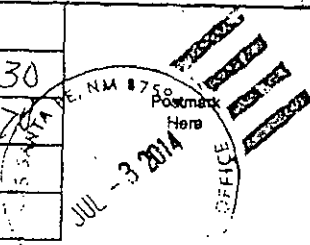
7006 2760 0001 6377 0163

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No) WPX/S. CHACO
 For delivery information visit **OFFICIAL MAIL**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Sandra A. Blossch, aka Sandra Blossch
 Street, or P.O. Box: (Sandra M. Blossch)
 City, St: 303 E. South Mountain Ave. Lot 169
 Phoenix, AZ 85042

PS Form 3800, August 2000 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

1. 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:
 Sandra A. Blossch, aka Sandra Blossch
 (Sandra M. Blossch)
 303 E. South Mountain Ave. Lot 169
 Phoenix, AZ 85042

2. Article Number: 7006 2760 0001 6377 0163
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

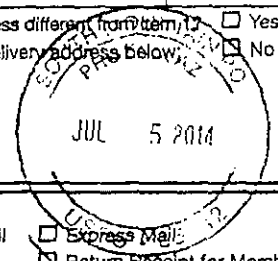
A. Signature: *Sandra Blossch*
☒ Agent ☐ Addressee

B. Received by (Printed Name):
 C. Date of Delivery: JUL 5 2014

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



7006 2760 0001 6377 0156

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL -3 2014
 USPS SANTA FE, NM 87504
 DE VARGAS POST OFFICE

Sent To: Wallace A. Armijillo, Jr., aka
 Street, Apt. or PO Box: Wallace Allen Armijillo, Jr.
 City, State: 1638 W. Culder St.
 Phoenix, AZ 85007

PS Form 3800, August 2006 See Reverse for Instructions

Return

7006 2760 0001 6377 0149

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL -3 2014
 USPS SANTA FE, NM 87504
 DE VARGAS POST OFFICE

Sent To: Darlene Armijillo (Darlene Armijo)
 Street, Apt. or PO Box: P.O. Box 239
 City, State: Counselor, NM 87018

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:

Darlene Armijillo (Darlene Armijo)
 P.O. Box 239
 Counselor, NM 87018

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Darlene Armijo* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Darlene Armijo* C. Date of Delivery *7-8-14*

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

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 1580

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

For delivery information: WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: Diane Armijillo
 Street, Apt. or PO Box: General Delivery
 City, State: Counselor, NM 87018

PS Form 3800, August 2000

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Diane Armijillo
 General Delivery
 Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Diane Armijillo* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Diane Armijillo*

C. Date of Delivery: *7-8-14*

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: 7006 2760 0001 6377 1580
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 7804

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

For delivery information: WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: Rose Ann Armijo
 Street, Apt. or PO Box: c/o Betty D. Armijillo
 City, State: Escrito Trading Post
 Cuba, NM 87013

PS Form 3800, August 2000

7006 2760 0001 6376 7798

CERTIFIED MAIL RECEIPT
(Domestic Mail Only) WPX/S. CHACO

For delivery information

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Jordan K. Armjillo (Jordan K. Armijo)
c/o Casa de Amigos
524 58th St. NW
Albuquerque, NM 87105

PS Form 3800, August 2006 See Reverse for Instructions

Postmark: JUL-3-2014

7006 2760 0001 6377 0088

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only) WPX/S. CHACO

For delivery information

OFF

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Marcos T Armijo
P.O. 373
Nageezi, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

Postmark: JUL-3-2014

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:

Marcos T Armijo
P.O. 373
Nageezi, NM 87037

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Marcos T Armijo* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Marcos T Armijo *7/3/2014*

- 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

7006 2760 0001 6376 7774

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)

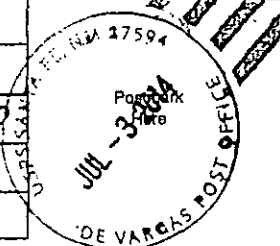
For delivery information: WPX/S. CHACO

OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Mark Johnson
 Street, or PO Box: 1216 West Aztec Boulevard
 City, State: Aztec, NM 87410

PS Form 3811, February 2004



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 Johnson
 1216 West Aztec Boulevard
 Aztec, NM 87410

2. Article Number (transfer from service label): 7006 2760 0001 6376 7774

PS Form 3811, February 2004

THIS SECTION: ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): Mark Johnson

C. Date of Delivery: 7-14-04

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 ☒ No

102595-02-M-1540

7006 2760 0001 6376 7767

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)

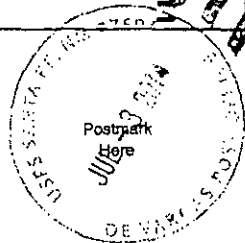
For delivery information: WPX/S. CHACO

OFF

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Marquez A. Chavez
 Street, or PO Box: P.O. Box 2335
 City, State: Bloomfield, NM 87413

PS Form 3800, August 2005



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:
 Marquez A. Chavez
 P.O. Box 2335
 Bloomfield, NM 87413

2. Article Number (transfer from service label): 7006 2760 0001 6376 7767

PS Form 3811, February 2004

THIS SECTION: ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): ANNETTE A. RIVERO

C. Date of Delivery: 7-14-04

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 ☒ No

102595-02-M-1540

7006 2760 0001 6377 0064

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) WPX/S. CHACO
 For delivery information
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL - 3 2014

Sent To
 Street, Apt. or PO Box
 City, State

Natashia Rose Toledo
 P.O. Box 2276
 Farmington, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 6296

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website WPX/S. CHACO
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Postmark Here
JUL - 3 2014

Sent To
 Street, Apt. or PO Box
 City, State

Mary R. Sam
 P.O. Box 257
 Nageezi, NM 87037

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:

Natashia Rose Toledo
 P.O. Box 2276
 Farmington, NM 87499

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 0064

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 [Signature]
 C. Date of Delivery
 7-8-14

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

49

7006 2760 0001 6376 7736

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

For delivery information: **WPX/S. CHACO**

OFF

Postage	\$
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL 23 2014
 DE VANDERBILT POST OFFICE

Sent To: Edith Sam aka Edith Alice Sam aka
 Street, Ap: Edith A. Sam
 or PO Box: P.O. Box 26703
 City, State: Albuquerque, NM 87125

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 7729

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

For delivery information: **WPX/S. CHACO**

OFF

Postage	\$
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL 23 2014
 DE VANDERBILT POST OFFICE

Sent To: Mary Harvey aka Mary (Atad Sto)
 Street, Ap: Harvey aka Mary Harvey Pinto
 or PO Box: HC 17 Box 1000
 City, State: Cuba, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 7712

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)

For delivery information **WPX/S. CHACO**

OFF

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here **3 2014**

Sent To
 Street, Apt. or PO Box
 City, State

Willie (Tahnilwood) Harvey
 aka Willie Harvey
 P.O. Box 231
 Counselor, NM 87018

PS Form 3811, February 2004 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:

Willie (Tahnilwood) Harvey
 aka Willie Harvey
 P.O. Box 231
 Counselor, NM 87018

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 7712

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ACTION ON DELIVERY

A. Signature

X *Jane Harvey*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-9-14

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

7006 2760 0001 6376 7903

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)

For delivery information **WPX/S. CHACO**

OFF

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here **3 2014**

Sent To
 Street, Apt. or PO Box
 City, State

Andy Charley aka Andy Andrew
 Charley aka Andy A Charley
 3606 2nd N. W., #18
 Albuquerque, NM 87107

PS Form 3811, 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:

Andy Charley aka Andy Andrew
 Charley aka Andy A Charley
 3606 2nd N. W., #18
 Albuquerque, NM 87107

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 7903

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Andy Charley*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-7-14

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

7006 2760 0001 6376 7897

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent to: Lola Harrison aka Lela Atencio aka
 Street, Apt. or PO Box: Lela Atencio Harrison aka Lela
 City, State: Harrsn (aka Leela Harrison)
 P.O. Box 208
 Counselor, NM 87018

PS Form 3800, August 2004 See Reverse for Instructions

SE COMPLETE THIS SECTION ON DELIVERY

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:
 Lola Harrison aka Lela Atencio aka
 Lela Atencio Harrison aka Lela
 Harrsn (aka Leela Harrison)
 P.O. Box 208
 Counselor, NM 87018

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7897

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☒ X *Lela H. Atencio* ☐ Agent
☐ Addressee
 B. Received by (Printed Name) *Lela Atencio* C. Date of Delivery *7/7/14*
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6377 1139

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent to: Margaret Sam
 Street, Apt. or PO Box: P.O. Box 193
 City, State: Nageezi, NM 87037

PS Form 3800, August 2004 See Reverse for Instructions

7006 2760 0001 6376 7873

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Postage Provided)

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Irene L Away Atencio aka Irene L. Atencio
 Street, Apt or PO Box: P.O. Box 61
 City, State: Nageezi, NM 87037

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:

Irene L Away Atencio aka Irene L. Atencio
 P.O. Box 61
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 7873

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Calvin P. Pardo*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Calvin Pardo

C. Date of Delivery

07/11/14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

7006 2760 0001 6376 7866

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Postage Provided)

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	386
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Daisy Beyale aka Daisy Sam Beyale
 Street, Apt or PO Box: P.O. Box 217
 City, State: Nageezi, NM 87037

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:

Daisy Beyale aka Daisy Sam Beyale
 P.O. Box 217
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 7866

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael Beyale*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Michael Beyale

C. Date of Delivery

7/11/14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

7006 2760 0001 6376 7859

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: WPX/S. CHAGO

OFFICIAL RECEIPT

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: JUL 23 2014 DE VARGAS, AZ

Sent To: Irene Sam aka Irene S. Lopez
 Street, or PO Box: P.O. Box 107
 City, State: Nageezi, NM 87037

PS Form 3811, February 2004 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:
 Irene Sam aka Irene S. Lopez
 P.O. Box 107
 Nageezi, NM 87037

2. Article Number (Transfer from Service Label): 7006 2760 0001 6376 7859

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Eunice Lopez*

B. Received by (Printed Name): Eunice Lopez

C. Date of Delivery: 7/14/14

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

7006 2760 0001 6376 7842

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: WPX/S. CHAGO

OFFICIAL RECEIPT

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: JUL 23 2014 DE VARGAS, AZ

Sent To: Julian Sam
 Street, or PO Box: P.O. Box 221
 City, State: Counselor, NM 87018

PS Form 3811, February 2004 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:
 Julian Sam
 P.O. Box 221
 Counselor, NM 87018

2. Article Number (Transfer from Service Label): 7006 2760 0001 6376 7842

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Julian Sam*

B. Received by (Printed Name): Julian Sam

C. Date of Delivery: 7/9/14

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

7006 2760 0001 6376 7835

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL MAIL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL 2014
 U.S. POST OFFICE
 DE VARGAS

Sent To: Lula Yazzie Charley aka Lula Sam
 Charley aka Lula R. Charley (aka
 Street, or PO Box: Lula R. Charlie)
 City, State: HC 17 Box 401
 Cuba, NM 87013

PS Form 3800, August 2005 See Reverse for Instructions

7006 2760 0001 6376 7828

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL MAIL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL 2014
 U.S. POST OFFICE
 DE VARGAS

Sent To: Bessie Sam aka Bessie (Yazzie) Sam
 aka Bessie S. Yazzie
 Street, or PO Box: 701 Bergin Lane Apt 5
 City, State: Bloomfield, NM 87413

PS Form 3800, August 2005 Instructions

7006 2760 0001 6376 7811

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

For delivery information: WPX/S. CHACO

OFF

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Betty Sam Lopez aka Betty Rose Lopez (aka Betty Rose Sam Lopez) (aka Betty Lopez)
 Street, or PO Box: HC 17 Box 410
 City, State: Cuba, NM 87013

Postmark: JUL -3 2004 DE VARGAS POST OFFICE

PS Form 3811 February 2004 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:
 Betty Sam Lopez aka Betty Rose Lopez (aka Betty Rose Sam Lopez) (aka Betty Lopez)
 HC 17 Box 410
 Cuba, NM 87013

2. Article Number: 7006 2760 0001 6376 7811
 (Transfer from Service Label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Betty Lopez

B. Received by (Printed Name):

C. Date of Delivery: 07-08-14

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 3811 February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 8719

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

For delivery information: WPX/S. CHACO

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Nora Sam aka Nora K. Sam
 Street, or PO Box: HC 17 Box 402
 City, State: Cuba, NM 87013

Postmark: JUL -3 2004

PS Form 3811 February 2004 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:
 Nora Sam aka Nora K. Sam
 HC 17 Box 402
 Cuba, NM 87013

2. Article Number: 7006 2760 0001 6376 8719
 (Transfer from Service Label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Nora Sam

B. Received by (Printed Name): Nora Sam

C. Date of Delivery: 7/7/14

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 3811 February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 8726

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit usps.com

WPX/S. CHACO

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

JUL - 3 2014

Sent To Sally Sam Haines aka Sally Rose
 Haines aka Sallie Rose Haines (aka
 Sally S. Haynes)
 Street, A or PO Box P.O. Box 1683
 City, State City, State Cuba, NM 87013

actions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit usps.com

WPX/S. CHACO

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

JUL - 3 2014

Sent To Celestine R Thompson
 HCR 17 Box 1995
 Street, A or PO Box
 City, State City, State Cuba, NM 87013

PS Form 3811, February 2004

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:

Sally Sam Haines aka Sally Rose
 Haines aka Sallie Rose Haines (aka
 Sally S. Haynes)
 P.O. Box 1683
 Cuba, NM 87013

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Darlene Haines

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Darlene Haines

C. Date of Delivery

7/11/14

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

7006 2760 0001 6376 8726

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:

Celestine R Thompson
 HCR 17 Box 1995
 Cuba, NM 87013

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Celestine Thompson

☐ Agent
☒ Addressee

B. Received by (Printed Name)

CELESTINE Thompson

C. Date of Delivery

7/8/14

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

7006 2760 0001 6376 8733

102595-02-M-1540

7006 2760 0001 6376 8733

7006 2760 0001 6376 8740

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Ins.)	
For delivery information visit OFFICIAL	
Postage	\$
Certified Fee	33.0
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here JUL - 3 2014	
Sent To Harold G Sam (aka Harold Gene Sam) (aka Harold G. Sam SR) P.O. Box 5566 Farmington, NM 87499	
PS Form 3800, August 2006 See Reverse for Instructions	

7006 2760 0001 6376 8757

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Ins.)	
For delivery information visit OFFICIAL	
Postage	\$
Certified Fee	33.0
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here JUL - 3 2014	
Sent To Esther V Atencio aka Esther Atencio aka Esther Atencio (Largo) P.O. Box 377 Nageezi, NM 87037	
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:

Esther V Atencio aka Esther Atencio aka Esther Atencio (Largo)
P.O. Box 377
Nageezi, NM 87037

2. Article Number:

Transfer from service label

7006 2760 0001 6376 8757

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY**A. Signature**X *Danny Atencio*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Danny Atencio

C. Date of Delivery

7/8/14

D. Is delivery address different from item 1? ☐ YesIf 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 ☐ No

7006 2760 0001 6376 8764

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only; No International)

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL -3 2014

Sent To
 Street, Apt. or PO Box: Harold Atencio
 City, State: P.O. Box 61
 Nageezi, NM 87037

PS Form 3811, February 2004 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:

Harold Atencio
 P.O. Box 61
 Nageezi, NM 87037

2. Article Number

7006 2760 0001 6376 8764

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Emerald A. Atencio 07/03/14

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

7006 2760 0001 6376 8771

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only; No International)

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL -3 2014

Sent To
 Street, Apt. or PO Box: Andrew Charley aka Andrew Charlie
 City, State: P.O. Box 118
 Counselor, NM 87018

PS Form 3811, February 2004 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:

Andrew Charley aka Andrew Charlie
 P.O. Box 118
 Counselor, NM 87018

2. Article Number

7006 2760 0001 6376 8771

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Andrew Charley 7/7/14

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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2011

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
☐ 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.	A. 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
1. Article Addressed to: Mary Ann Charley aka Mary Ann Monarco aka Mary A. Monarco Charley HC 17 Box 421 Cuba, NM 87013	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number: (Transfer from 394)	4. Restricted Delivery? (Extra Fee) ☐ Yes
7006 2760 0001 6376 8788	

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

For delivery information visit usps.com

OFFICE **WPX/S. CHACO**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL -3 2014

Send to:
Mr. David Charley (aka David Charlie)
HC 17 Box 401
Cuba, NM 87013

PS Form 3800, June 2010

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
☒ 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.		FAT Signature ☒ Agent ☒ Addressee <i>X David Charley</i>	
Article Addressed to:		B. Received by (Printed Name) <i>David Charley</i>	
David Charley (aka David Charlie) HC 17 Box 401 Cuba, NM 87013		C. Date of Delivery <i>7/17/14</i>	
		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 ☒ No	
2. Article Number. (Transfer from service label)		7006 2760 0001 6376 8795	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 2760 0001 6376 8801

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Marie Charley aka Ann Marie Charley 420 Coal Ave SE Apt 4 Albuquerque, NM 87102	
PS Form 3811, February 2004 See Reverse for Instructions	

Postmark
Here JUL -3 2014

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:

Marie Charley aka Ann Marie Charley
420 Coal Ave SE Apt 4
Albuquerque, NM 87102

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Marie Charley ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-14-2014

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

7006 2760 0001 6376 8801

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8818

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Wallace Charley P.O. Box 361 Nageezi, NM 87037	
PS Form 3800, August 2006 See Reverse for Instructions	

Postmark
Here JUL -3 2014

7006 2760 0001 6376 8825

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here JUL - 3 2014	
Sent To Ruth Atencio aka Ruth H. Atencio P.O. Box 101 Nageezi, NM 87037	
PS Form 3800, August 2009	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature X <i>Ruth Atencio</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Ruth Atencio aka Ruth H. Atencio P.O. Box 101 Nageezi, NM 87037		B. Received by (Printed Name) <i>Ruth Atencio</i> C. Date of Delivery <i>7-10-14</i>	
2. Article Number <i>7006 2760 0001 6376 8825</i>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee) ☐ Yes		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3800, February 2004 (Transfer from service label) 102595-02-M-1540			

7006 2760 0001 6376 8832

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here JUL - 3 2014	
Sent To Eva Atencio 16547 W Tasha Dr Surprise, AZ 85388	
PS Form 3800, August 2009	

7006 2760 0001 6376 8849

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL -3 2014

Sent To
 Street, Apt. or PO Box
 City, State
 Maxine Atencio Antonio
 P.O. Box 82594
 Phoenix, AZ 85071

PS Form 3800, August 2006 See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Maxine Atencio Antonio
 P.O. Box 82594
 Phoenix, AZ 85071

2. Article Number
 (Transfer from service label)
 7006 2760 0001 6376 8849

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Maxine Atencio Antonio* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Maxine Atencio Antonio

C. Date of Delivery
 JUL 21 2014

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

102595-02-M-1540

7006 2760 0001 6376 8856

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL 3 2014

Sent To
 Street, Apt. or PO Box
 City, State
 Nelson Atencio
 P.O. Box 42
 Counselor, NM 87018

PS Form 3800, August 2006 See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Nelson Atencio
 P.O. Box 42
 Counselor, NM 87018

2. Article Number
 (Transfer from service label)
 7006 2760 0001 6376 8856

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Nelson Atencio* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Nelson Atencio

C. Date of Delivery
 JULY 21, 14

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

102595-02-M-1540

7006 2760 0001 6376 8863

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Lucy Atencio Begay aka Lucy	
Street, A or PO Box City, Sta. P.O. Box 65 Nageezi, NM 87037	
PS Form	See Reverse for Instructions

JUL - 3 2014

7006 2760 0001 6376 8870

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Paul Atencio (aka Paul Atencio SR)	
Street, A or PO Box City, Sta. P.O. Box 1268 Cuba, NM 87013	
PS Form	See Reverse for Instructions

JUL 3 2014

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:

Paul Atencio
(aka Paul Atencio SR)
P.O. Box 1268
Cuba, NM 87013

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Paul Atencio, SR ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
07-09-14

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 3813 February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8887

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here JUL - 3 2014	
Sent To Street, Apt or PO Box City, State, PS Form 3811, August 2006 See Reverse for Instructions	
Wilbert Atencio P.O. Box 121 Cuba, NM 87013	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- 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.		A. Signature X <i>Wilbert Atencio</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 07-16-14 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Wilbert Atencio P.O. Box 121 Cuba, NM 87013		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)		7006 2760 0001 6376 8887	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 8894

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here JUL 2014	
Sent To Street, Apt or P City, PS Form 3811, August 2006 See Reverse for Instructions	
Gerard D Atencio aka Gerard Atencio P.O. Box 61 Nageezi, NM 87037	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- 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.		A. Signature X <i>Gerard D Atencio</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 07/11/14 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Gerard D Atencio aka Gerard Atencio P.O. Box 61 Nageezi, NM 87037		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)		7006 2760 0001 6376 8894	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 8900

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
 JUL - 3 2014

Sent
 Street or PO
 City:

Freda Ann John
 P.O. Box 3246
 Indian Wells, AZ 86031

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 8917

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
 JUL - 3 2014

Sent
 Street or PO
 City:

Margaret (Peggy) Costillo aka Margaret
 (Peggy) Costillo Trujillo aka Margaret Peggy
 Castillo Trujillo (aka Margaret C. Trujillo)
 POA Esther J. Norberto
 HCR 79 Box 1523
 Cuba, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits. 4. Article Addressed to: Margaret (Peggy) Costillo aka Margaret (Peggy) Costillo Trujillo aka Margaret Peggy Castillo Trujillo (aka Margaret C. Trujillo) POA Esther J. Norberto HCR 79 Box 1523 Cuba, NM 87013	A. Signature X <i>Esther J. Norberto</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 07-8-14 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 7006 2760 0001 6376 8917	

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

7006 2760 0001 6376 8924

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL - 3 2014	
Sent To: Jessie Martinez Sam aka Jessie M. Sam	
Street or PO: P.O. Box 212	
City, State: Counselor, NM 87018	
PS Form	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:

Jessie Martinez Sam aka Jessie M. Sam
P.O. Box 212
Counselor, NM 87018

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 8924

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jessie Martinez Sam* ☐ 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

102595-02-M-1540

7006 2760 0001 6376 8931

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL - 3 2014	
Sent To: Marie Curley Sam	
Street or PO: P.O. Box 214	
City, State: Teenospos, AZ 86514	
PS Form	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:

Marie Curley Sam
P.O. Box 214
Teenospos, AZ 86514

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 8931

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Marie Curley Sam* ☐ 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

102595-02-M-1540

7006 2760 0001 6377 1269

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)		WPX/S. CHACO	
For delivery information, visit usps.com			
OFFICIAL USE			
Postage	\$	Postmark Here	
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To			
Leon Sam			
Street, A or PO Box			
3141 Aztec 61 Road			
City, State			
Aztec, NM 87410			
PS Form 3800, August 2006 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature X <i>Leon Sam</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
Leon Sam		Leon Sam	
3141 Aztec 61 Road		C. Date of Delivery	
Aztec, NM 87410		7/5/14	
2. Article Number		D. Is delivery address different from item 1? ☐ Yes ☐ No	
(Transfer from service label)		If YES, enter delivery address below:	
7006 2760 0001 6377 1269		3. Service Type	
PS Form 3800, February 2004 Domestic Return Receipt		☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No	

7006 2760 0001 6376 8955

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Ins)		WPX/S. CHACO	
For delivery information, visit usps.com			
OFFICIAL USE			
Postage	\$	Postmark Here	
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)			
Total Pr	\$	JUL - 3 2014	
Sent To			
Leonard Sam			
Street, A or PO Box			
P.O. Box 221			
City, State			
Kirtland, NM 87417			
PS Form 3800, February 2004			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature X <i>Leonard Sam</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
Leonard Sam		Leonard Sam	
P.O. Box 221		C. Date of Delivery	
Kirtland, NM 87417			
2. Article Number		D. Is delivery address different from item 1? ☐ Yes ☐ No	
(Transfer from service label)		If YES, enter delivery address below:	
7006 2760 0001 6376 8955		3. Service Type	
PS Form 3800, February 2004 Domestic Return Receipt		☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No	

102595-02-M-1540

7006 2760 0001 6376 8962

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent by _____
 Street or PO _____
 City, State, ZIP+4 _____
 PS Form 3811, February 2004

Maurine (Lorene) Sam aka Maurine
 Lorene Sam Harrison (aka Lorene
 Harrison)
 49 Road 3961
 Farmington, NM 87401

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:

Maurine (Lorene) Sam aka Maurine
 Lorene Sam Harrison (aka Lorene
 Harrison)
 49 Road 3961
 Farmington, NM 87401

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 8962

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
 X *Richard Harrison*
 B. Received by (Printed Name) *Richard Harrison* C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
 3. Service Type
☒ Certified ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 1290

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	Postmark Here
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent by _____
 Street or PO _____
 City, State, ZIP+4 _____
 PS Form 3811, February 2004

Rosita Sam, aka Rosita Sam Burns,
 aka Rositta S. Burns, Rosetta S.
 Burns
 2603 E 30th Street
 Farmington, NM 87402

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:

Rosita Sam, aka Rosita Sam Burns,
 aka Rositta S. Burns, Rosetta S.
 Burns
 2603 E 30th Street
 Farmington, NM 87402

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 1290

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
 X *Rosetta Burns*
 B. Received by (Printed Name) *ROSETTA BURNS* C. Date of Delivery *7-8-14*
 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

7006 2760 0001 6376 8986

U.S. Postal Service		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)			
For delivery information visit OFFICIAL		WPX/S. CHACO	
Postage	\$	Postmark Here	3 2014
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	274		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent: Adrian Sam Street or P.O. Box: P.O. Box 24 City: Counselor, NM 87018 PS:			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature: <i>Adrian Sam</i> ☒ Agent ☐ Addressee B. Received by (Printed Name): <i>Adrian Sam</i> C. Date of Delivery: <i>7/14/14</i> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Adrian Sam P.O. Box 24 Counselor, NM 87018		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number: (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 2760 0001 6376 8986

102595-02-M-1540

7006 2760 0001 6377 1320

U.S. Postal Service		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)			
For delivery information visit OFFICIAL		WPX/S. CHACO	
Postage	\$	Postmark Here	
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	370		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent: David Werito Street or P.O. Box: P.O. Box 405 City: Dulce, NM 87528 PS:			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature: <i>David Werito</i> ☒ Agent ☐ Addressee B. Received by (Printed Name): <i>David Werito</i> C. Date of Delivery: <i>7/14/14</i> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: David Werito P.O. Box 405 Dulce, NM 87528		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number: (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 2760 0001 6377 1320

102595-02-M-1540

7006 2760 0001 6376 9006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL - 3 2014

Sent **Elizabeth W Stoney**
 Street or P.O. Box **P.O. Box 1631**
 City **Cuba, NM 87013**

PS Form 3811, February 2004 Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Elizabeth W Stoney
P.O. Box 1631
Cuba, NM 87013

2. Article Number
 (Transfer from service label) **7006 2760 0001 6376 9006**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X [Signature]

B. Received by (Printed Name) ☐ Date of Delivery **7-10-14**

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

7006 2760 0001 6376 9013

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL - 3 2014

Sent **Irene W Harrison aka Irene Harrison aka Arlene Werito**
 Street or P.O. Box **125 E Main St**
 City **Farmington, NM 87401**

PS Form 3811, February 2004 Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Irene W Harrison aka Irene Harrison aka Arlene Werito
125 E Main St
Farmington, NM 87401

2. Article Number
 (Transfer from service label) **7006 2760 0001 6376 9013**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X [Signature]

B. Received by (Printed Name) ☐ Date of Delivery **7-10-14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6376 9020

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL - 3 2014	
Sen. Aurelia Largo	
Street or P.O. Box 92	
City, State, ZIP+4® Counselor, NM 87018	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature X <i>Whitney Oshea</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Whitney Oshea</i> C. Date of Delivery <i>7/7/14</i> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number		4. Restricted Delivery? (Extra Fee) ☐ Yes	
(Transfer from service label) PS Form 3811, February 2004		7006 2760 0001 6376 9020 PS Form 3811, February 2004	

102595-02-M-1540

7006 2760 0001 6376 9037

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL - 3 2014	
Sent To: James S Werito	
C/O Elizabeth Stoney Gaurdian of	
James S. Werito	
P.O. Box 1631	
City, State, ZIP+4® Cuba, NM 87013	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature X <i>James S Werito</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>7-10-14</i> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number		4. Restricted Delivery? (Extra Fee) ☐ Yes	
(Transfer from service label) PS Form 3811, February 2004		7006 2760 0001 6376 9037 PS Form 3811, February 2004	

102595-02-M-1540

7006 2760 0001 6376 9044

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Amos Werito (aka Amos W. Hasuse)
 P.O. Box 1607
 Shiprock, NM 87420

PS Form 3811, February 2004

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:

Amos Werito (aka Amos W. Hasuse)
 P.O. Box 1607
 Shiprock, NM 87420

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Amos Werito* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Amos Werito* C. Date of Delivery: *07/04/14*

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

7006 2760 0001 6376 9051

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Aurelia (Sandoval) Werito aka Aurelia W. Sandoval aka Aurelia (Hesuse)
 Werito (Sandoval) (aka Aurelia J. Sandoval)
 P.O. Box 205
 Counselor, NM 87018

PS Form 3811, February 2004

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:

Aurelia (Sandoval) Werito aka Aurelia W. Sandoval aka Aurelia (Hesuse)
 Werito (Sandoval) (aka Aurelia J. Sandoval)
 P.O. Box 205
 Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Aurelia Werito* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Aurelia Werito* C. Date of Delivery: *7/7/14*

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

7006 2760 0001 6376 9068

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
JUL - 3 2014

Sent To
 Cecelia Ann Werito
 6087 Moonlight Sonata Ave
 Las Vegas, NV 89122

PS Form 3811, February 2004

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 mail piece or on the front if space permits.

Article Addressed to:
 Cecelia Ann Werito
 6087 Moonlight Sonata Ave
 Las Vegas, NV 89122

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cecelia Ann Werito* ☐ Agent ☒ Addressee
 B. Received by (Printed Name): *Cecelia Ann Werito*
 C. Date of Delivery: *7-7-14*
 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 ☒ No

Article Number: **7006 2760 0001 6376 9068**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M

7006 2760 0001 6376 9075

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
JUL - 3 2014

Sent To
 Teddy Hasuse (aka Ted Werito)
 P.O. Box 83
 Nageezi, NM 87037

PS Form 3811, February 2004

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 mail piece or on the front if space permits.

Article Addressed to:
 Teddy Hasuse (aka Ted Werito)
 P.O. Box 83
 Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Teddy Hasuse* ☐ Agent ☒ Addressee
 B. Received by (Printed Name): *Teddy Hasuse*
 C. Date of Delivery: *7/7/14*
 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 ☒ No

Article Number: **7006 2760 0001 6376 9075**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 9082

U.S. POSTAL SERVICE
CERTIFIED MAIL™
(Domestic Mail Only; No Insurance)For delivery information visit **WPX/S. CHACO****OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

JUL 3 2014
Postmark Here

Sent To: Albert Lopez
Street or P.O. Box: P.O. Box 124
City: Nageezi, NM 87037

PS Form

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:

Albert Lopez
P.O. Box 124
Nageezi, NM 87037

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Beth L. Yazie* ☐ Agent ☒ Addressee
- B. Received by (Printed Name): *Beth L. Yazie*
- C. Date of Delivery: *7/8/14*
- 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 ☒ No

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 9082

7006 2760 0001 6376 9099

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)

For delivery information visit **WPX/S. CHACO****OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

JUL 3 2014
Postmark Here

Sent To: Bertha Lopez aka Berth Yaz
Street, A or P.O. Box: P.O. Box 64
City, State: Nageezi, NM 87037

PS Form

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:

Bertha Lopez aka Berth Yaz
P.O. Box 64
Nageezi, NM 87037

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Bertha Lopez* ☐ Agent ☒ Addressee
- B. Received by (Printed Name): *Bertha Lopez*
- C. Date of Delivery: *7/7/14*
- 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 ☒ No

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 9099

7006 2760 0001 6376 9105

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: Betty Yazzie aka Betty L. Yazzie	
Street or P.O. Box: P.O. Box 124	
City, State: Nageezi, NM 87037	
PS Form 3841, February 2004	

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:

Betty Yazzie aka Betty L. Yazzie
P.O. Box 124
Nageezi, NM 87037

2. Article Number (Transfer)

PS Form 3841, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Betty L. Yazzie

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Betty L. Yazzie

C. Date of Delivery

7/8/14

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

7006 2760 0001 6376 9105

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 9112

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: Rita L Happy (aka Rita Lopez)	
Street, A or P.O. Box: P.O. Box 263	
City, State: Nageezi, NM 87037	
PS Form 3841, February 2004	

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:

Rita L Happy (aka Rita Lopez)
P.O. Box 263
Nageezi, NM 87037

2. Article Number (Transfer)

PS Form 3841, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rita Lopez

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Rita Lopez

C. Date of Delivery

7/7/14

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

7006 2760 0001 6376 9112

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 9129

For delivery information visit

WPX/S. CHACO

OFFICE

Postage \$

Certified Fee

330

Return Receipt Fee
(Endorsement Required)

270

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark

JUL - 3 2014

Herbert Lopez
P.O. Box 1717
Nageezi, NM 87037

Instructions

Return

7006 2760 0001 6376 9129

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

WPX/S. CHACO

OFFICE

Postage \$

Certified Fee

330

Return Receipt Fee
(Endorsement Required)

270

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

JUL - 3 2014

Sent To

Street, Apt.,
or PO Box #
City, State, ZIP

Geneva Sam
HC 17 Box 423
Cuba, NM 87013

PS Form 3811

ons

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:

Geneva Sam
HC 17 Box 423
Cuba, NM 87013

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cecil Hansen*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-9-14

D. Is delivery address different from item 1? ☐ YesIf 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

7006 2760 0001 6376 9136

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL - 3 2014

Sent To: Carol S Harrison (aka Carol Sam Harrison)
Street, Apt or PO Box: HC 17 Box 425
City, State: Cuba, NM 87013

PS Form 3811, February 2004

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:
Carol S Harrison (aka Carol Sam Harrison)
HC 17 Box 425
Cuba, NM 87013

2. Article Number: 7006 2760 0001 6376 9143
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Carol Harrison* ☐ Agent ☐ Addressee

B. Received by (Printed Name):
C. Date of Delivery: 7-9-14

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

PS Form 3811, February 2004

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL - 3 2014

Sent To: Fernando Sam
Street, Apt or PO Box: HCR 17 Box 425
City, State: Cuba, NM 87013

PS Form 3811, February 2004

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:
Fernando Sam
HCR 17 Box 425
Cuba, NM 87013

2. Article Number: 7006 2760 0001 6376 9150
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Carol Harrison* ☐ Agent ☐ Addressee

B. Received by (Printed Name):
C. Date of Delivery: 7-9-14

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

PS Form 3811, February 2004

7006 2760 0001 6376 9167

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

For delivery information visit **WPX/S. CHACO**

OFFIC

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Street, A or PO Box
 City, State

Woody Sam, Jr
 HC 17 Box 408
 Cuba, NM 87013

PS Form 3811, February 2004

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:

Woody Sam, Jr
 HC 17 Box 408
 Cuba, NM 87013

2. Article Number
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Roselyn Zam

B. Received by (Printed Name)

C. Date of Delivery
 07/08/14

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

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

7006 2760 0001 6376 9570

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

For delivery information visit **WPX/S. CHACO**

OFFIC

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Street, A or PO Box
 City, State

Levi Sam (aka Levi Kee Sam)
 HC 17 Box 423
 Cuba, NM 87013

PS Form 3811, February 2004

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:

Levi Sam (aka Levi Kee Sam)
 HC 17 Box 423
 Cuba, NM 87013

2. Article Number
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Carol Hansen

B. Received by (Printed Name)

C. Date of Delivery
 7-9-14

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

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

7006 2760 0001 6376 9563

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$	Postmark Here JUL - 5 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Dixie Sam
 Street, A, or PO Box: HC 17 Box 412
 City, State: Cuba, NM 87013

PS Form 3811, February 2004

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:
 Dixie Sam
 HC 17 Box 412
 Cuba, NM 87013

2. Article Number:
 7006 2760 0001 6376 9563

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *Calvin R. Pinto*

C. Date of Delivery: *7/7/14*

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

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

7006 2760 0001 6376 9556

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$	Postmark Here JUL 9 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Freddie Sam
 (aka Freddie Sam JR)
 Street or PO Box: P.O. Box 1822
 City, State: Bloomfield, NM 87413

PS Form 3811, February 2004

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:
 Freddie Sam
 (aka Freddie Sam JR)
 P.O. Box 1822
 Bloomfield, NM 87413

2. Article Number:
 7006 2760 0001 6376 9556

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Bertha Becerra* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Bertha Becerra*

C. Date of Delivery: *7/14/14*

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

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

7006 2760 0001 6376 9549

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Ins)			
For delivery information visit OFFICIAL		WPX/S. CHACO	
Postage	\$	JUL 3 2014 Postmark Here	
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To		Irvin Sam	
Street, Apt., or PO Box N		434 N 3rd	
City, State, Z		Bloomfield, NM 87413	
PS Form 3811			

Return

7006 2760 0001 6376 8511

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Provided)			
For delivery information visit OFFICIAL		WPX/S. CHACO	
Postage	\$	JUL 3 2014 Postmark Here	
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To		Jolene Sam	
Street, Apt., or PO Box		P.O. Box 2873	
City, State, Zip		Gallup, NM 87305	
PS Form 3811			

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 mail piece or on the front if space permits.

1. Article Addressed to:

Jolene Sam
P.O. Box 2873
Gallup, NM 87305

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Jolene Sam</i>		☐ Agent ☐ Addressee
B. Received by (Printed Name) <i>Jolene Sam</i>	C. Date of Delivery <i>7-5-14</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	

2. Article Number
(Transfer from service label)

7006 2760 0001 6376 8511

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2006 2760 0001 6376 8528

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information: WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark JUL - 3 2014	
Sent To	Leslie Sam
Street, Apt. or PO Box	P.O. Box 4243
City, State	Gallup, NM 87305
PS Form	3841, February 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Leslie Sam</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) Leslie Sam C. Date of Delivery JUL 7 2014 D. Is delivery address different from Item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: Leslie Sam P.O. Box 4243 Gallup, NM 87305		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		2006 2760 0001 6376 8528	
(Transfer from service label)			
PS Form 3841, February 2004		Domestic Return Receipt 102595-02-M-1540	

2006 2760 0001 6376 8535

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information: WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL - 3 2014	
Sent To	Melvin Sam
Street, Apt. or PO Box	#14 County Road 4903
City, State	Bloomfield, NM 87413
PS Form	3841, February 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Melvin Sam</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) Melvin Sam C. Date of Delivery 7-18-14 D. Is delivery address different from Item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: Melvin Sam #14 County Road 4903 Bloomfield, NM 87413		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		2006 2760 0001 6376 8535	
(Transfer from service label)			
PS Form 3841, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 8542

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL - 3 2014	
Sent To	Nasben Sam aka Nozben Sam (aka Nasban Sam) P.O. Box 212 Counselor, NM 87018
Street, Apt. or PO Box	
City, State	
PS Form	actions

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:

Nasben Sam aka Nozben Sam
(aka Nasban Sam)
P.O. Box 212
Counselor, NM 87018

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Nasben Sam

- ☐
- 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
-
- ☐
- Registered
-
- ☐
- Insured Mail
-
- ☐
- Express Mail
-
- ☒
- Return Receipt for Merchandise
-
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6376 8542

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8559

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL - 3 2014	
Sent To	Osmund Sam P.O. Box 234 Nageezi, NM 87037
Street, Apt. or PO Box	
City, State	
PS Form	actions

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:

Osmund Sam
P.O. Box 234
Nageezi, NM 87037

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Osmund Sam

- ☐
- 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
-
- ☐
- Registered
-
- ☐
- Insured Mail
-
- ☐
- Express Mail
-
- ☒
- Return Receipt for Merchandise
-
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6376 8559

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8566

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
WPX/S. CHACO	
For delivery information	
OFFICIAL USE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here JUL - 3 2014	
Sent To Raymond Sam, Jr	
Street, Apt or PO Box P.O. Box 257	
City, State City, State Nageezi, NM 87037	
PS Form 3800, June 2009	

7006 2760 0001 6376 8580

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
WPX/S. CHACO	
For delivery information	
OFFICIAL USE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here JUL - 3 2014	
Sent To Richmond K Sam	
Street, Apt or PO Box P.O. Box 257	
City, State City, State Nageezi, NM 87037	
PS Form 3800, June 2009	

7006 2760 0001 6376 8597

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
For delivery information WPX/S. CHACO
OFFICIAL USE

Postage	\$	Postmark JUL - 3 2014
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Henry Joe Nez
 Street, or P.O.: P.O. Box 3124
 City, St: Indian Wells, AZ 86031

PS Form 3811, February 2004

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:
 Henry Joe Nez
 P.O. Box 3124
 Indian Wells, AZ 86031

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6376 8597

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Henry Joe Nez* ☐ Agent ☒ Addressee

B. Received by (Printed Name): Henry Joe Nez C. Date of Delivery: 7-11-14

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 ☒ No

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

7006 2760 0001 6376 8603

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
For delivery information WPX/S. CHACO
OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Alfonso Atencio
 Street, or P.O.: P.O. Box 101
 City, St: Nageezi, NM 87037

PS Form 3811, February 2004

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:
 Alfonso Atencio
 P.O. Box 101
 Nageezi, NM 87037

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6376 8603

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Alfonso Atencio* ☐ Agent ☒ Addressee

B. Received by (Printed Name): Alfonso Atencio C. Date of Delivery: 7-10-14

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 ☒ No

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

7006 2760 0001 6376 8214

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: WPX/S. CHACO

OFF

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Sent To: Carol Atencio
 Street, or PO B: 687 E. Birchfield LN Apt 4G
 City, St: Salt Lake City, UT 84107

PS Form 3811

Return

7006 2760 0001 6376 8221

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: WPX/S. CHACO

OFF

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Sent To: Caroline Atencio
 aka Caraline Atencio
 Street, or PO: P.O. Box 205
 City, St: Nageezi, NM 87013

PS Form 3811

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:

Caroline Atencio
 aka Caraline Atencio
 P.O. Box 205
 Nageezi, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X. Vanessa Atencio* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Vanessa Atencio*

C. Date of Delivery: *7/7/14*

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

Article Number: 7006 2760 0001 6376 8221

PS Form 3811 February 2004 (PSN 7530-02-000-9001) Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 8236

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Clara Atencio Murphy
Street, Apt or PO Box	P.O. Box 247
City, State	Nageezi, NM 87013
PS Form	ctions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
- 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.	A. Signature ☐ Agent ☐ Addressee <i>Clara Murphy</i> B. Received by (Printed Name) ☐ Date of Delivery <i>Clara Murphy</i> 7/10/14 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
1. Article Addressed to:	
Clara Atencio Murphy P.O. Box 247 Nageezi, NM 87013	
2. Article Number (Transfer from service label)	
3. Service Type	☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee)	☐ Yes

7006 2760 0001 6376 8236

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

7006 2760 0001 6376 8245

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Danny Atencio
Street, Apt or PO Box	P.O. Box 377
City, State	Nageezi, NM 87013
PS Form	ctions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
- 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.	A. Signature ☐ Agent ☐ Addressee <i>Danny Atencio</i> B. Received by (Printed Name) ☐ Date of Delivery <i>Danny Atencio</i> 7/18/14 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
1. Article Addressed to:	
Danny Atencio P.O. Box 377 Nageezi, NM 87013	
2. Article Number (Transfer from service label)	
3. Service Type	☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee)	☐ Yes

7006 2760 0001 6376 8245

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

7006 2760 0001 6376 8252

U.S. Postal ServiceTM
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To: Dorothy Atencio aka Dorothy A.
 Arviso aka Dorothy Atencio Arviso
 P.O. Box 104
 Nageeziye, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dorothy Atencio aka Dorothy A.
 Arviso aka Dorothy Atencio Arviso
 P.O. Box 104
 Nageeziye, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Dorothy Atencio*
☐ Agent
☒ Addressee
 B. Received by (Printed Name): *Dorothy Atencio*
 C. Date of Delivery: *July 14*

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)

7006 2760 0001 6376 8252

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8269

U.S. Postal ServiceTM
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To: Elizabeth Atencio (aka
 Elizabeth Atencio Julian)
 126 E Main St
 Farmington, NM 87401

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elizabeth Atencio (aka
 Elizabeth Atencio Julian)
 126 E Main St
 Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
☐ Agent
☒ Addressee
 B. Received by (Printed Name): *Elizabeth Atencio Julian*
 C. Date of Delivery: *July 14*

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)

7006 2760 0001 6376 8269

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8276

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL -3 2014	
Sent To Irvin L Atencio P.O. Box 101 Nageezi, NM 87037	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X Irvin Atencio ☐ Agent ☐ Addressee B. Received by (Printed Name) Irvin Atencio C. Date of Delivery 7-10-14 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Irvin L Atencio P.O. Box 101 Nageezi, NM 87037	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)	7006 2760 0001 6376 8276
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 8283

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	
Postmark Here JUL -3 2014	
Sent To Janie A John P.O. Box 711 Bloomfield, NM 87413	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X Janie John ☐ Agent ☒ Addressee B. Received by (Printed Name) Janie John C. Date of Delivery 7/7/14 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No
1. Article Addressed to: Janie A John P.O. Box 711 Bloomfield, NM 87413	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)	7006 2760 0001 6376 8283
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 8290

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To Leon Atencio P.O. Box 205 Nageezi, NM 87037	
PS Form 3811	

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:

Leon Atencio
P.O. Box 205
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
X Vanessa Atencio
- B. Received by (Printed Name) C. Date of Delivery
Vanessa Atencio 7/7/14
- 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)

7006 2760 0001 6376 8290

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8405

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To Alberta Holyan P.O. Box 1674 Crownpoint, NM 87313	
PS Form 3811	

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:

Alberta Holyan
P.O. Box 1674
Crownpoint, NM 87313

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
X Alberta Holyan
- B. Received by (Printed Name) C. Date of Delivery
Alberta Holyan
- 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)

7006 2760 0001 6376 8405

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8313

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here JUL 3 2014

Sent Calvin Atencio
 Street or P.O. Box 371
 City, Nageezi, NM 87037

PS Form 3811, February 2004

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:

Calvin Atencio
 P.O. Box 371
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ *Samantha Atencio* ☐ Addressee
- B. Received by (Printed Name) *Samantha Atencio* C. Date of Delivery *7/7/14*
- 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

7006 2760 0001 6376 8313

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8320

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here JUL 3 2014

Sent James Atencio
 Street or P.O. Box 301
 City, Nageezi, NM 87037

PS Form 3811, February 2004

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 Atencio
 P.O. Box 301
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ *James Atencio* ☐ Addressee
- B. Received by (Printed Name) *James Atencio* C. Date of Delivery *7/7/14*
- 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

7006 2760 0001 6376 8320

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8337

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)		WPX/S. CHACO	
For delivery information		OFFICIAL	
Postage	\$		
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To: Lorraine A Beyal aka Lorraine A. Beyale Street or P.O.: 506 W. Maple St. City, St.: Farmington, NM 87401			
PS Form 3811, February 2004			

JUL -3 2014
Postmark Here

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:

Lorraine A Beyal aka Lorraine A. Beyale
 506 W. Maple St.
 Farmington, NM 87401

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Mrs. Lorraine A. Beyal

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Mrs. Lorraine A. Beyal

C. Date of Delivery

7-15-14

D. Is delivery address different from item 1?

- ☐
- Yes
-
- ☒
- No

If YES, enter delivery address below:

3. Service Type USPS

- ☒
- Certified Mail
-
- ☐
- Registered
-
- ☐
- Insured Mail
-
- ☐
- Express Mail
-
- ☒
- Return Receipt for Merchandise
-
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes
-
- ☒
- No

7006 2760 0001 6376 8337

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8344

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)		WPX/S. CHACO	
For delivery information		OFFICIAL	
Postage	\$		
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To: Rosie Atencio Street or P.O.: P.O. Box 6757 City, St.: Farmington, NM 87499			
PS Form 3811, February 2004			

Postmark Here

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:

Rosie Atencio
 P.O. Box 6757
 Farmington, NM 87499

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Rosie Atencio

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Rosie Atencio

C. Date of Delivery

7-15-14

D. Is delivery address different from item 1?

- ☐
- Yes
-
- ☒
- No

If YES, enter delivery address below:

3. Service Type USPS

- ☒
- Certified Mail
-
- ☐
- Registered
-
- ☐
- Insured Mail
-
- ☐
- Express Mail
-
- ☒
- Return Receipt for Merchandise
-
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes
-
- ☒
- No

7006 2760 0001 6376 8344

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8351

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only) (Postage Provided)

For delivery information WPX/S. CHACO
OFF

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
JUL - 3 2014

Sent To
 Street or P.O. Box
 City, State
 Ellen H Hill
 P.O. Box 193
 Garryowen, MT 59031

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:

Ellen H Hill
 P.O. Box 193
 Garryowen, MT 59031

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ellen Hill* ☐ Agent ☒ Addressee

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

Ellen Hill 7/7/14

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

7006 2760 0001 6376 8351

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8368

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only) (Postage Provided)

For delivery information WPX/S. CHACO
OFF

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
JUL - 3 2014

Sent To
 Street, Ap or PO Box
 City, State
 Leroy Sam
 P.O. Box 3754
 Yahtahey, NM 87375

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:

Leroy Sam
 P.O. Box 3754
 Yahtahey, NM 87375

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Leroy Sam* ☐ Agent ☒ Addressee

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

Leroy Sam JUL - 7 2014

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

7006 2760 0001 6376 8368

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8382

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total P		

Postmark Here JUL - 3 2014

Sent To Lester Howard Sam
 Street or PO B P.O. Box 215
 City, St Brimhall, NM 87310

PS Form 3800, August 2000 See Reverse for Instructions

7006 2760 0001 6376 8382

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here JUL - 3 2014

Sent To Mary Ann Sam, II aka Maryann Sam II
 Street or PO P.O. Box 1314
 City, St Crownpoint, NM 87313

PS Form 3800, August 2000 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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 Sam, II aka Maryann Sam II P.O. Box 1314 Crownpoint, NM 87313 2. Article Number	A. Signature x Maryann Sam ☐ Agent ☐ Addressee B. Received by (Printed Name) Maryann Sam C. Date of Delivery 7-7-14 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, February 2004 7006 2760 0001 6376 8382 102595-02-M-1540

7006 2760 0001 6376 8399

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Roberta H Sam
Street, A. or PO Box	P.O. Box 3637
City, State	Yahtahey, NM 87375
PS Form	ctions

Postmark
Here

Alberta

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:

Roberta H Sam
P.O. Box 3637
Yahtahey, NM 87375

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Roberta H Sam*☐ Agent☐ Addressee

B. Received by (Printed Name)

Roberta H Sam

C. Date of Delivery

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

JUL 18 2014

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6376 8399

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8412

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, Not for International Mail)

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$	Postmark Here
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **Leandro Sam, Jr (aka Leandro Sam)**
Street, or PO: **P.O. Box 156**
City, St: **Brimhall, NM 87310**

PS Form 3811 February 2004

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:
Leandro Sam, Jr (aka Leandro Sam)
P.O. Box 156
Brimhall, NM 87310

2. Article Number: **7006 2760 0001 6376 8412**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Leandro Sam* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Leandro Sam* C. Date of Delivery: *7/7/14*

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

PS Form 3811 February 2004 102595-02-M-1540

7006 2760 0001 6376 8429

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, Not for International Mail)

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$	Postmark JUL - 9 2014
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **Mary Ann Jarvison Sam (aka Mary A. Sam)**
Street, or PO: **P.O. Box 4**
City, St: **Brimhall, NM 87310**

PS Form 3811 February 2004

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 Jarvison Sam (aka Mary A. Sam)
P.O. Box 4
Brimhall, NM 87310

2. Article Number: **7006 2760 0001 6376 8429**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mary Ann Sam* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *MARY ANN SAM* C. Date of Delivery: *7/7/14*

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

PS Form 3811 February 2004 102595-02-M-1540

7006 2760 0001 6376 8436

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **WPX/S. CHACO**

OFFICIAL USE

Postage	\$	
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	220	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Verna Ann Sam aka Verna Charlie (aka Verna A. Charlie)
 P.O. Box 118
 Counselor, NM 87018

PS Form 3811, February 2004

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:

Verna Ann Sam aka Verna
 Charlie (aka Verna A. Charlie)
 P.O. Box 118
 Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *7/3/14*

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)

7006 2760 0001 6376 8436

PS Form 3811, February 2004

Domestic Return Receipt

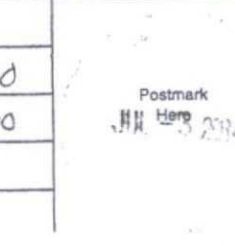
102595-02-M-1540

7006 2760 0001 6376 8443

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **WPX/S. CHACO**

OFFICIAL USE

Postage	\$	
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	220	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Beverly Ann Sam
 3958 Montgomery Blvd NE
 APT 61
 Albuquerque, NM 87109

PS Form 3811, February 2004

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:

Beverly Ann Sam
 3958 Montgomery Blvd NE
 APT 61
 Albuquerque, NM 87109

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *7/3/14*

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)

7006 2760 0001 6376 8443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Postmark Here
 JUN - 5 2014

Sent To: Buffy Jewel Sam
 Street, or PO: 220 Western Skies DR SE
 City, State: Apt 20 Albuquerque, NM 87123

PS Form 3811, February 2004

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:
 Buffy Jewel Sam
 220 Western Skies DR
 Apt 20
 Albuquerque, NM 87123

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 8450

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Buffy Jewel Sam
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 Buffy J. Sam

C. Date of Delivery
 JUL 10 2014

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 JUN - 5 2014

Sent To: Eli Vaughn Sam aka Eli Sam
 Street, or PO: P.O. Box 2044
 City, State: Ignacio, NM 81137

PS Form 3811, February 2004

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:
 Eli Vaughn Sam aka Eli Sam
 P.O. Box 2044
 Ignacio, NM 81137

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 8467

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Eli Sam
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 Eli Sam

C. Date of Delivery
 7-8-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

98

7006 2760 0001 6376 8474

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Return Receipt)	
For delivery information visit wpix.com	WPX/S. CHACO
OFFICE	
Postage \$	
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: Helen Hoskie Costillo Street, or PO: P.O. Box 7914 City, State: Newcomb, NM 87455	
PS Form 3800, August 2006	See Reverse for Instructions



7006 2760 0001 6377 1221

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Return Receipt)	
For delivery information visit wpix.com	WPX/S. CHACO
OFFICE	
Postage \$	
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: Joseph Lewis Jackson Street, or PO: P.O. Box 1071 City, State: Kirtland, NM 87417	
PS Form 3800, August 2006	See Reverse for Instructions



7006 2760 0001 6376 8498

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL USE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: Jacqueline Costillo Street or P.O. Box: P.O. Box 7914 City, State, ZIP+4: Newcomb, NM 87455	
PS Form 3811	Instructions

7006 2760 0001 6376 8504

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL USE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: Roland Beeman Costillo (aka Roland B. Castillo) Street, or P.O. Box: 614 Everson RD City, State, ZIP+4: Everson, WA 98247	
PS Form 3811	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:

Roland Beeman Costillo (aka
 Roland B. Castillo)
 614 Everson RD
 Everson, WA 98247

2. Article Number:

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Roland Beeman Costillo

C. Date of Delivery

JUL 15 2014

D. Is delivery address different from item 1? ☐ YesIf 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 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8610

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; N)	
For delivery information visit usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Vernetta Mae Costillo (aka Vernetta M. Castillo)
Street, Apt. or PO Box	1215 Rollo Way
City, State, ZIP+4 [®]	Farmington, NM 87401
PS Form 3811, February 2004	

Postmark Here JUL 3 2014

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:

Vernetta Mae Costillo (aka Vernetta M. Castillo)
1215 Rollo Way
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>X [Signature]</i>	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery 7/5
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)

7006 2760 0001 6376 8610

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8627

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; N)	
For delivery information visit usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Raymond Harvey
Street, Apt. or PO Box	HCR 4 Box 400-247
City, State, ZIP+4 [®]	Shiprock, NM 87402
PS Form 3811, February 2004	

Postmark Here JUL 3 2014

7006 2760 0001 6376 8634

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Clarisia Anna Tsosie (aka
Street, Apt. or PO Box	Clarissa Tsosie)
City, State	P.O. Box 1582
	Chinle, AZ 86503
PS Form	Instructions

Postmark: JUL - 3 2004

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:

Clarisia Anna Tsosie (aka
Clarissa Tsosie)
P.O. Box 1582
Chinle, AZ 86503

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Clarissa Tsosie

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Clarissa Tsosie

C. Date of Delivery

7-8-14

D. Is delivery address different from Item 1? ☐ YesIf 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

7006 2760 0001 6376 8634

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 8641

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Gail Smith (aka Gail T. Zieu)
Street, Apt. or PO Box	P.O. Box 1544
City, State	Farmington, NM 87499
PS Form	Instructions

Postmark: JUL 3 2014

7006 2760 0001 6376 8658

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information: WPX/S. CHACO
OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent To
 Street, or PO Box
 City, State
 PS Form

Herbert Augustine
 P.O. Box 962
 Fort Washakie, WY 82514

5996 2760 0001 6376 8665

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information: WPX/S. CHACO
OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent To
 Street, or PO Box
 City, State
 PS Form

Linda Costillo (aka Linda Castillo)
 3224 Pennsylvania St. NE Apt. 8
 Albuquerque, NM 87108

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Linda Costillo (aka Linda Castillo)
 3224 Pennsylvania St. NE Apt. 8
 Albuquerque, NM 87108

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x. John P Bobbitt

B. Received by (Printed Name)
 John P Bobbitt

C. Date of Delivery
 7/5/14

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)

7006 2760 0001 6376 8665

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

7006 2760 0001 6376 8672

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)		WPX/S. CHACO	
For delivery information		OFFICIAL USE	
Postage	\$		
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To		Marie Augustine (aka Marie Augustine Martinez)	
Street, Apt. or P.O. Box		P.O. Box 478	
City, State		Cuba, NM 87013	
PS Form		Postmark JUL - 3 2014	

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Marie Augustine (aka Marie Augustine Martinez)
P.O. Box 478
Cuba, NM 87013

COMPLETE THIS SECTION ON DELIVERY

1. Signature
Marie A. Martinez
2. Received by (Printed Name)
MARIE A. MARTINEZ
3. Date of Delivery
7-7-14
4. 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 11-11-11-11-11

7006 2760 0001 6376 8672

PS Form 3811, February 2004 (Domestic Return Receipt)

102595-02-M-1540

7006 2760 0001 6376 8689

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)		WPX/S. CHACO	
For delivery information		OFFICIAL USE	
Postage	\$		
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To		Richard N Smith	
Street, Apt. or P.O. Box		7701 E Pecan St	
City, State		Tucson, AZ 85730	
PS Form		Postmark JUL - 3 2014	

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Richard N Smith
7701 E Pecan St
Tucson, AZ 85730

COMPLETE THIS SECTION ON DELIVERY

1. Signature
Richard N Smith
2. Received by (Printed Name)
Richard N Smith
3. Date of Delivery
7/5/14
4. 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 11-11-11-11-11

7006 2760 0001 6376 8689

PS Form 3811, February 2004 (Domestic Return Receipt)

102595-02-M-1540

7006 2760 0001 6377 1474

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information WPX/S. CHACO OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street or P.O. Box City, State, ZIP+4® Sam Lee Augustine P.O. Box 1102 Cuba, NM 87013	
PS Form 3800, August 2006 See Reverse for Instructions	

Postmark
Herb

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:

Ruth A Amos
 P.O. Box 1745
 Riverton, WY 82501

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ruth Amos

☐ Agent☐ Addressee

B. Received by (Printed Name)

Ruth Amos

C. Date of Delivery

7-8-14

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)

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:

Sam Lee Augustine
 P.O. Box 1102
 Cuba, NM 87013

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sam Augustine

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-8-14

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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 6074

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit usps.com

OFFICE WPX/S. CHACO

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Price		

Postmark: JUL - 3 2014

Sent To: Caroline Marie Harvey, aka
 Caroline M. Harvey
 P.O. Box 493
 Sanostee, NM 87461

PS Form 3811, February 2004

7006 2760 0001 6376 6081

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit usps.com

OFFICE WPX/S. CHACO

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Price		

Postmark: JUL - 3 2014

Sent To: Lotherio Harvey (Lotherio C. Harvey)
 P.O. Box 16
 Rockpoint, AZ 86545

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Lotherio Harvey (Lotherio C. Harvey)
 P.O. Box 16
 Rockpoint, AZ 86545

COMPLETE THIS SECTION ON DELIVERY

1. Signature: *Lotherio Harvey*
☐ Agent
☐ Addressee

2. Received by (Printed Name): *Lotherio Harvey* Date of Delivery: *Jul 3 2014*

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

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

5. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6376 6241

CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **WPX/S. CHACO****OFFICE**
 Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

330

270

- Postmark
Here

JUL -3 2014

To

Sent

Street

or P.O.

City

 Carlo Harvey
 4710 Box Elder St.
 Salt Lake City, UT 84107

PS Form 3800, August 2000

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:

 Carlo Harvey
 4710 Box Elder St.
 Salt Lake City, UT 84107

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6241

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carlo Harvey*
☐ 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

7006 2760 0001 6376 6425

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **WPX/S. CHACO****OFFICE**
 Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

330

270

JUL -3 2014

To

Sent

Street

or P.O.

City

 Carlos Harvey
 3525 Jefferson Ave #A
 Ogden, UT 84403

PS Form 3800, August 2000

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:

 Carlos Harvey
 3525 Jefferson Ave #A
 Ogden, UT 84403

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6425

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carlos Harvey*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Carlos Harvey

7-16-14

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)

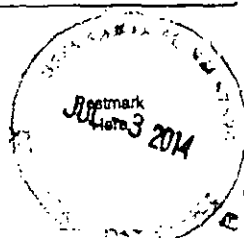
☐ Yes

7006 2760 0001 6376 6067

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

For delivery information visit our website at **WPX/S. CHACO**
OFFICIAL

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total \$



Sent To: Carol Marie Yazzie, aka Carol Marie
 Harvey Yazzie (Carol M. Yazzie)
 Street or PO: P.O. Box 1083
 City: Keams Canyon, AZ 86034

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

1. 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.

2. Article Addressed to:
 Carol Marie Yazzie, aka Carol Marie
 Harvey Yazzie (Carol M. Yazzie)
 P.O. Box 1083
 Keams Canyon, AZ 86034

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Article Number (Transfer from service label) 7006 2760 0001 6376 6067

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

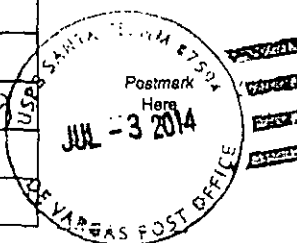
A. Signature: Carol Yazzie ☐ Agent ☐ Addressee
 B. Received by (Printed Name): Carol Yazzie C. Date of Delivery: 7-9-14
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

7006 2760 0001 6377 1696

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

For delivery information visit our website at **WPX/S. CHACO**
OFFICIAL

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$



Sent To: Charlotte Augustine
 Street or PO: P.O. Box 81
 City: Counselor, NM 87018

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. 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.

2. Article Addressed to:
 Charlotte Augustine
 P.O. Box 81
 Counselor, NM 87018

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Article Number (Transfer from service label) 7006 2760 0001 6377 1696

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [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

102595-02-M-1540

Dafford

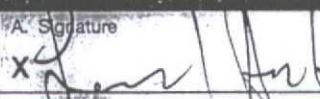
7006 2760 0001 6377 0125

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only) WPX/S. CHACO	
For delivery information	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	



Sent by Leonard Augustine
 Street or P.O. P.O. Box 81
 City, S Counselor, NM 87018

PS Form 3800, August 2000 (PSN 7530-01-000-9048) See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature  ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
Leonard Augustine P.O. Box 81 Counselor, NM 87018		C. Date of Delivery	
2. Article Number		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
(Transfer from service label)		3. Service Type	
		☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee)		☐ Yes	
7006 2760 0001 6377 0125			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

7006 2760 0001 6377 1665

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

For delivery information: **WPX/S. CHACO**

OFFICIAL USE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark: JUL -3 2014
 SANTA FE, NM 87594
 U.S. POST OFFICE

Sent To: Nettie Augustine
 Street, or PO: P.O. Box 81
 City, St: Counselor, NM 87018

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: **WPX/S. CHACO**

OFFICIAL USE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark: JUL -3 2014
 SANTA FE, NM 87594
 U.S. POST OFFICE

Sent To: Nettie Augustine
 Street, or PO: P.O. Box 81
 City, St: Counselor, NM 87018

PS Form 3800, August 2006. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Nettie Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number (Transfer from service label): 7006 2760 0001 6377 1665

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [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

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

7006 2760 0001 6377 0118

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

For delivery information: **WPX/S. CHACO**

OFFICIAL USE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark: JUL -3 2014
 SANTA FE, NM 87594
 U.S. POST OFFICE

Sent To: Silbert Augustine
 Street, or PO: P.O. Box 81
 City, St: Counselor, NM 87018

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: **WPX/S. CHACO**

OFFICIAL USE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark: JUL -3 2014
 SANTA FE, NM 87594
 U.S. POST OFFICE

Sent To: Silbert Augustine
 Street, or PO: P.O. Box 81
 City, St: Counselor, NM 87018

PS Form 3800, August 2006. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Silbert Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number (Transfer from service label): 7006 2760 0001 6377 0118

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [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

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

7006 2760 0001 6376 6357

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

For delivery information visit our

OFFICIAL

WPX/S. CHACO

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

JUL 3 2014
Postmark Here

Send
 To: Vickie Augustine
 P.O. Box 513
 Cuba, NM 87013

PS

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:

Vickie Augustine
 P.O. Box 513
 Cuba, NM 87013

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

7006 2760 0001 6376 6357

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Douglas Guerrero

☒ Agent☐ Addressee

B. Received by (Printed Name)

Douglas Guerrero

C. Date of Delivery

7/14/14

D. Is delivery address different from item 1? ☐ YesIf 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

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

For delivery information visit our

OFFICIAL

WPX/S. CHACO

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

JUL 3 2014

Send
 To: Victoria Augustine
 P.O. Box 81
 Counselor, NM 87018

PS

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:

Victoria Augustine
 P.O. Box 81
 Counselor, NM 87018

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

7006 2760 0001 6376 6258

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Victoria Augustine

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

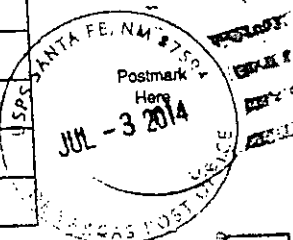
☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 1719

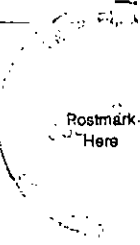
U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information visit our WPX/S. CHACO	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. or P.O. Box City, State Lambert Junior Augustine P.O. Box 81 Counselor, NM 87018	
PS Form 3800, August 2005 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. 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.		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to: Lambert Junior Augustine P.O. Box 81 Counselor, NM 87018		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7006 2760 0001 6377 1719		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 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6376 6272

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our WPX/S. CHACO	
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To Street, Apt. or P.O. Box City, State Videll Augustine, Nellie H. Augustine, Parent of Videll Augustine P.O. Box 81 Counselor, NM 87018	
PS Form 3800, August 2005 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. 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.		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to: Videll Augustine, Nellie H. Augustine, Parent of Videll Augustine P.O. Box 81 Counselor, NM 87018		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7006 2760 0001 6376 6272		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 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6376 6289

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

For delivery information visit usps.com WPX/S. CHACO

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To Phoebe Ann Curtis
 Street, P.O. Box 1533
 or PO, Kirtland, NM 87417
 City, St

PS Form 3811, August 2004

Postmark
 Here

JUL - 3 2014

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:

Phoebe Ann Curtis
 P.O. Box 1533
 Kirtland, NM 87417

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Phoebe Ann Curtis* ☒ Sent ☐ Addressed

B. Received by (Printed Name) *Phoebe Ann Curtis* Date of Delivery *JUL 3 2014*

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

7006 2760 0001 6376 6289

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 6326

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

For delivery information visit usps.com WPX/S. CHACO

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total P	

Sent To Mary R Sam
 Street, P.O. Box 257
 or PO B, Nageezi, NM 87037
 City, St

PS Form

Postmark
 Here

JUL - 3 2014

7006 2760 0001 6376 6210

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

For delivery information, visit our **OFFICIAL** WPX/S. CHACO

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Sent To: Mary Harvey, aka Mary Harvey
 Pinto (Mary H. Pinto)
 Street, 1: HC 17 Box 1000
 or PO Box
 City, State: Cuba, NM 87013

PS Form 3811, February 2004

Return

7006 2760 0001 6376 6340

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

For delivery information, visit our **OFFICIAL** WPX/S. CHACO

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Sent To: Willie Harvey
 Street, 1: P.O. Box 231
 or PO Box
 City, State: Counselor, NM 87018

PS Form 3811, February 2004

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:
 Willie Harvey
 P.O. Box 231
 Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jana Harvey*
☐ Agent
☐ Addressee

B. Received by (Printed Name):
 C. Date of Delivery: 7-9-14

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: 7006 2760 0001 6376 6340

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

Mary R Sam

7006 2760 0001 6376 6333

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our WPX/S. CHACO	
OFFICI	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
To:	
Mary Harvey, aka Mary Harvey Pinto HC 17, Box 1000 Cuba, NM 87013	
PS	Instructions

Return

7006 2760 0001 6376 6319

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
Here

JUL -3 2014

Sent To: Willie Harvey
 Street or P.O. Box: P.O. Box 231
 City: Counselor, NM 87018

PS Form

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:

Willie Harvey
 P.O. Box 231
 Counselor, NM 87018

2. Article Number

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Willie Harvey* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Willie Harvey* C. Date of Delivery: *7-9-14*

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

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

7006 2760 0001 6376 6159

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
Here

JUL -3 2014

Sent To: Raymond Harvey
 Street or P.O. Box: HCR 4, Box 400-247
 City, St: Shiprock, NM 87402

PS Form

See Reverse for Instructions

7006 2760 0001 6376 6432

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

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$		Postmark Here JUL - 3 2014
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total			

Sent To: Carlo Harvey
 Street, or PO: 4710 Box Elder St.
 City, S: Salt Lake City, UT 84107
 PS Form 3811, February 2004

SENDER

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

1. Article Addressed to:

Carlo Harvey
 4710 Box Elder St.
 Salt Lake City, UT 84107

2. Article Number
 (Transfer from service label)

7006 2760 0001 6376 6432

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Carlo Harvey* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *Carlo Harvey* C. Date of Delivery: *7-9-14*

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

7006 2760 0001 6376 6418

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

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$		Postmark Here JUL - 3 2014
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total			

Sent To: Carol Marie Yazzie aka Carol Marie Harvey Yazzie
 Street, or PO: P.O. Box 1083
 City: Keams Canyon, AZ 86034
 PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Carol Marie Yazzie aka Carol Marie Harvey Yazzie
 P.O. Box 1083
 Keams Canyon, AZ 86034

2. Article Number
 (Transfer from service label)

7006 2760 0001 6376 6418

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Carol Yazzie* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *Carol Yazzie* C. Date of Delivery: *7-9-14*

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

7006 2760 0001 6376 6180

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

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total

3.30
 2.70

JUL -3 2014
 Postmark
 Here

Sent
 Street
 or PO
 City, St.
 PS Form

Caroline Marie Harvey, aka
 Caroline M. Harvey
 P.O. Box 493
 Sanostee, NM 87461

Instructions

7006 2760 0001 6376 6197

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

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total

3.30
 2.70

JUL -3 2014
 Postmark
 Here

Sent
 Street
 or P.O.
 City, St.

Lotherio Harvey
 P.O. Box 16
 Rockpoint, AZ 86545

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 mail piece, or on the front if space permits.

Article Addressed to:

Lotherio Harvey
 P.O. Box 16
 Rockpoint, AZ 86545

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lotherio Harvey* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Lotherio Harvey* ☐ Agent ☐ Addressee

C. Date of Delivery: *18 JUL 2014*

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 ☐ No

2. Article Number: *7006 2760 0001 6376 6197*

7006 2760 0001 6376 6050

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here
JUL - 3 2014

Sent To: Carlos Harvey
3525 Jefferson Ave. #A
Ogden, UT 84403

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Carlos Harvey

B. Received by (Printed Name) *Carlos Harvey* C. Date of Delivery *7-16-14*

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)
7006 2760 0001 6376 6050

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

7006 2760 0001 6376 6050

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Post		

Postmark Here
JUL - 3 2014

Sent To: Mary Harvey, aka Mary
Harvey Pinto (Mary H. Pinto)
HC 17 Box 1000
Cuba, NM 87013

PS Form 3811, February 2004

Return

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Sent To: Willie Harvey
 Street or PO: P.O. Box 231
 City, St: Counselor, NM 87018

PS Form 3811 February 2004

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Sent To: Willie Harvey
 Street or PO: P.O. Box 231
 City, St: Counselor, NM 87018

PS Form 3811 February 2004

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

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Sent To: Raymond Harvey
 Street or PO: HCR 4 Box 400-247
 City, St: Shiprock, NM 87402

PS Form 3811 February 2004

7006 2760 0001 6376 6166

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

For delivery information visit our **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark
 JUL - 3 2014

Carlo Harvey
 4710 Box Elder St.
 Salt Lake City, UT 84107

PS Form 3800, August 2000

See reverse for instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- 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:

Carlo Harvey
 4710 Box Elder St.
 Salt Lake City, UT 84107

2. Article Number:
 (Transfer from service label)

7006 2760 0001 6376 6166

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X *Cynthia Harvey*

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

7006 2760 0001 6376 6203

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark
 JUL - 3 2014

Carlos Harvey
 3525 Jefferson Ave., #A
 Ogden, UT 84403

PS Form 3800, August 2000

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:

Carlos Harvey
 3525 Jefferson Ave., #A
 Ogden, UT 84403

2. Article Number:
 (Transfer from service label)

7006 2760 0001 6376 6203

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X *Carlin Harvey*

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

Carlin Harvey 7-16-14

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

7006 2760 0001 6376 6173

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 \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
To:	
Carol Marie Yazzie, aka Carol Marie Harvey Yazzie	
P.O. Box 1083	
Keams Canyon, AZ 86034	
PS Form 3811, February 2004	

JUL 3 2014

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece on the front if space permits.	A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) ☐ Agent ☐ Addressee C. Date of Delivery
4. Article Addressed to: Carol Marie Yazzie, aka Carol Marie Harvey Yazzie P.O. Box 1083 Keams Canyon, AZ 86034	D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
5. Article Number 7006 2760 0001 6376 6173	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
6. Restricted Delivery? (Extra Fee) ☐ Yes	

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 7156

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 \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
To:	
Caroline Marie Harvey aka Caroline M. Harvey	
P.O. Box 493	
Sanostee, NM 87461	
PS Form 3811, February 2004	

JUL 3 2014

7006 2760 0000 T000 0922 9002
2229 92E9

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154	
SENDER: COMPLETE THIS SECTION 1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits. 4. Article Addressed to: Nee De Bah, aka Gloria A. Norberto, aka Gloria Atencio Norberto, aka Nee De Bah (Atencia) 324 W. Blanco Blvd, Trlr 17 Bloomfield, NM 87413	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☐ Addressee Gloria Norberto B. Received by (Printed Name) C. Date of Delivery Gloria Norberto 5/11/04 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 11 1111 1111 1111 1111 1111 1111 1111 (Transfer from service label)	

7006 2760 0001 6376 6104

U.S. Postal Service		CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit us at		WPX/S. CHACO	
OFFICI			
Postage	\$		
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To		Postmark Here	
Street, Ap or PO Box		JUL - 3 2014	
City, State			
PS Form		Nonst	

Emma (Na Glee Des Bah)
Martinez, aka Emma Martinez
P.O. Box 5
Nageezi, NM 87037

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mail piece, or on the front if space permits.		A. Signature <i>Jerry Martinez</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Emma (Na Glee Des Bah) Martinez, aka Emma Martinez P.O. Box 5 Nageezi, NM 87037		B. Received by (Printed Name) C. Date of Delivery Jerry Martinez 7/10/14	
2. Article Number 7006 2760 0001 6376 6104		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	
PS Form 3841, February 2004 PS Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6376 6746

U.S. Postal Service		CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit us at		WPX/S. CHACO	
OFFICI			
Postage	\$		
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)			
Total	\$		
Sent To		Postmark Here	
Street, Ap or PO Box		JUL - 3 2014	
City, State			
PS Form		Instructions	

Leander Michael Benally, aka
Leander Benally
6243 W. Zoe Ella Way
Glendale, AZ 85306

7006 2760 0001 6376 6753

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Postmark
 JUL 1-3 2014

Sent To
 Mary Jane N Pinto (Coocoyate)
 (Concho) (aka Mary Jane Pinto)
 P.O. Box 1453
 Zuni, NM 87327

PS Form 3811, February 2004

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 Jane N Pinto (Coocoyate)
 (Concho) (aka Mary Jane Pinto)
 P.O. Box 1453
 Zuni, NM 87327

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 6753

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

THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

B. Received by (Printed Name)
 Julie C. De la Cruz

C. Date of Delivery
 7/10/14

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

7006 2760 0001 6376 6135

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Postmark
 JUL -3 2014

Sent To
 Nina Atencio
 P.O. Box 175
 Nageezi, NM 87037

PS Form 3811, February 2004

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:
 Nina Atencio
 P.O. Box 175
 Nageezi, NM 87037

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 6135

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 Nina Atencio

C. Date of Delivery
 7/7/14

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

7006 2760 0001 6376 6142

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

For delivery information visit our **WPX/S. CHACO OFFICIAL**

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)

Total 6.00

Sent To
 Street or PO Box
 City, State

Arlene Atencio (aka Arlene Atencio Trujillo)
 P.O. Box 403
 Nageezi, NM 87037

PS Form 3800, August 2000 See Reverse for Instructions

JUL - 3 Postmark Here

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Arlene Atencio (aka Arlene Atencio Trujillo)
 P.O. Box 403
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6142

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X Ella T. Antonio ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
Ella T. Antonio
- C. Date of Delivery
7-7-14
- 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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Pauline Sandoval (aka Pauline S Sandoval Shorty)
 P.O. Box 298
 Kirtland, NM 87417

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6784

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

- A. Signature
 X Pauline S Shorty ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
Pauline S Shorty
- 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

7006 2760 0001 6376 6784

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

For delivery information visit our **WPX/S. CHACO OFFICIAL**

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees 6.00

Sent To
 Street, Apt. or PO Box
 City, State

Pauline Sandoval (aka Pauline S Sandoval Shorty)
 P.O. Box 298
 Kirtland, NM 87417

PS Form 3800, August 2000 See Reverse for Instructions

JUL - 5 Postmark Here

7006 2760 0001 6376 6791

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: Johnson Chiquito
 P.O. Box 203
 Counselor, NM 87018

Postmark Here: JUL - 3 2014

PS Form 3811, February 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
 Johnson Chiquito
 P.O. Box 203
 Counselor, NM 87018

2. Article Number (Transfer from service label): 7006 2760 0001 6376 6791

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *Dikene Chiquito*
 C. Date of Delivery: *7/18/14*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

7006 2760 0001 6376 6029

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: Vernie Teba Bia
 23 Mae Ln.
 Gamerco, NM 87317

Postmark Here: JUL - 3 2014

PS Form 3811, February 2004

7006 2760 0001 6376 6814

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit **WPX/S. CHACO**
OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here JUL 3 2014

Bill Chiquito, aka Billy Chiquito
 General Delivery
 Counselor, NM 87018

PS Form 3800, August 2005

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit **WPX/S. CHACO**
OFFICIAL USE

1. Article Addressed to:
 Bill Chiquito, aka Billy Chiquito
 General Delivery
 Counselor, NM 87018

2. Article Number: 1117006 12760 0001 6376 6814
 (Transfer from service label)

PS Form 3800, February 2004

THIS SECTION ON DELIVERY

A. Signature: *Shirley Herrera*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *Shirley Herrera*
 C. Date of Delivery: *7/8/14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6376 6005

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit **WPX/S. CHACO**
OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here JUL -3 2014

Miranda Frances Blatchford
 P.O. Box 1134
 Fort Defiance, AZ 86504

PS Form 3800, August 2005

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit **WPX/S. CHACO**
OFFICIAL USE

1. Article Addressed to:
 Miranda Frances Blatchford
 P.O. Box 1134
 Fort Defiance, AZ 86504

2. Article Number: 1117006 12760 0001 6376 6005
 (Transfer from service label)

PS Form 3800, February 2004

THIS SECTION ON DELIVERY

A. Signature: *Miranda Blatchford*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *Miranda Blatchford*
 C. Date of Delivery: *7/8/14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6376 6838

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Postmark Here JUL - 3 2014	
Sent To Willie Chiquito General Delivery Counselor, NM 87018	
PS Form 3800, August 2004	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Postmark Here JUL - 3 2014	
Sent To Willie Chiquito General Delivery Counselor, NM 87018	
PS Form 3800, August 2004	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X <i>Natasha San</i>	☐ 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 7006 2760 0001 6376 6838	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 6845

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL - 3 2014	
Sent To Wilson Joe Chiquito General Delivery Counselor, NM 87018	
PS Form 3800, August 2004	

Return

7006 2760 0001 6376 3851

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information visit **usps.com**

OFFICIAL USE

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 JUL - 3 2014

Sent To
 Delfred Leonard Smith
 302 Zia Ct.
 Gallup, NM 87301

PS Form 3811, February 2004

SEND TO COMPLETE THIS SECTION

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

Article Addressed to:
 Delfred Leonard Smith
 302 Zia Ct.
 Gallup, NM 87301

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Dana Smith
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Dana Smith

C. Date of Delivery
7/3/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6376 3851

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

7006 2760 0001 6376 3868

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information visit **usps.com**

OFFICIAL USE

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 JUL - 3 2014

Sent To
 Geraldine Ann Howard
 P.O. Box 313
 Chinle, AZ 86503

PS Form 3811, February 2004

SEND TO COMPLETE THIS SECTION

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

Article Addressed to:
 Geraldine Ann Howard
 P.O. Box 313
 Chinle, AZ 86503

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Geraldine Howard
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Geraldine Howard

C. Date of Delivery
7/3/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6376 3868

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

7006 2760 0001 6376 5954

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

To: Larry F Smith
 c/o Superintendent, Eastern Navajo Agency
 P.O. Box 328
 Crownpoint, NM 87313

Postmark Here JUL 8 2014

PS Form 3811, February 2004

7006 2760 0001 6376 5947

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Total Postage & Fees \$

Sent To: Esther A Largo aka Esther Atencio
 aka Esther Atencio (Largo)
 P.O. Box 4203
 Yah Ta Hey, NM 87375

Postmark Here JUL 8 2014

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Esther A Largo aka Esther Atencio
 aka Esther Atencio (Largo)
 P.O. Box 4203
 Yah Ta Hey, NM 87375

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Esther A Largo*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *Esther A Largo*
 C. Date of Delivery: JUL - 8 2014

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: 17006 2760 0001 6376 5947

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

7006 2760 0001 6376 5930

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
JUL -3 2014

Sent To
 Cecil Atencio
 P.O. Box 522
 Canoncito, NM 87026

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, February 2004

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:
 Cecil Atencio
 P.O. Box 522
 Canoncito, NM 87026

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 5930

PS Form 3811, February 2004

SECTION ON DELIVERY

A. Signature
 X Cecil Atencio ☐ 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

102595-02-M-1540

7006 2760 0001 6376 5930

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
JUL -3 2014

Sent To
 Robert Atencio
 P.O. Box 443
 Nageezi, NM 87037

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, February 2004

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:
 Robert Atencio
 P.O. Box 443
 Nageezi, NM 87037

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 5930

PS Form 3811, February 2004

SECTION ON DELIVERY

A. Signature
 X Robert Atencio ☐ 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

102595-02-M-1540

7006 2760 0001 6376 5906

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information visit usps.com	
OFFICIAL	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL -3 2014	
Sent To	Aaron Trujillo
Street, or P.O.	P.O. Box 108
City, St.	Nageezi, NM 87037
PS Form	uctions

7006 2760 0001 6376 3936

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information visit usps.com	
OFFICIAL	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To	Ethelene Tsosie
Street, or P.O.	P.O. Box 246
City, St.	Nageezi, NM 87037
PS Form	uctions

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.		COMPLETE THIS SECTION ON DELIVERY A. Signature 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	
1. Article Addressed to: Ethelene Tsosie P.O. Box 246 Nageezi, NM 87037		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7006 2760 0001 6376 3936			
PS Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-1540			

7006 2760 0001 6376 5886

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total P		

Postmark Here
JUL -3 2014

Sent To
Mae Lopez Smith
P.O. Box 161
Nageezi, NM 87037

Street, A
or PO Bo
City, Sta

PS Form 3811, February 2004

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:
Mae Lopez Smith
P.O. Box 161
Nageezi, NM 87037

2. Article Number
(Transfer from service label) 7006 2760 0001 6376 5886

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6376 5879

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **WPX/S. CHACO**
OFFICI

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total P		

Postmark Here
JUL -3 2014

Sent To
Mae Trujillo
P.O. Box 246
Nageezi, NM 87037

Street, A
or PO Bo
City, Sta

PS Form 3811, February 2004

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:
Mae Trujillo
P.O. Box 246
Nageezi, NM 87037

2. Article Number
(Transfer from service label) 7006 2760 0001 6376 5879

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6376 5862

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **usps.com**
OFFICIAL WPX/S. CHACO

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total P		

Postmark: JUL 14

Sent To: Jack Trujillo (aka Hoshka Chinaba (Jack) Trujillo)
 P.O. Box 352
 Nageezi, NM 87037

Street, A or PO Box: _____
 City, State: _____

PS Form 3811, January 2004

*Julia
T
Pacheco*

SEND

- 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:

Jack Trujillo (aka Hoshka
 Chinaba (Jack) Trujillo)
 P.O. Box 352
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 5862

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X Jack Trujillo* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Jack Trujillo*

C. Date of Delivery: *7/7/14*

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

7006 2760 0001 6376 8023

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 *For delivery information visit our **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
 JUL - 3 2014

Sent to: Louise Trujillo
 Street or PO: 2605 W. Main St., Trlr 4
 City, State: Farmington, NM 87401

PS Form 3810, February 2004

7006 2760 0001 6376 5848

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 *For delivery information visit our **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Sent to: Nelson Trujillo
 Street or PO: P.O. Box 271
 City, State: Nageezi, NM 87037

PS Form 3810, February 2004

130

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: Nelson Trujillo P.O. Box 271 Nageezi, NM 87037	A. Signature: <u>X Nelson Trujillo</u> ☐ Agent ☐ Addressee B. Received by (Printed Name): <u>Nelson Trujillo</u> C. Date of Delivery: <u>7/10/14</u> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
2. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	3. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No
Article Number: <u>7006 2760 0001 6376 5848</u>	

PS Form 3810, February 2004 Domestic Return Receipt 102585-02-M-1540

7006 2760 0001 6376 5831

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	3.50
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	
Bessie T Pacheco aka Dessie Trujillo Pacheco aka Dessie Trujillo (aka Bessie Pacheco Trujillo) P.O. Box 2021 Bloomfield, NM 87413	
Sent To Street or PO City, State	
PS Form 3811, February 2004	Instructions

Postmark
Here
JUL - 3 2014

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:

Bessie T Pacheco aka Dessie Trujillo
Pacheco aka Dessie Trujillo (aka
Bessie Pacheco Trujillo)
P.O. Box 2021
Bloomfield, NM 87413

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 5831

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bessie Pacheco

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Bessie Pacheco

C. Date of Delivery

7-8-14

D. Is delivery address different from item 1?

☐ Yes
☒ No

If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes
☒ No

7006 2760 0001 6376 8054

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Dorothy Trujillo P.O. Box 6374 Navajo Dam, NM 87419	
Sent To Street or PO City, State	
PS Form 3811, February 2004	Instructions

Postmark
Here
JUL - 3 2014

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:

Dorothy Trujillo
P.O. Box 6374
Navajo Dam, NM 87419

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 8054

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dorothy Trujillo

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Dorothy Trujillo

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes
☒ No

If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

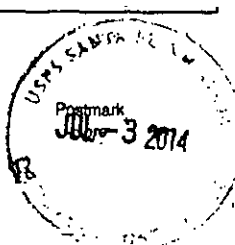
4. Restricted Delivery? (Extra Fee)

☐ Yes
☒ No

Kenneth
Trojillo

7006 2760 0001 6376 5817

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information, visit our WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent Manuel Coeeyate aka Manuel Natchapani (aka Manuel Coeeyate Natchapani) 3301 Monroe St. NE, Unit G76 City, Albuquerque, NM 87110	
PS Form 3811	Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature  ☐ Agent ☒ Addressee B. Received by (Printed Name) Manuel Coeeyate C. Date of Delivery 7-5-14 D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: Manuel Coeeyate aka Manuel Natchapani (aka Manuel Coeeyate Natchapani) 3301 Monroe St. NE, Unit G76 Albuquerque, NM 87110		3. Service Type: ☒ Certified Mail ☐ Registered Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number: 7006 2760 0001 6376 5817 <i>(Transfer from service label)</i>		Domestic Return Receipt	

PS Form 3811, February 2004

102595-02-M-1540

7006 2760 0001 6376 5800

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

For delivery information visit **WPX/S. CHACO**
OFFICI

Postage \$ 330
 Certified Fee 270
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Matilda Natchapani aka
 Matilda Tyla Natchapani
 P.O. Box 1614
 Bloomfield, NM 87413

PS Form 3800, August 2005

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:
 Matilda Natchapani aka
 Matilda Tyla Natchapani
 P.O. Box 1614
 Bloomfield, NM 87413

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 5800

COMPLETE THIS SECTION ON DELIVERY

A. Signature Matilda Natchapani ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Matilda T. Natchapani C. Date of Delivery 7/10/14
 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

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

7006 2760 0001 6376 8085

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

For delivery information visit **WPX/S. CHACO**
OFFICI

Postage \$ 330
 Certified Fee 270
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total P:

Helenora Coveyita Coeeyate aka
 Helenora Coveyita Natchapani aka
 Helenora C. Natchapani
 1335 Crowley Lane, Apt. 20
 Fairfield, CA 94533

PS Form 3800, August 2005

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:
 Helenora Coveyita Coeeyate aka
 Helenora Coveyita Natchapani aka
 Helenora C. Natchapani
 1335 Crowley Lane, Apt. 20
 Fairfield, CA 94533

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 8085

COMPLETE THIS SECTION ON DELIVERY

A. Signature Helenora Coveyita ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Helenora C. Natchapani C. Date of Delivery 7/7/14
 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

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

7006 2760 0001 6376 8092

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL -3 2014

Sent To: Ella Mae Atencio (Haceesa),
 aka Ella Mae A. Haceesa
 P.O. Box 137
 Nageezi, NM 87037

Street, A or PO Box
 City, Sta.

PS Form 3811

7006 2760 0001 6376 8108

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL -3 2014

Sent To: Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

Street, A or PO Box
 City, Sta.

PS Form 3811

SENDER: CC

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:
 Ella Mae Atencio (Haceesa),
 aka Ella Mae A. Haceesa
 P.O. Box 137
 Nageezi, NM 87037

2. Article Number: 117006 2760 0001 6376 8092
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Ella Haceesa
☐ Agent
☐ Addressee

B. Received by (Printed Name): Ella Haceesa
 C. Date of Delivery: 7/7/14

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

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:
 Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

2. Article Number: 117006 2760 0001 6376 8108
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Pauline Atencio
☐ Agent
☐ Addressee

B. Received by (Printed Name): Pauline Atencio
 C. Date of Delivery: 7-10-14

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

7006 2760 0001 6376 9532

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent To: **Jennie Yawakia Coeoyate**
 c/o Superintendent, Zuni Agency
 P.O. Box 369
 Zuni, NM 87327

PS Form 3811, February 2004

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:
 Jennie Yawakia Coeoyate
 c/o Superintendent, Zuni Agency
 P.O. Box 369
 Zuni, NM 87327

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 9532

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

RECEIVER: COMPLETE THIS SECTION

A. Signature ☐ Agent ☐ Addressee
 X *Jennie Chavez*

B. Received by (Printed Name) *Jennie Chavez* C. Date of Delivery *7/8/14*

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

7006 2760 0001 6376 9525

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	Postmark Here JUL - 3 2014
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To: **Judy Wallace**
 P.O. Box 894
 Zuni, NM 87327

PS Form 3811, February 2004

SENDER: COM.

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:
 Judy Wallace
 P.O. Box 894
 Zuni, NM 87327

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 9525

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

RECEIVER: COMPLETE THIS SECTION

A. Signature ☐ Agent ☐ Addressee
 X *Judy Wallace*

B. Received by (Printed Name) *Judy Wallace* C. Date of Delivery *7-7-14*

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

7006 2760 0001 6376 9518

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
JUL - 3 2014

Sent To: Donald Natchapani Niiha
 Street, A or PO Box: P.O. Box 613
 City, State: Ramah, NM 87321

PS Form 3811, February 2004

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:
 Donald Natchapani Niiha
 P.O. Box 613
 Ramah, NM 87321

2. Article Number (Transfer from service label): 7006 2760 0001 6376 9518

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Donald N Niiha*
☐ Agent
☐ Addressee

B. Received by (Printed Name): *Donald N Niiha*
 C. Date of Delivery: *7-5-2014*

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

102595-02-M-1540

7006 2760 0001 6376 5732

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total P	\$	

Postmark Here
JUL 3 2014

Sent To: Dorothea Leigh Lahi
 Street, A or PO Box: P.O. Box 1572
 City, State: Zuni, NM 87327

PS Form 3811, February 2004

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:
 Dorothea Leigh Lahi
 P.O. Box 1572
 Zuni, NM 87327

2. Article Number (Transfer from service label): 7006 2760 0001 6376 9501

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Dorothea Niiha*
☐ Agent
☐ Addressee

B. Received by (Printed Name): *Dorothea Niiha*
 C. Date of Delivery: *7/10/14*

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

102595-02-M-1540

7006 2760 0001 6376 5732

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 9495

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here
JUL -3 2014

Sent To: Phillip Edward Lahi
 Street, or P.O. I: P.O. Box 841
 City, St: Zuni, NM 87327

PS Form 3811, February 2004 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Postmark Here
JUL -3 2014

Sent To: Phillip Edward Lahi
 Street, or P.O. I: P.O. Box 841
 City, St: Zuni, NM 87327

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Phillip Edward Lahi
 P.O. Box 841
 Zuni, NM 87327

2. Article Number
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Phillip Lahi* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Phillip Lahi

C. Date of Delivery
 7-7-14

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

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

7006 2760 0001 6376 5718

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here
JUL 13 2014

Sent To: Cecil Werito
 Street, or P.O. I: P.O. Box 71
 City, St: Bloomfield, NM 87413

PS Form 3811, February 2004 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Postmark Here
JUL 13 2014

Sent To: Cecil Werito
 Street, or P.O. I: P.O. Box 71
 City, St: Bloomfield, NM 87413

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Cecil Werito
 P.O. Box 71
 Bloomfield, NM 87413

2. Article Number
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Phoebe Werito* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 Phoebe Werito

C. Date of Delivery
 7/7/14

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

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

7006 2760 0001 6376 5701

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Price		

Postmark
JUL 1 2014

Sent To: Mary B Manygoats
 Street, Apt. or PO Box: P.O. Box 7
 City, State: Tohatchi, NM 87325

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Mary B Manygoats
 P.O. Box 7
 Tohatchi, NM 87325

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mary B Manygoats* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *Mary B Manygoats* C. Date of Delivery: *7-08-14*
 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: *11170061 2760110001 6376 5701*
 (Transfer from service label)

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

7006 2760 0001 6376 9464

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark
JUL - 3 2014

Sent To: Elouise L Chevarillo
 Street, Apt. or PO Box: 2550 East 16th, 8-203
 City, State: Farmington, NM 87401

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Elouise L Chevarillo
 2550 East 16th, 8-203
 Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Elouise L Chevarillo* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *Elouise L Chevarillo* C. Date of Delivery: *7-7-14*
 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: *11170061 2760110001 6376 9464*
 (Transfer from service label)

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

7006 2760 0001 6376 5688

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To: Leona M Lewis Street, Apt. or PO Box: 1214 Randolph Ave. City, State: Farmington, NM 87401	
PS Form 3800, June 2011	



7006 2760 0001 6376 5671

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To: Leroy Harrison Street, Apt. or PO Box: 1214 Randolph Ave. City, State: Farmington, NM 87401	
PS Form 3800, June 2011	



7006 2760 0001 6376 9433

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Inland Return Receipts)
 For delivery information visit usps.com

WPX/S. CHACO OFFICE

Postage \$
 Certified Fee 3.80
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 JUL 3 2014
 DE VANDAS

Sent To
 Street, or PO Box
 City, State, ZIP+4®
 PS Form 3811, February 2004

Bertha K Begay
 P.O. Box 443
 Churchrock, NM 87311

SENDER: COMPLETE THIS SECTION

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

4. Article Addressed to:
 Bertha K Begay
 P.O. Box 443
 Churchrock, NM 87311

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 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 No

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

7006 2760 0001 6376 9426

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Inland Return Receipts)
 For delivery information visit usps.com

WPX/S. CHACO OFFICE

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 JUL -3 2014
 CHACO

Sent To
 Street, or PO Box
 City, State, ZIP+4®
 PS Form 3811, February 2004

Irene K George
 General Delivery
 Counselor, NM 87018

SENDER: COMPLETE THIS SECTION

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

4. Article Addressed to:
 Irene K George
 General Delivery
 Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 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 No

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

7006 2760 0001 6376 5640

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **WPX/S. CHACO****OFFIC**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Price	\$	

Postmark Here **JUL 12 2014**

Sent To: Marjorie K Pablo (aka Marjorie K Pablo (Wau))
Street, Apt. or PO Box: P.O. Box 1964
City, State: Ignacio, CO 81137

PS Form 3811, February 2004

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:

Marjorie K Pablo (aka Marjorie K Pablo (Wau))
P.O. Box 1964
Ignacio, CO 81137

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **JUL 12 2014**

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

7006 2760 0001 6376 9402

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **WPX/S. CHACO****OFFIC**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here **JUL 13 2014**

Sent To: Lula Jake
Street, Apt. or PO Box: General Delivery
City, State: Counselor, NM 87018

PS Form 3811, February 2004

SENDER: CC

- 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:

Lula Jake
General Delivery
Counselor, NM 87018

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ON ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **7/13/14**

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

7006 2760 0001 6376 5626

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$		Postmark Here JUL - 3 2014
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)			
Total Postage			

Sent To
 Rosie K Toledo (aka Rosie Keetso Toledo)
 P.O. Box 75
 Counselor, NM 87018

PS Form 3800, August 2006

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:
 Rosie K Toledo (aka Rosie Keetso Toledo)
 P.O. Box 75
 Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Rosie Toledo* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 7/7/14

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)
 11 17006 2760 0001 6376 5626

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

7006 2760 0001 6376 5619

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$		Postmark Here JUL - 3 2014
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)			
Total Postage			

Sent To
 Willie Keetso
 General Delivery
 Counselor, NM 87018

PS Form 3800, August 2006

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:
 Willie Keetso
 General Delivery
 Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Willie Keetso* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 7/7/14

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)
 11 17006 2760 0001 6376 5619

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

7006 2760 0001 6376 9372

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street, or PO Box
 City, State
 PS Form 3811, February 2004

Betty Trujillo
 172 6th St., Apt. 209
 San Francisco, CA 94103

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Betty Trujillo
 172 6th St., Apt. 209
 San Francisco, CA 94103

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6376 9372

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 7/9/14

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

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

7006 2760 0001 6376 9365

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

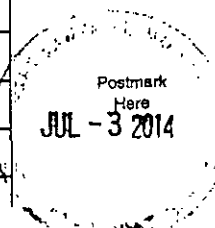


Sent To
 Street, or PO Box
 City, State
 PS Form 3811, February 2004

Esther Trujillo
 110 Rudy Ln, Apt. 18
 Gallup, NM 87301

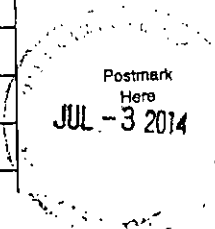
7006 2760 0001 6376 9358

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total F	
Sent To: Hugh Trujillo Street, or PO E: HC 17, Box 1000 City, St: Cuba, NM 87013	
PS Form	Instructions



7006 2760 0001 6376 9341

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total F	
Sent To: Wilson Trujillo Street, or PO E: P.O. Box 1012 City, St: Cuba, NM 87013	
PS Form	Instructions



SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
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.		A. Signature ☒ Agent ☒ Addressee	
1. Article Addressed to: Wilson Trujillo P.O. Box 1012 Cuba, NM 87013		B. Received by (Printed Name) C. Date of Delivery 7/7/13	
2. Article Number(s) (Transfer from service label) 111 7006 2760 0001 6376 9341		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	

7006 2760 0001 6376 9334

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance)
For delivery information visit usps.com WPX/S. CHACO
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here
JUL - 3 2014

Sent 1 Bonita M Pincion
Street or PO 512 Texas St. NE, Apt. A
City, State Albuquerque, NM 87108

PS Form

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:

Bonita M Pincion
512 Texas St. NE, Apt. A
Albuquerque, NM 87108

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 9334

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bonita Pincion* Agent ☐ Addressee ☐

B. Received by (Printed Name) *Bonita Pincion* C. Date of Delivery *7/2/2014*

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

7006 2760 0001 6376 9327

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance)
For delivery information visit usps.com WPX/S. CHACO
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here
JUL 3 2014

Sent 1 Edmund Coeoyate
Street or PO 512 Texas St. NE, Apt. A
City, State Albuquerque, NM 87108

PS Form

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:

Edmund Coeoyate
512 Texas St. NE, Apt. A
Albuquerque, NM 87108

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 9327

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bonita Pincion* Agent ☐ Addressee ☐

B. Received by (Printed Name) *Bonita Pincion* C. Date of Delivery *7/2/2014*

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

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

For delivery information visit usps.com

OFFICE

Postage \$

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total Pr

Postmark Here
JUL -3 2014

Alfred Harrison, Sr aka Alfred Harrison
P.O. Box 73
Counselor, NM 87018

Sent To
Street, Apt or PO Box
City, State

PS Form 3849, June 2010

SENDER: COMPLETE THIS SECTION		ADDRESSEE: COMPLETE THIS SECTION	
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mail piece, or on the front if space permits.		A. Signature ☐ Agent ☐ Addressee <i>x Phil H. Lazo</i>	
4. Article Addressed to: Alfred Harrison, Sr aka Alfred Harrison P.O. Box 73 Counselor, NM 87018		B. Received by (Printed Name) C. Date of Delivery	
5. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
6. Article Number		7. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
8. Restricted Delivery? (Extra Fee) ☐ Yes		9. Tracking Number 7086 2760 0001 6376-9310	
10. Transfer from service to		11. Domestic Return Receipt	

PS Form 3815 February 2004

102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only. No International)</i>	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: Donald Harrison P.O. Box 345 Nageezi, NM 87037	
Postmark: Here	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Seannith Jim</i> ☐ Agent ☒ Addressee	
1. Article Addressed to: Donald Harrison P.O. Box 345 Nageezi, NM 87037		B. Received by (Printed Name) <i>Seannith Jim</i> C. Date of Delivery 7-8-14	
2. Article Number 7006 2760 0003 6376 8303		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
3. Service type ☒ Certified Mail ☐ Registered ☐ Insured Mail		☐ Express Mail ☒ Return Receipt for Merchandise ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee) ☐ Yes		5. Article Number 7006 2760 0003 6376 8303	

7006 2760 0001 6376 5510

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage	\$
Certified Fee	300
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent: Herbert Harrison Street or PO: HC 17, Box 1000 City: Cuba, NM 87013	
PS Form 3800, August 2009 Instructions	

JUL 12 2014
Postmark Here

7006 2760 0001 6376 9280

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent: Larry Harrison Street or PO: P.O. Box 301 City: Bloomfield, NM 87413	
PS Form 3800, August 2009 Instructions	

JUL 12 2014
Postmark Here

7006 2760 0001 6376 9273

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

For delivery information visit **WPX/S. CHACO**

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
JUL 7 2014

Sent
 Street or PO
 City

Maxine C Harrison (Griffith),
 aka Maxine Griffith
 2550 E. 16th, Bld 10, Apt. 101
 Farmington, NM 87401

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Maxine C Harrison (Griffith),
 aka Maxine Griffith
 2550 E. 16th, Bld 10, Apt. 101
 Farmington, NM 87401

2. Article Number 11 7006 2760 0001 6376 9273

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Maxine Griffith* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Maxine Griffith* C. Date of Delivery *7-7-14*
 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

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

7006 2760 0001 6376 9266

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

For delivery information visit **WPX/S. CHACO**

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
JUL 7 2014

Sent
 Street or PO
 City

Nelson Harrison
 P.O. Box 1592
 Bloomfield, NM 87413

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Nelson Harrison
 P.O. Box 1592
 Bloomfield NM 87413

2. Article Number 11 7006 2760 0001 6376 9266

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Nelson Harrison* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Nelson Harrison* C. Date of Delivery *7/7/14*
 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

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

7006 2760 0001 6376 9259

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

For delivery information visit our **WPX/S. CHACO OFFICIAL**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

JUL 8 2014

To: Florence Harrison
 P.O. Box 3694
 Farmington, NM 87499

PS Form 3811, February 2004

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:

Florence Harrison
 P.O. Box 3694
 Farmington, NM 87499

2. Article Number

(Transfer from service label)

17006 2760 0001 6376 9259

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Florence Harrison*

B. Received by (Printed Name): *Florence Harrison*

C. Date of Delivery: *7/8/14*

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

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6376 9242

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

For delivery information visit our **WPX/S. CHACO OFFICIAL**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

JUL 8 2014

To: Cheryl Cooyate
 P.O. Box 365
 Zuni, NM 87327

PS Form 3811, February 2004

SENDER: C

- 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:

Cheryl Cooyate
 P.O. Box 365
 Zuni, NM 87327

2. Article Number

(Transfer from service label)

17006 2760 0001 6376 9242

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cheryl Cooyate*

B. Received by (Printed Name): *Cheryl Cooyate*

C. Date of Delivery: *7/7/14*

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

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6376 4193

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total	

PS Form 3800, August 2006

Sent To: Clarice Coeoyate
 P.O. Box 365
 Zuni, NM 87327

Street, Apt. N or PO Box Nk:
City, State, Z:

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Clarice Coeoyate
 P.O. Box 365
 Zuni, NM 87327

2. Article Number: 7006 2760 0001 6376 4193
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Clarice Coeoyate*
☐ Agent
☐ Addressee

B. Received by (Printed Name): *Clarice Coeoyate*
 C. Date of Delivery: *7/7/14*

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 3811, February 2004

7006 2760 0001 6376 9228

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

PS Form 3800, August 2006

Sent To: Farland Coeoyate
 P.O. Box 442
 Zuni, NM 87327

Street, Apt. N or PO Box Nk:
City, State, Z:

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Farland Coeoyate
 P.O. Box 442
 Zuni, NM 87327

2. Article Number: 7006 2760 0001 6376 9228
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Farland Coeoyate*
☐ 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

PS Form 3811, February 2004

7006 2760 0001 6377 1740

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

For delivery information

WPX/S. CHACO

OFF

Postage \$

Certified Fee

330

Return Receipt Fee
(Endorsement Required)

270

Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

Gloria Cooneyate
 P.O. Box 365
 Zuni, NM 87327

Street, Apt.
 or PO Box
 City, State

PS Form 3811, February 2004



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:

Gloria Cooneyate
 P.O. Box 365
 Zuni, NM 87327

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 1740

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Jenny Cooneyate

7/7/14

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

SENDER

- 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:

Norma Cooneyate (aka Norman
 J. Cooneyate)
 P.O. Box 365
 Zuni, NM 87327

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 1733

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Jenny Cooneyate

7/7/14

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

7006 2760 0001 6377 1733

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

For delivery information

WPX/S. CHACO

OFF

Postage \$

Certified Fee

330

Return Receipt Fee
(Endorsement Required)

270

Restricted Delivery Fee
(Endorsement Required)

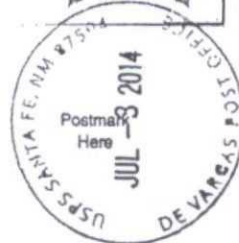
Total Postage & Fees \$

Sent To

Norma Cooneyate (aka Norman
 J. Cooneyate)
 P.O. Box 365
 Zuni, NM 87327

Street
 or PO
 City, S

PS Form



7006 2760 0001 6376 9198

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **usps.com**

OFFICE

WPX/S. CHACO

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

330

270

JUL - 3 2014

Sent To
 Street, Apt.
 or PO Box
 City, State

Alfred Trujillo
 P.O. Box 1352
 Farmington, NM 87499

PS Form

1000

7006 2760 0001 6377 0019

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **usps.com**

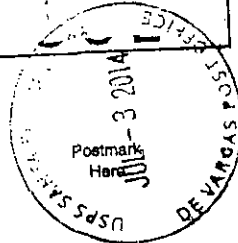
OFFICE

WPX/S. CHACO

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Po

330

270



Sent To
 Street, Apt.
 or PO Box
 City, State

Cecelia Werito
 P.O. Box 1274
 Fruitland, NM 87416

PS Form 3800, August 2000

SEE INSTRUCTIONS FOR POSTAGE

SENDER: COMPLETE (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

THIS SECTION ON DELIVERY

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

1. Article Addressed to:
 Cecelia Werito
 P.O. Box 1274
 Fruitland, NM 87416

2. Signature
 Ray Antonio
 Received by (Printed Name)
 Ray Antonio
 C. Date of Delivery
 7-7-14

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Article Number (15 digits)
 7006 2760 0001 6377 0019

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

7006 2760 0001 6377 0026

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

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
 JUL 15 2014
 DE VARGAS

Sent To: Clifford Werito
 Street or PO Box: 900 CR 3000
 City: Aztec, NM 87410

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Clifford Werito
 900 CR 3000
 Aztec, NM 87410

2. Article Number: 7006 2760 0001 6377 0026
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): Angelina *[Signature]* C. Date of Delivery: 8/15/14

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

JUL 15 2014

7006 2760 0001 6377 1030

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

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
 JUL 15 2014
 DE VARGAS

Sent To: Grace Romero
 Street or PO Box: 2659 SW Fairway Pt
 City: Oak Harbor, WA 98277

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Grace Romero
 2659 SW Fairway Pt
 Oak Harbor, WA 98277

2. Article Number: 7006 2760 0001 6377 1030
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[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

7006 2760 0001 6377 1047

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed for Return Receipt)
 For delivery information, visit www.usps.com

OFFICIAL MAIL

WPX/S. CHACO

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Paid

Postmark Here
 JUL - 3 2004

Sent To
 Street, Ap or PO Box
 City, State

Mary Trujillo
 309 N. 3rd St., Sp #28
 Bloomfield, NM 87413

PS Form 3800, August 2003

SENDER: COMPLETE THIS SECTION

1. 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.

2. Article Addressed to:
 Mary Trujillo
 309 N. 3rd St., Sp #28
 Bloomfield, NM 87413

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Mary Trujillo ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Mary Trujillo

C. Date of Delivery
 7/15/04

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

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 1047

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

7006 2760 0001 6377 1054

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed for Return Receipt)
 For delivery information, visit www.usps.com

OFFICIAL MAIL

WPX/S. CHACO

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Paid

Postmark Here
 JUL - 3 2004

Sent To
 Street, Ap or PO Box
 City, State

Mary Trujillo (aka Mary T. Harper)
 1550 W. 500 N
 Salt Lake City, UT 84116

PS Form 3800, August 2003

SENDER: COMPLETE THIS SECTION

1. 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.

2. Article Addressed to:
 Mary Trujillo aka Mary T. Harper
 1550 W. 500 N
 Salt Lake City, UT 84116

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Mary Trujillo ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Mary Trujillo

C. Date of Delivery
 7/18/04

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

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 1054

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

7006 2760 0001 6377 1061

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

For delivery information visit **usps.com**

OFFICIAL WPX/S. CHACO

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
JUL 1 2014

Sent To
 Street, or PO Box
 City, State, ZIP+4®

Maxine Williams (aka Maxine Williams Trujillo)
 1028 S. West Temple, Apt. 8
 Salt Lake City, UT 84101

PS Form 3811, February 2004

SECTION ON DELIVERY

SENDE... PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
 Maxine Williams (aka Maxine Williams Trujillo)
 1028 S. West Temple, Apt. 8
 Salt Lake City, UT 84101

2. Article Number
 (transfer from service label) 7006 2760 0001 6377 1061

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X *Maxine Williams*

B. Received by (Printed Name)
 C. Date of Delivery
 JUL 1 1 2014

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

WINTOWN STATION
 SALT LAKE CITY, UT 84101

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

7006 2760 0001 6376 3929

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Aaron Trujillo, aka Aaron Trujill, aka Aaren Trujillo
Street, Apt or PO Box	P.O. Box 108
City, State	Nageezi, NM 87037
PS Form	

Postmark Here JUL 3 2014

7006 2760 0001 6376 8146

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Adelita Lasiloo (Estate)
Street, Apt or PO Box	P.O. Box 1033
City, State	Zuni, NM 87327
PS Form	

Postmark Here JUL 3 2014

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Adelita Lasiloo (Estate) P.O. Box 1033 Zuni, NM 87327		B. Received by (Printed Name) <i>R. Lasiloo</i> C. Date of Delivery <i>7/17/14</i>	
2. Article Number (Transfer from Service Label) <i>7006 2760 0001 6376 8146</i>		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	

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

7006 2760 0001 6376 6524

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark: JUL - 3 2014

Sent To: Adelita Lasiloo (Estate)
 Street, A or PO Box: P.O. Box 1033
 City, Sta: Zuni, NM 87327

PS Form 3811, February 2004

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:
 Adelita Lasiloo (Estate)
 P.O. Box 1033
 Zuni, NM 87327

2. Article Number (transfer from service label): 7006 2760 0001 6376 6524

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☐ Agent
☒ Addressee

B. Received by (Printed Name): [Signature]
 C. Date of Delivery: 7/7/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6376 6692

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark: JUL - 3 2014

Sent To: Adeline Brown
 Street, A or PO Box: 9132 Northridge Ave. NE
 City, Sta: Albuquerque, NM 87111

PS Form 3811, February 2004

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:
 Adeline Brown
 9132 Northridge Ave. NE
 Albuquerque, NM 87111

2. Article Number (transfer from service label): 7006 2760 0001 6376 6692

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☐ Agent
☒ Addressee

B. Received by (Printed Name): [Signature]
 C. Date of Delivery: 7/5/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6377 0866

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark: JUL - 3 2014

Sent To: Adeline Brown
 Street or PO: 9132 Northridge Ave NE
 City, S: Albuquerque, NM 87111

PS Form 3811 February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Adeline Brown
 9132 Northridge Ave NE
 Albuquerque, NM 87111

2. Article Number: 7006 2760 0001 6377 0866
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]*
 C. Date of Delivery: 7/5/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6376 8306

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark: JUL - 3 2014

Sent To: Albert Atencio, Jr
 Street or PO: P.O. Box 6572
 City, S: Farmington, NM 87499

PS Form 3811 February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Albert Atencio, Jr
 P.O. Box 6572
 Farmington, NM 87499

2. Article Number: 7006 2760 0001 6376 8306
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]*
 C. Date of Delivery: 7/5/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6376 5534

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

 For delivery information visit usps.com
WPX/S. CHACO
OFFICE

Postage	\$
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

Total Postage

Sent To

 Street, Apt.
or PO Box

City, State

 Alfred Harrison, Sr, aka Alfred
Harrison
P.O. Box 73
Counselor, NM 87018

 Postmark
JUL 3 2014

PS Form 3800, August 2006

See reverse for instructions

COMPLETE THIS SECTION ON DELIVERY

- 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:

 Alfred Harrison, Sr, aka Alfred
Harrison
P.O. Box 73
Counselor, NM 87018

2. Article Number

(Transfer from service label)

A. Signature

 x *Shirley H. Lopez*
☐ 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

7006 2760 0001 6376 5534

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 1726

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

 For delivery information visit usps.com
WPX/S. CHACO
OFFICE

Postage	\$
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

Total Postage

Sent To

 Street,
or PO Box

City, State

 Alfred Trujillo
P.O. Box 1352
Farmington, NM 87499


PS Form

Instructions

7006 2760 0001 6376 6708

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only Insurance Coverage Provided)	
For delivery information	WPX/S. CHACO
OFFICIAL USE	
Postage \$	
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Post	
Postmark JUL - 3 2014	
Sent To	Alice Chavez
Street, Apt. or PO Box	P.O. Box 3583
City, State	Yatahey, NM 87375

PS Form 3800, August 2006

SENDER		ACTION ON DELIVERY	
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.		A. Signature X <i>Alice Chavez</i> ☐ 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:	
1. Article Addressed to: Alice Chavez P.O. Box 3583 Yatahey, NM 87375		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) 7006 2760 0001 6376 6708		JUL - 9 2014 USPS	

PS Form 3811, February 2004

7006 2760 0001 6377 0859

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only Insurance Coverage Provided)	
For delivery information	WPX/S. CHACO
OFFICIAL USE	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	
Postmark JUL - 3 2014	
Sent To	Alice Chavez
Street, Apt. or PO Box	P.O. Box 3583
City, State	Yatahey, NM 87375

PS Form 3800, August 2006

SENDER		ACTION ON DELIVERY	
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.		A. Signature X <i>Alice Chavez</i> ☐ 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:	
1. Article Addressed to: Alice Chavez P.O. Box 3583 Yatahey, NM 87375		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) 7006 2760 0001 6377 0859		JUL - 9 2014 USPS	

PS Form 3811, February 2004

7006 2760 0001 6376 6777

U.S. Postal Service™

CERTIFIED MAIL™ WPX/S. CHACO
(Domestic Mail Only)

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

OFFICIAL USE

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark
Here

JUL - 3 2014

Sent To
Street, A
or PO Box
City, State

Arlene Atencio Trujillo
P.O. Box 403
Nageezi, NM 87037

PS Form

Instructions

- 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:

Arlene Atencio Trujillo
P.O. Box 403
Nageezi, NM 87037

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6777

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

x Ella T. Antonio

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Ella T. Antonio

C. Date of Delivery

7-7-14

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

7006 2760 0001 6376 6852

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT WPX/S. CHACO
(Domestic Mail Only)

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

OFFICIAL USE

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark
Here

Sent To
Street
or PO
City, State

Arthur Werito Jr
405 Pima Ave.
Farmington, NM 87401

PS Form

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:

Arthur Werito Jr
405 Pima Ave.
Farmington, NM 87401

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6852

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Arthur Werito Jr

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Arthur Werito Jr

C. Date of Delivery

7/9/14

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

7006 2760 0001 6376 9679

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Ins)	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To	Arthur Werito Jr
Street or PO Box	405 Pima Ave.
City, St.	Farmington, NM 87401

Postmark Here

Instructions

SENDER: COMPLETE THIS SECTION		COMPL. SECTION ON DELIVERY	
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.		A. Signature x <i>Arthur Werito</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Arthur Werito</i>	
Arthur Werito Jr 405 Pima Ave. Farmington, NM 87401		C. Date of Delivery <i>7/9/04</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
3. Service Type		☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☒ Return Receipt for Merchandise ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee)		☐ Yes	
PS Form 3814 February 2004 Domestic Return Receipt 102595-02-M-1540			

5559 2760 0001 6376 6555

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Ins)	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To	Aubrey Anthony Brown
Street or PO Box	3 Kuu Pin Po
City, St.	Santa Fe, NM 87506

Postmark Here

Instructions

7006 2760 0001 6377 0903

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	WPX/S. CHACO
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL -3 2014	
Sent by	Aubrey Anthony Brown
Street or PO Box	3 Kuu Pin Po
City, State, ZIP+4®	Santa Fe, NM 87506
PS Form 3811, February 2004	Instructions

7006 2760 0001 6376 6647

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	WPX/S. CHACO
OFFICIAL USE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here JUL -3 2014	
Sent by	Bernice R Paquin, Bernice P. Gutierrez (Paquin)
Street or PO Box	801 San Pedro SE
City, State, ZIP+4®	Albuquerque, NM 87108
PS Form 3811, February 2004	Instructions

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	WPX/S. CHACO
OFFICIAL USE	
Postmark Here JUL -3 2014	
1. Article Addressed to: Bernice R Paquin, Bernice P. Gutierrez (Paquin) 801 San Pedro SE Albuquerque, NM 87108	
2. Article Number (transfer from service label) 7006 2760 0001 6376 6647	
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No	
5. Signature <i>Bernice P. Gutierrez</i> ☐ Agent ☐ Addressee	
6. Received by (Printed Name) C. Date of Delivery Bernice P Gutierrez	
7. Is delivery address different from Item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 7545

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: JUL - 3 2014

Sent To: Bernice R Paquin, aka Bernice P. Gutierrez (Paquin)
 801 San Pedro SE
 Albuquerque, NM 87108

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bernice R Paquin, aka Bernice P. Gutierrez (Paquin)
 801 San Pedro SE
 Albuquerque, NM 87108

2. Article Number:

7006 2760 0001 6376 7545

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Bernice R Paquin* ☐ Agent ☐ Addressee
- B. Received by (Printed Name): *Bernice P Gutierrez* 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

7006 2760 0001 6376 5664

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: JUL - 3 2014

Sent To: Bertha K Begay
 P.O. Box 443
 Churchrock, NM 87311

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bertha K Begay
 P.O. Box 443
 Churchrock, NM 87311

2. Article Number:

7006 2760 0001 6376 5664

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Bertha K. Begay* ☐ Agent ☐ Addressee
- B. Received by (Printed Name): *Bertha K. Begay* 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

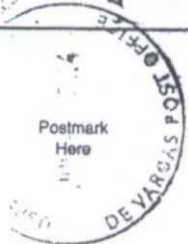
7006 2760 0001 6376 7101

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **WPX/S. CHACO****OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	



Sent To: Bertha Dempsey
 Street, or PO Box: P.O. Box 6236
 City, State: San Jose, CA 95150

PS Form

Instructions

7006 2760 0001 6376 9822

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **WPX/S. CHACO****OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	

JUL - 3 2004

Postmark
Here

Sent To: Bertha Dempsey
 Street, or PO Box: P.O. Box 6236
 City, State: San Jose, CA 95150

PS Form

Instructions

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

THIS SECTION ON DELIVERY

- 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:

Bertha Dempsey
 Box 6236
 San Jose, CA 95150

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X Bertha B. Dempsey

☐ Agent☐ Addressee

B. Received by (Printed Name)

Bertha B. Dempsey

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

SENDER

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

ACTION ON DELIVERY

- 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:

Bertha Dempsey
 P.O. Box 6236
 San Jose, CA 95150

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X Bertha B. Dempsey

☐ Agent☐ Addressee

B. Received by (Printed Name)

Bertha B. Dempsey

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7006 2760 0001 6376 8047

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark
JUL 14 2014

Sent To
 Bessie T Pacheco aka Dessie Trujillo
 Pacheco aka Dessie Trujillo (aka
 Bessie Pacheco Trujillo)
 P.O. Box 2021
 Bloomfield, NM 87413

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:
 Bessie T Pacheco aka Dessie Trujillo
 Pacheco aka Dessie Trujillo (aka
 Bessie Pacheco Trujillo)
 P.O. Box 2021
 Bloomfield, NM 87413

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 8047

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Bessie Pacheco ☐ Agent ☒ Addressee

B. Received by (Printed Name) Bessie Pacheco C. Date of Delivery 7-8-14

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

7006 2760 0001 6376 5602

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Post

Postmark
JUL - 3 - 2014

Sent To
 Betty Trujillo
 172 6th St., Apt. 209
 San Francisco, CA 94103

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:
 Betty Trujillo
 172 6th St., Apt. 209
 San Francisco, CA 94103

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 5602

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Betty Trujillo ☐ Agent ☒ Addressee

B. Received by (Printed Name) Betty Trujillo C. Date of Delivery 7-7-14

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

7006 2760 0001 6376 6012

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total P		

Sent To: Bill Chiquito, aka Billy Chiquito
General Delivery
Counselor, NM 87018

PS Form 3811, February 2004 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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:
Bill Chiquito, aka Billy Chiquito
General Delivery
Counselor, NM 87018

2. Article Number (Transfer from service label)
7006 2760 0001 6376 6012

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Shirley Herrera* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
7/8/14

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

7006 2760 0001 6376 9693

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: Blanche Jones Werito
P.O. Box 5615
Farmington, NM 87499

PS Form 3811, February 2004 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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:
Blanche Jones Werito
P.O. Box 5615
Farmington, NM 87499

2. Article Number (Transfer from service label)
7006 2760 0001 6376 9693

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Blanche Werito* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
7-8-14

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

7006 2760 0001 6376 7033

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

For delivery information visit **usps.com**

OFFICE WPX/S. CHACO

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To: Blanche Jones Werito (aka Blanche Werito)
 Street, Apt. or PO Box: P.O. Box 5615
 City, State: Farmington, NM 87499

PS Form 3811, February 2004

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:
 Blanche Jones Werito (aka Blanche Werito)
 P.O. Box 5615
 Farmington, NM 87499

2. Article Number: 7006 2760 0001 6376 7033
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Blanche Werito*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *Blanche Werito*
 C. Date of Delivery: *7-8-14*

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

7006 2760 0001 6376 5558

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

For delivery information visit **usps.com**

OFFICE WPX/S. CHACO

Postage \$
 Certified Fee 300
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To: Bonita M Pincion
 Street, Apt. or PO Box: 512 Texas St. NE, Apt. A
 City, State: Albuquerque, NM 87108

PS Form 3811, February 2004

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:
 Bonita M Pincion
 512 Texas St. NE, Apt. A
 Albuquerque, NM 87108

2. Article Number: 7006 2760 0001 6376 5558
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Bonita Pincion*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *Bonita Pincion*
 C. Date of Delivery: *7-8-14*

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

7006 2760 0001 6376 9709

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	Bowman Paywa (Estate)
Street, Ap or PO Box	c/o Superintendent, Zuni Agency
City, State	P.O. Box 369
	Zuni, NM 87327
PS Form 3811, February 2004	Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <i>Theresa Chavez</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Theresa Chavez</i> C. Date of Delivery <i>7/8/14</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to:		3. Service Type	
Bowman Paywa (Estate) c/o Superintendent, Zuni Agency P.O. Box 369 Zuni, NM 87327		☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7006 2760 0001 6376 9709			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 7026

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICE	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To	Bowman Paywa (Estate)
Street, Ap or PO Box	c/o Superintendent, Zuni Agency
City, State	P.O. Box 369
	Zuni, NM 87327
PS Form 3811, February 2004	Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <i>Theresa Chavez</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Theresa Chavez</i> C. Date of Delivery <i>7/8/14</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to:		3. Service Type	
Bowman Paywa (Estate) c/o Superintendent, Zuni Agency P.O. Box 369 Zuni, NM 87327		☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7006 2760 0001 6376 7026			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 7439

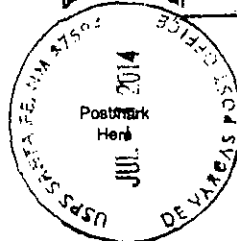
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Sent To: Calvin Cayadito
 Street, or P.O.: P.O. Box 54
 City, S: Nageezi, NM 87037

PS Form 3811 February 2004 Domestic Return Receipt



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:

Calvin Cayadito
 P.O. Box 54
 Nageezi, NM 87037

2. Article Number (Transfer from service label)

7006 2760 0001 6376 7439

PS Form 3811 February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Pauline Atena ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Pauline Atena 7-10-14

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

SENDER

- 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:

Calvin Cayadito
 P.O. Box 54
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 9907

PS Form 3811 February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Pauline Atena ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Pauline Atena 7-10-14

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

7006 2760 0001 6376 9907

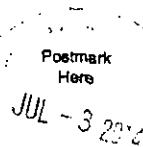
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Sent To: Calvin Cayadito
 Street, or P.O.: P.O. Box 54
 City, S: Nageezi, NM 87037

PS Form 3811 February 2004 Domestic Return Receipt



7006 2760 0001 6376 6654

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit usps.com	
OFFICIAL RECEIPT	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL 3 2014

Sent To: Chaz Castillo Brown
Street, Apt. or PO Box: P.O. Box 151
City, State: San Fidel, NM 87049

PS Form 3800, May 2013

7006 2760 0001 6377 0897

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit usps.com	
OFFICIAL RECEIPT	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL - 3 2014

Sent To: Chaz Castillo Brown
Street, Apt. or PO Box: P.O. Box 151
City, State: San Fidel, NM 87049

PS Form 3800, May 2013

7006 2760 0001 6376 9181

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
JUL - 3 2014

Cecelia Werito
 P.O. Box 1274
 Fruitland, NM 87416

PS Form 3811, February 2004 See Reverse for Instructions

MAIL CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
 Cecelia Werito
 P.O. Box 1274
 Fruitland, NM 87416

2. Article Number: 7006 2760 0001 6376 9181
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *Rex Antonio* ☒ Agent ☐ Addressee
 B. Received by (Printed Name): *Rex Antonio*
 C. Date of Delivery: *7-7-14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

7006 2760 0001 6376 9488

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
JUL - 3 2014

Sent To: Cecil Werito
 P.O. Box 71
 Bloomfield, NM 87413

PS Form 3811, February 2004

MAIL CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
 Cecil Werito
 P.O. Box 71
 Bloomfield, NM 87413

2. Article Number: 7006 2760 0001 6376 9488
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *Phoebe Werito* ☒ Agent ☐ Addressee
 B. Received by (Printed Name): *Phoebe Werito*
 C. Date of Delivery: *7-7-14*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

7006 2760 0001 6376 3899

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
 JUL 3 2014

Sent To
 Cecil Atencio
 P.O. Box 522
 Canoncito, NM 87026

PS Form 3811, February 2004

SEND
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

IS SECTION ON DELIVERY

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

1. Article Addressed to:
 Cecil Atencio
 P.O. Box 522
 Canoncito, NM 87026

2. Article Number: 7006 2760 0001 6376 3899
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X Cecil Atencio ☐ 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

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

7006 2760 0001 6376 4186

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total P	\$	

Postmark Here
 JUL - 3 2014

Sent To
 Cheryl Coeoyate
 P.O. Box 365
 Zuni, NM 87327

PS Form 3811, February 2004

SEND
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
 Cheryl Coeoyate
 P.O. Box 365
 Zuni, NM 87327

2. Article Number: 7006 2760 0001 6376 4186
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X Jenny Coeoyate ☐ 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

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

7006 2760 0001 6376 9235

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage \$ 3.30

Certified Fee 2.70

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To: Clarice Cooneyate
 Street or PO: P.O. Box 365
 City, St: Zuni, NM 87327

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Clarice Cooneyate
 P.O. Box 365
 Zuni, NM 87327

Article Number: 7006 2760 0001 6376 9235
 (transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Jenny Cooneyate C. Date of Delivery: 7/2/14

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

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 7019

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage \$

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To: Clarita Pino Paquin (Clara P. Paquin)
 Street or PO: 55 Dove Rd.
 City, St: Santa Ana, NM 87004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Clarita Pino Paquin (Clara P. Paquin)
 55 Dove Rd.
 Santa Ana, NM 87004

Article Number: 7006 2760 0001 6376 7019
 (transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [Signature] 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

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 9716

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State
 Clarita Pino Paquin (aka Clara P. Paquin)
 55 Dove Rd.
 Santa Ana, NM 87004

Postmark Here
 JUL - 3 2014
 DE VARGAS POST OFFICE

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State
 Clarita Pino Paquin (aka Clara P. Paquin)
 55 Dove Rd.
 Santa Ana, NM 87004

Postmark Here
 JUL - 3 2014
 DE VARGAS POST OFFICE

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Clarita Pino Paquin (aka Clara P. Paquin)
 55 Dove Rd.
 Santa Ana, NM 87004

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Nadine K. Paquin*

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

7006 2760 0001 6376 9716

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

7006 2760 0001 6376 9174

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State
 Clifford Werito
 900 CR 3000
 Aztec, NM 87410

Postmark Here
 JUL - 3 2014
 DE VARGAS POST OFFICE

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box
 City, State
 Clifford Werito
 900 CR 3000
 Aztec, NM 87410

Postmark Here
 JUL - 3 2014
 DE VARGAS POST OFFICE

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Clifford Werito
 900 CR 3000
 Aztec, NM 87410

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Angeline Frank*

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

7006 2760 0001 6376 9174

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

21

7006 2760 0001 6376 7002

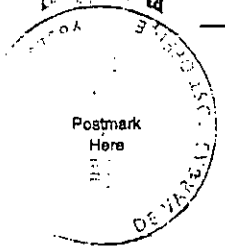
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE** WPX/S. CHACO

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Total Postage: Clint G Trujillo
4532 Carlisle Blvd. NE,
Apt. 93
Albuquerque, NM 87109

PS Form 3800, August 2006. See Reverse for Instructions.



7006 2760 0001 6376 9723

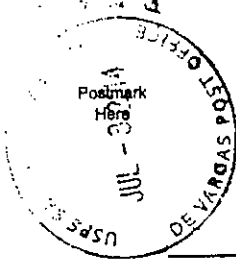
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE** WPX/S. CHACO

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Total Postage: Clint G Trujillo
4532 Carlisle Blvd NE, Apt. 93
Albuquerque, NM 87109

PS Form 3800, August 2006. See Reverse for Instructions.



7006 2760 0001 6376 6999

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

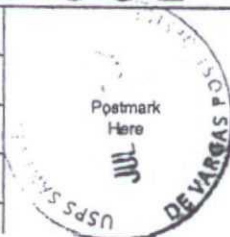
(Domestic Mail Only; No

For delivery information visit

WPX/S. CHACO

OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total	\$	



Sent To: Clifton M Trujillo
 Street, or PO Box: 6220 Christy Ave. NE
 City, State: Albuquerque, NM 87109

PS Form

Instructions

7006 2760 0001 6376 9730

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

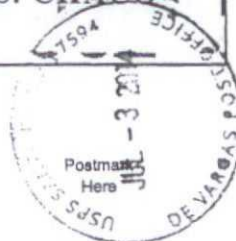
(Domestic Mail Only; No In

For delivery information visit o

WPX/S. CHACO

OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



Sent To: Clifton M Trujillo
 Street, or PO Box: 6220 Christy Ave. NE
 City, State: Albuquerque, NM 87109

PS Form

Instructions

7006 2760 0001 6376 7514

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **WPX/S. CHACO**

OFF

Postage	\$
Certified Fee	3.80
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **NOV 8 2004**

Sent To: Colleen Rene Paquin
 131 Parrot Blvd.
 Bernalillo, NM 87004

PS Form 3811

SENDER

- 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:

Colleen Rene Paquin
 131 Parrot Blvd.
 Bernalillo, NM 87004

2. Article Number:

(Transfer from service label)

7006 2760 0001 6376 7514

PS Form 3811, February 2004

Domestic Return Receipt

SECTION ON DELIVERY

Signature: *Colleen R. Paquin*

B. Received by (Printed Name): *Colleen R. Paquin*

C. Date of Delivery: *11-7-04*

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

7006 2760 0001 6376 6630

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **WPX/S. CHACO**

OFF

Postage	\$
Certified Fee	3.80
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **NOV 8 2004**

Sent To: Colleen Rene Paquin
 131 Parrot Blvd.
 Bernalillo, NM 87004

PS Form 3811

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- 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:

Colleen Rene Paquin
 131 Parrot Blvd.
 Bernalillo, NM 87004

2. Article Number:

(Transfer from service label)

7006 2760 0001 6376 6630

PS Form 3811, February 2004

Domestic Return Receipt

FILL IN THIS SECTION ON DELIVERY

Signature: *Colleen R. Paquin*

B. Received by (Printed Name): *Colleen R. Paquin*

C. Date of Delivery: *11-7-04*

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

102595-02-M-1540

7006 2760 0001 6376 9914

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

WPX/S. CHACO

Postage \$

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark JUL - 3 2014

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®

Darlene Cayadito (aka Darlene Cayadito Augustine)
 P.O. Box 366
 Nageezi, NM 87037

PS Form 3811, February 2004

7006 2760 0001 6376 7446

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

WPX/S. CHACO

Postage \$

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark JUL - 3 2014

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®

Darlene Cayadito (aka Darlene Cayadito Augustine)
 P.O. Box 366
 Nageezi, NM 87037

PS Form 3811, February 2004

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:

Darlene Cayadito (aka Darlene Cayadito Augustine)
 P.O. Box 366
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
 X Darlene Augustine
- B. Received by (Printed Name) C. Date of Delivery
 Darlene Augustine 7/10/14
- 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

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:

Darlene Cayadito (aka Darlene Cayadito Augustine)
 P.O. Box 366
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
 X Darlene Augustine
- B. Received by (Printed Name) C. Date of Delivery
 Darlene Augustine 7/10/14
- 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

7006 2760 0001 6376 7446

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 5978

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage \$ 3.30 JUL - 3 2014
 Certified Fee 2.70 Postmark Here

Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Postage \$

Sent To: Delfred L Smith
 Street or PO Box: 302 Zia Ct.
 City: Gallup, NM 87301

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.

Article Addressed to:
 Delfred L Smith
 302 Zia Ct.
 Gallup, NM 87301

2. Article Number: 7006 2760 0001 6376 5978
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Dana Smith ☐ Agent ☒ Addressee
 B. Received by (Printed Name): Dana Smith C. Date of Delivery: 07/03/14
 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

PS Form 3811 February 2004 Domestic Return Receipt 102595-02-M-1640

7006 2760 0001 6376 5527

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage \$ 3.30 JUL - 3 2014
 Certified Fee 2.70 Postmark Here

Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Postage \$

Sent To: Donald Harrison
 Street, Apt. or PO Box: P.O. Box 345
 City, State: Nageezi, NM 87037

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:
 Donald Harrison
 P.O. Box 345
 Nageezi, NM 87037

2. Article Number: 7006 2760 0001 6376 5527
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Jeannette Jim ☐ Agent ☒ Addressee
 B. Received by (Printed Name): Jeannette Jim C. Date of Delivery: 7-8-14
 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

PS Form 3811 February 2004 Domestic Return Receipt 102595-02-M-1640

7006 2760 0001 6376 5749

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Donald Natchapani Niiha
 Street, Apt. or PO Box: P.O. Box 613
 City, State: Ramah, NM 87321

PS Form 3811, February 2004

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:

Donald Natchapani Niiha
 P.O. Box 613
 Ramah, NM 87321

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 5749

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Donald Niiha

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-5-14

D. Is delivery address different from item 1? ☐ YesIf 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

7006 2760 0001 6376 7040

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Price	\$	

Sent To: Dorothy B Dempsey
 Street, Apt. or PO Box: P.O. Box 2448
 City, State: Bloomfield, NM 87413

PS Form 3811, February 2004

Return

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit www.usps.com

WPX/S. CHACO

OFFICE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 JUL 3 2014

Sent To Dorothy B Dempsey
 Street, or P.O. Box P.O. Box 2448
 City, State City, State Bloomfield, NM 87413

PS Form 3841, February 2004

Return

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit www.usps.com

WPX/S. CHACO

OFFICE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 JUL 3 2014

Sent To Dorothy Trujillo
 Street, or P.O. Box P.O. Box 6374
 City, State City, State Navajo Dam, NM 87419

PS Form 3841, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 6. 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:
 Dorothy Trujillo
 P.O. Box 6374
 Navajo Dam, NM 87419

2. Article Number
 7006 2760 0001 6376 5824

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Candace J. Trujillo
 B. Received by (Printed Name)
 Candace J. Trujillo
 C. Date of Delivery
 JUL 5 2014

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

PS Form 3841, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 5541

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

For delivery information visit **OFFIC** WPX/S. CHACO

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here JUL -3 2014

Sent To Edmund Coeoyate
 Street, Apt. or PO Box 512 Texas St. NE, Apt. A
 City, State Albuquerque, NM 87108

PS Form 3811, February 2004

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:

Edmund Coeoyate
 512 Texas St. NE, Apt. A
 Albuquerque, NM 87108

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Bonita P...* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Bonita P...* C. Date of Delivery *7/7/14*
- 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

7006 2760 0001 6376 5787

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

For delivery information visit **OFFIC** WPX/S. CHACO

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total P	

Postmark Here JUL -3 2014

Sent To Ella Mae Atencio (Haceesa)
 Street, Apt. or PO Box aka Ella Mae A. Haceesa
 City, State P.O. Box 137
 Nageezi, NM 87037

PS Form 3811, February 2004

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:

Ella Mae Atencio (Haceesa),
 aka Ella Mae A. Haceesa
 P.O. Box 137
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Ella Haceesa* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Ella Haceesa* C. Date of Delivery *7/7/14*
- 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

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

For delivery information, visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Elouise L Chevarillo
 Street, Apt. or PO Box: 2550 East 16th, 8-203
 City, State: Farmington, NM 87401

PS Form 3811, February 2004

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:

Elouise L Chevarillo
 2550 East 16th, 8-203
 Farmington, NM 87401

2. Article Number: 7006 2760 0001 6376 5695

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Name]* C. Date of Delivery: 7-7-14

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

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 **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Emerson Atencio
 Street, Apt. or PO Box: P.O. Box 457
 City, State: Nageezi, NM 87037

PS Form 3811, February 2004

7006 2760 0001 6376 9891

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
JUL - 5 2014

Sent
Street
or PO
City

Emerson Atencio
P.O. Box 457
Nageezi, NM 87037

PS Instructions

7006 2760 0001 6376 9662

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
JUL - 5 2014

Sent
Street
or PO
City

Emily Beyale
324 W. Blanco Blvd, Trlr 36
Bloomfield, NM 87413

PS Instructions

Return

7006 2760 0001 6376 6869

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Payment	\$	

Sent To: Emily Beyale
 Street, Apt. or PO Box: 324 W. Blanco Blvd, Trlr 36
 City, State, Zip: Bloomfield, NM 87413

PS Form 3811, February 2004

Return

7006 2760 0001 6376 6739

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$	
Certified Fee		350
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Payment	\$	

Sent To: Emma (Na Glee Des Bah) Martinez,
 aka Emma Martinez, aka Na Glee
 Street, Apt. or PO Box: Des Bah
 City, State, Zip: P.O. Box 5
 Nageezi, NM 87037

PS Form 3811, February 2004

SEN

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

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

Article Addressed to:
 Emma (Na Glee Des Bah) Martinez,
 aka Emma Martinez, aka Na Glee
 Des Bah
 P.O. Box 5
 Nageezi, NM 87037

4. Signature: X Katherine Martinez
 B. Received by (Printed Name): Katherine Martinez
 C. Date of Delivery: 7/7/14
 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 ☒ No

Article Number: 7006 2760 0001 6376 6739
 (Transfer from service label)

7006 2760 0001 6376 9655

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Erma Jean Werito
 Street, Apt. or PO Box: P.O. Box 215
 City, State: Nageezi, NM 87037

PS Form 3811, February 2004

CERTIFIED MAILTM
 SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Erma Jean Werito
 P.O. Box 215
 Nageezi, NM 87037

2. Article Number: 7006 2760 0001 6376 9655
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X *Erma Werito* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Erma Werito

C. Date of Delivery
 7-9-14

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

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

7006 2760 0001 6376 6876

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

Sent To: Erma Jean Werito
 Street, Apt. or PO Box: P.O. Box 215
 City, State: Nageezi, NM 87037

PS Form 3811, February 2004

CERTIFIED MAILTM
 SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Erma Jean Werito
 P.O. Box 215
 Nageezi, NM 87037

2. Article Number: 7006 2760 0001 6376 6876
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X *Erma Werito* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Erma Werito

C. Date of Delivery
 7-9-14

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

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

7006 2760 0001 6376 3882

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)		WPX/S. CHACO	
For delivery information visit usps.com		OFFICE	
Postage	\$		Postmark Here JUL 3 2014
Certified Fee		3 30	
Return Receipt Fee (Endorsement Required)		2 70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	
Sent To			
Esther A Largo aka Esther Atencio aka			
Esther Atencio (Largo)			
P.O. Box 4203			
Yatahey, NM 87375			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. 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.		A. Signature X <i>Esther A Largo</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Esther A Largo</i> C. Date of Delivery <i>JUL 8 2014</i> D. Is delivery address the same as item 1? ☐ Yes ☐ No If YES, enter delivery address below.	
2. Article Addressed to: Esther A Largo aka Esther Atencio aka Esther Atencio (Largo) P.O. Box 4203 Yatahey, NM 87375		3. Service Type ☒ Certified Mail ☐ Registered Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number <i>7006 2760 0001 6376 3882</i> (Transfer from service label)			
PS Form 3814, February 2004 Domestic Return Receipt 102595-02-M-1540			

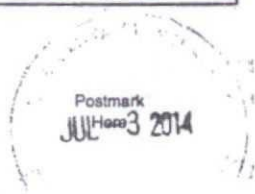
7006 2760 0001 6376 5596

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No International Service Provided)		WPX/S. CHACO	
For delivery information visit usps.com		OFFICE	
Postage	\$		Postmark Here JUL 3 2014
Certified Fee		3 30	
Return Receipt Fee (Endorsement Required)		2 70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	
Sent To			
Esther Trujillo			
110 Rudy Ln, Apt. 18			
Gallup, NM 87301			

7006 2760 0001 6376 6944

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	



Sent To: Esther Kathleen Paquin
 Street, or PO: 25 Day School Rd., #15D
 City, S: Bernalillo, NM 87004

PS Form 3800, August 2013 Instructions

7006 2760 0001 6376 8115

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	



Sent To: Esther Kathleen Paquin
 Street, or PO: 25 Day School Rd., #15D
 City: Bernalillo, NM 87004

PS Form 3800, August 2013 Instructions

7006 2760 0001 6376 5893

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
JUL - 3 2014

Sent To: Ethelene Tsosie
 Street or PO: P.O. Box 246
 City, St: Nageezi, NM 87037

PS Form 3811 February 2004

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
JUL - 3 2014

Sent To: Ethelene Tsosie
 Street or PO: P.O. Box 246
 City, St: Nageezi, NM 87037

PS Form 3811 February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ethelene Tsosie*
☐ Agent
☐ Addressee

B. Received by (Printed Name):
 C. Date of Delivery: 7-7-14

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: 7006 2760 0001 6376 5893
 (Transfer from service label)

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

7006 2760 0001 6376 6883

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
JUL - 3 2014

Sent To: Etta W Wilson
 Street or PO: P.O. Box 66
 City, St: Nageezi, NM 87037

PS Form 3811 February 2004

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
JUL - 3 2014

Sent To: Etta W Wilson
 Street or PO: P.O. Box 66
 City, St: Nageezi, NM 87037

PS Form 3811 February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Etta W Wilson*
☐ Agent
☐ Addressee

B. Received by (Printed Name): Etta Wilson
 C. Date of Delivery: 7/8/14

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: 7006 2760 0001 6376 6883
 (Transfer from service label)

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

7006 2760 0001 6376 9648

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

For delivery information visit **WPX/S CHACO**

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Pr	

Sent To: Etta W Wilson
 Street, A or PO Box: P.O. Box 66
 City, State: Nageezi, NM 87037

PS Form 3811, February 2004

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:

Etta W Wilson
 P.O. Box 66
 Nageezi, NM 87037

2. Article Number: 7006 2760 0001 6376 9648
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Etta Wilson* ☐ Agent ☐ Addressee

B. Received by (Printed Name): Etta Wilson

C. Date of Delivery: 7/8/14

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 ☒ No

7006 2760 0001 6376 7163

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	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Farland Coeeyate
 Street, A or PO Box: P.O. Box 442
 City, State: Zuni, NM 87327

PS Form 3811, February 2004

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:

Farland Coeeyate
 P.O. Box 442
 Zuni, NM 87327

2. Article Number: 7006 2760 0001 6376 7163
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Karen Coeeyate* ☐ 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 ☒ No

7006 2760 0001 6376 5473

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage \$ 330

Certified Fee 270

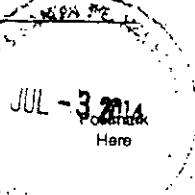
Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total

Sent To: Florence Harrison
 Street or PO Box: P.O. Box 3694
 City, State: Farmington, NM 87499

PS Form 3811 February 2004



SENDER: COMPLETE THIS SECTION

1. 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:
 Florence Harrison
 P.O. Box 3694
 Farmington, NM 87499

2. Article Number: 7006 2760 0001 6376 5473
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Florence Harrison*

B. Received by (Printed Name): *Florence Harrison*

C. Date of Delivery: *3-5-14*

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

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

7006 2760 0001 6376 7149

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage \$ 330

Certified Fee 270

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Pr

Sent To: Frank Albert, II
 Street, A: 105 Bison Rd.
 City, State: Continental Divide, NM 87312

PS Form 3811 February 2004



SENDER: COMPLETE THIS SECTION

1. 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:
 Frank Albert, II
 105 Bison Rd.
 Continental Divide, NM 87312

2. Article Number: 7006 2760 0001 6376 7149
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Frank Albert*

B. Received by (Printed Name): *Frankie Albert*

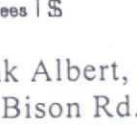
C. Date of Delivery: *11/1/14*

D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below:
 4315 Lakeway Dr.
 San Antonio, TX 78244

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 3811 February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No International)</i>	
For delivery information visit OFFICE	WPX/ST. CHAGO
Postage \$	
Certified Fee	
Return Receipt Fee <i>(Endorsement Required)</i>	
Restricted Delivery Fee <i>(Endorsement Required)</i>	
Total Postage & Fees \$	
Sent To Street, or PO City, S	Frank Albert, II 105 Bison Rd. Continental Divide, NM 87312
PS Form	Instructions

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Inland)		WPX/S: CHACO
For delivery information visit usps.com		
OFFICE		
Postage \$		Santa Ana, NM JUL - 3 2014
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Post		
Sent To Geraldine Coriz (aka Geraldine Coriz Paquin) Street, Apt. / or PO Box # 55 Dove Rd. City, State, ZIP+4® Santa Ana, NM 87004		

PS Form 3800, August 2006 See Reverse for Instructions

POSTAGE WILL BE PAID BY ADDRESSEE		PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
☒ 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: Frank Albert, II 105 Bison Rd. Continental Divide, NM 87312		A. Signature X  ☐ Agent ☐ Addressee B. Received by (Printed Name) Frankie Albert C. Date of Delivery 10 July 64 D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: ☐ No 4315 Lakeway Dr. San Antonio, TX 78244	
2. Article Number 1111 (Transfer from service label)		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
3. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes	
5. Article Number 1111 (Transfer from service label)		6. Article Number 1111 (Transfer from service label)	
7. Article Number 1111 (Transfer from service label)		8. Article Number 1111 (Transfer from service label)	
9. Article Number 1111 (Transfer from service label)		10. Article Number 1111 (Transfer from service label)	
11. Article Number 1111 (Transfer from service label)		12. Article Number 1111 (Transfer from service label)	
13. Article Number 1111 (Transfer from service label)		14. Article Number 1111 (Transfer from service label)	
15. Article Number 1111 (Transfer from service label)		16. Article Number 1111 (Transfer from service label)	
17. Article Number 1111 (Transfer from service label)		18. Article Number 1111 (Transfer from service label)	
19. Article Number 1111 (Transfer from service label)		20. Article Number 1111 (Transfer from service label)	
21. Article Number 1111 (Transfer from service label)		22. Article Number 1111 (Transfer from service label)	
23. Article Number 1111 (Transfer from service label)		24. Article Number 1111 (Transfer from service label)	
25. Article Number 1111 (Transfer from service label)		26. Article Number 1111 (Transfer from service label)	
27. Article Number 1111 (Transfer from service label)		28. Article Number 1111 (Transfer from service label)	
29. Article Number 1111 (Transfer from service label)		30. Article Number 1111 (Transfer from service label)	
31. Article Number 1111 (Transfer from service label)		32. Article Number 1111 (Transfer from service label)	
33. Article Number 1111 (Transfer from service label)		34. Article Number 1111 (Transfer from service label)	
35. Article Number 1111 (Transfer from service label)		36. Article Number 1111 (Transfer from service label)	
37. Article Number 1111 (Transfer from service label)		38. Article Number 1111 (Transfer from service label)	
39. Article Number 1111 (Transfer from service label)		40. Article Number 1111 (Transfer from service label)	
41. Article Number 1111			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		Signature <u><i>Geraldine Coriz</i></u> Received by (Printed Name) <u><i>Geraldine Coriz</i></u> C. Date of Delivery <u>09 JUL 2014</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: Geraldine Coriz (aka Geraldine Coriz Paquin) 55 Dove Rd. Santa Ana, NM 87004		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number <u>1111</u> (Transfer from service label)		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 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6376 6517

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Sent To
 Street, or PO Box
 City, State, ZIP+4®
 Geraldine Coriz (aka Geraldine Coriz Paquin)
 55 Dove Rd.
 Santa Ana, NM 87004

Postmark Here
 JUL -3 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Geraldine Coriz (aka Geraldine Coriz Paquin)
 55 Dove Rd.
 Santa Ana, NM 87004

2. Article Number (Transfer from service label) 7006 2760 0001 6376 6517

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Geraldine Coriz Paquin*
☐ 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
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ S.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 5961

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, or PO Box
 City, State, ZIP+4®
 Geraldine Ann Howard
 P.O. Box 313
 Chinle, AZ 86503

Postmark Here
 JUL -3 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Geraldine Ann Howard
 P.O. Box 313
 Chinle, AZ 86503

2. Article Number (Transfer from service label) 7006 2760 0001 6376 5961

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Geraldine Ann Howard*
☐ 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
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ S.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 9754

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

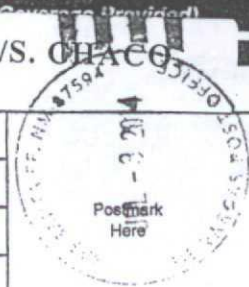
(Domestic Mail Only; No International)

For delivery information visit

WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Street, Apt.
or PO Box
City, State

Gilbert Werito, Jr
P.O. Box 5615
Farmington, NM 87499

PS Form

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:

Gilbert Werito, Jr
P.O. Box 5615
Farmington, NM 87499

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 9754

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X *Gilbert Werito*
- B. Received by (Printed Name) *Gilbert Werito* C. Date of Delivery *7-8-04*
- 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



7006 2760 0001 6376 6975

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No International)

For delivery information visit

WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	\$



Sent To
Street, Apt.
or PO Box
City, State

Gilbert Werito, Jr
P.O. Box 5615
Farmington, NM 87499

PS Form 3800, August 2000

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:

Gilbert Werito, Jr
P.O. Box 5615
Farmington, NM 87499

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6975

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X *Gilbert Werito*
- B. Received by (Printed Name) *Gilbert Werito* C. Date of Delivery *7-8-04*
- 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



7006 2760 0001 6376 6500

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Ins)

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

Sent To: Gladys Paquin
Street or P.O.: P.O. Box 517
City: New Laguna, NM 87038

Postmark: JUL - 3 2014

PS Form 3800, August 2004

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Gladys Paquin
P.O. Box 517
New Laguna, NM 87038

2. Article Number: 7006 2760 0001 6376 6500
(Transfer from Service Label)

PS Form 3811, February 2004

SECTION ON DELIVERY

A. Signature: X Gladys Paquin
B. Received by (Printed Name): Gladys Paquin
C. Date of Delivery: 07.07.14
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6376 8160

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Ins)

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

Sent To: Gladys Paquin
Street or P.O.: P.O. Box 517
City, St: New Laguna, NM 87038

Postmark: JUL - 3 2014

PS Form 3800, August 2004

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Gladys Paquin
P.O. Box 517
New Laguna, NM 87038

2. Article Number: 7006 2760 0001 6376 8160
(Transfer from Service Label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Gladys Paquin
B. Received by (Printed Name): Gladys Paquin
C. Date of Delivery: 07.07.14
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6376 7538

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information
OFFICIAL USE

WPX/S. CHACO

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage \$

Postmark Here
 JUL -3 2014

Sent To
 Street, Apt. or PO Box
 City, State
 Glenn A Paquin aka Glenn Allen Paquin
 P.O. Box 123
 New Laguna, NM 87038

PS Form 3811, February 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Glenn A Paquin aka Glenn Allen Paquin
 P.O. Box 123
 New Laguna, NM 87038

2. Article Number 7006 2760 0001 6376 7538
 (Transfer from service label)

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

ON DELIVERY

A. Signature X [Signature]
☐ Agent
☒ Addressee

B. Received by (Printed Name) Glenn Paquin
 C. Date of Delivery 07.07.14

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

NEW LAGUNA NM 87038
 JUL 7 2014

7006 2760 0001 6376 6623

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information
OFFICIAL USE

WPX/S. CHACO

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage \$

Postmark Here
 JUL -3 2014

Sent To
 Street, Apt. or PO Box
 City, State
 Glenn A Paquin, aka Glenn Allen Paquin
 P.O. Box 123
 New Laguna, NM 87038

PS Form 3811, February 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

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

Article Addressed to:
 Glenn A Paquin, aka Glenn Allen Paquin
 P.O. Box 123
 New Laguna, NM 87038

2. Article Number 7006 2760 0001 6376 6623
 (Transfer from service label)

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

A. Signature X [Signature]
☐ Agent
☒ Addressee

B. Received by (Printed Name) Glenn Paquin
 C. Date of Delivery 07.07.14

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

NEW LAGUNA NM 87038
 JUL 7 2014

7006 2760 0001 6376 9211

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
JUL -3 2014

Sent To: Gloria Cooyate
 Street, or P.O. #: P.O. Box 365
 City, St.: Zuni, NM 87327

PS Form 3811, February 2004

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:

 Gloria Cooyate
 P.O. Box 365
 Zuni, NM 87327

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 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

Article Number 1-3
 (Transfer from service label)
 7006 2760 0001 6376 9211
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 0002

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
JUL 2014

Grace Romero
 2659 SW Fairway Pt
 Oak Harbor, WA 98277

PS Form 3811, February 2004

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:

 Grace Romero
 2659 SW Fairway Pt
 Oak Harbor, WA 98277

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 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

Article Number 1-3
 (Transfer from service label)
 7006 2760 0001 6377 0002
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 5794

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total F		

Postmark Here
JUL - 3 2014

Sent To
 Helenora Coveyita Coocoyate aka
 Helenora Coveyita Natchapani
 1335 Crowley Lane, Apt. 20
 Fairfield, CA 94533

PS Form 3800, August 2006 See reverse for instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 7/2/14 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
1. Article Addressed to: Helenora Coveyita Coocoyate aka Helenora Coveyita Natchapani 1335 Crowley Lane, Apt. 20 Fairfield, CA 94533	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) 7006 2760 0001 6376 5794	

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

7006 2760 0001 6376 9297

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
JUL - 3 2014

Sent To
 Herbert Harrison
 HC 17, Box 1000
 Cuba, NM 87013

PS Form 3800, August 2006 See reverse for instructions

7006 2760 0001 6376 5572

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
 JUL -3 2014

Sent To: **Hugh Trujillo**
 Street, Apt. or PO Box: **HC 17, Box 1000**
 City, State: **Cuba, NM 87013**

PS Form 3811, February 2004

7006 2760 0001 6376 5557

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

For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Sent To: **Irene K George**
 Street, Apt. or PO Box: **General Delivery**
 City, State: **Counselor, NM 87018**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
Irene K George
General Delivery
Counselor, NM 87018

2. Article Number: **7006 2760 0001 6376 5557**
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature:  ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Irene K George** C. Date of Delivery: **7-7-14**

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

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

7006 2760 0001 6376 9778

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL 3 2004
 DE VARGAS POST OFFICE

Sent 1 Isiah Moses Cayadito c/o
 Pauline Atencio
 Street or PO P.O. Box 54
 City, St. Nageezi, NM 87037

PS Form 3811, February 2004

7006 2760 0001 6376 6951

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL 3 2004
 DE VARGAS POST OFFICE

Sent 1 Isiah Moses Cayadito c/o
 Pauline Atencio
 Street or PO P.O. Box 54
 City, St. Nageezi, NM 87037

PS Form 3811, February 2004

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER:

- 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:
 Isiah Moses Cayadito c/o
 Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

2. Article Number 7006 2760 0001 6376 9778
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Pauline Atencio ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pauline Atencio C. Date of Delivery 7-10-14

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

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
 Isiah Moses Cayadito c/o
 Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

2. Article Number 7006 2760 0001 6376 6951
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Pauline Atencio ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pauline Atencio C. Date of Delivery 7-10-14

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

7006 2760 0001 6376 8016

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
JUL 13 2014

Sent To: Jack Trujillo aka Jack (Hoshka Chi Na Ba) Trujillo (aka Hoshka Chinaba (Jack) Trujillo)
 Street, or PO Box: P.O. Box 352
 City, State: Nageezi, NM 87037

PS Form 3811, February 2004

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Jack Trujillo aka Jack (Hoshka Chi Na Ba) Trujillo (aka Hoshka Chinaba (Jack) Trujillo)
 P.O. Box 352
 Nageezi, NM 87037

4. Signature
 X Jack Trujillo ☐ Agent ☐ Addressee

5. Received by (Printed Name) Jack Trujillo C. Date of Delivery 7/7/14

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

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

8. Restricted Delivery? (Extra Fee) ☐ Yes

9. Article Number (1-4) 7006 2760 0001 6376 8016
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595

7006 2760 0001 6376 8016

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
JUL 13 2014

Sent To: Janet Brown (Estate)
 Street, or PO Box: 3542 New Castle Drive SE
 City, State: Rio Rancho, NM 87124

PS Form 3811, February 2004

Return

7006 2760 0001 6377 0880

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL RECEIPT

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total F		



Sent To: Janet Brown (Estate)
 Street, or PO Box: 3542 New Castle Drive SE
 City, State, ZIP+4: Rio Rancho, NM 87124

Return

7006 2760 0001 6376 5763

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL RECEIPT

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		



To: Jennie Yawakia Coeoyate
 c/o Superintendent, Zuni Agency
 P.O. Box 369
 Zuni, NM 87327

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Jennie Yawakia Coeoyate ☐ Agent ☐ Addressee

B. Received by (Printed Name): Jennie Yawakia Coeoyate

C. Date of Delivery: 7/8/14

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: 7006 2760 0001 6376 5763
 (Transfer from service label)

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

7006 2760 0001 6376 6548

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$
Sent To: Jimmy Paywa Street, Apt. or PO Box: P.O. Box 100 City, State: Zuni, NM 87327	
PS Form 3800, June 2009	

Return

7006 2760 0001 6376 8122

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: Jimmy Paywa Street, Apt. or PO Box: P.O. Box 100 City, State: Zuni, NM 87327	
PS Form 3800, June 2009	

Return

7006 2760 0001 6376 6036

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here
JUL 5 2014

Sent To: Johnson Chiquito
 Street, or PO Box: P.O. Box 203
 City, State, ZIP+4: Counselor, NM 87018

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *Dorlene Chiquito* C. Date of Delivery: *7/8/14*

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

1. Article Addressed to:
 Johnson Chiquito
 P.O. Box 203
 Counselor, NM 87018

2. Article Number: *7006 2760 0001 6376 6036*
 (Transfer from service label)

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

7006 2760 0001 6376 5756

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here
JUL 5 2014

Sent To: Judy Wallace
 Street, or PO Box: P.O. Box 894
 City, State, ZIP+4: Zuni, NM 87327

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *Judy Wallace* C. Date of Delivery: *7-7-14*

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
Box 894
Zuni, NM 87327

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:
 Judy Wallace
 P.O. Box 894
 Zuni, NM 87327

2. Article Number: *7006 2760 0001 6376 5756*
 (Transfer from service label)

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

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Kenneth Paquin
Street, Apt or PO Box: 107 Eagle Nest Cir
City, State: Bernalillo, NM 87004

Postmark Here: JUL 3 2004

PS Form 3811, February 2004

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:

Kenneth Paquin
107 Eagle Nest Cir
Bernalillo, NM 87004

2. Article Number: 7006 2760 0001 6376 8177

PS Form 3811, February 2004

SECTION ON DELIVERY

A. Signature: X Kenneth Paquin

B. Received by (Printed Name): KEN PAQUIN

C. Date of Delivery: 7-7-14

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

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

For delivery information visit **WPX/S. CHACO OFFI**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Kenneth Paquin
Street or PO Box: 107 Eagle Nest Circle
City: Bernalillo, NM 87004

Postmark Here: JUL - 3 2004

PS Form 3811, February 2004

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:

Kenneth Paquin
107 Eagle Nest Circle
Bernalillo, NM 87004

2. Article Number: 7006 2760 0001 6376 6494

PS Form 3811, February 2004

SECTION ON DELIVERY

A. Signature: X Kenneth Paquin

B. Received by (Printed Name): Kenneth Paquin

C. Date of Delivery: 7-11-14

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

7006 2760 0001 6376 9617

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Ins)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Street, Apt.
 or PO Box
 City, State

Laberta Dempsey Funston
 124 Road 5018
 Bloomfield, NM 87413

PS Form 3811, February 2004

Postmark
JUL 3 2014

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:

Laberta Dempsey Funston
 124 Road 5018
 Bloomfield, NM 87413

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 9617

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Laberta Dempsey* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
 Laberta Dempsey
- C. Date of Delivery
 7-7-14
- 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

7006 2760 0001 6376 6906

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Ins)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Street, Apt.
 or PO Box
 City, State

Laberta Dempsey Funston (Laberta
 Junior Dempsey Funston)
 124 Road 5018
 Bloomfield, NM 87413

PS Form 3811, February 2004

Postmark
JUL 4 2014

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:

Laberta Dempsey Funston (Laberta
 Junior Dempsey Funston)
 124 Road 5018
 Bloomfield, NM 87413

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6906

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Laberta Dempsey* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
 Laberta Dempsey
- C. Date of Delivery
 7-7-14
- 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

53

7006 2760 0001 6376 5503

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here
JUL 2 2014

Sent To
 Street, Apt or PO Box
 City, State, Zip
 Larry Harrison
 P.O. Box 301
 Bloomfield, NM 87413

PS Form 3811, August 2004 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.

Article Addressed to:

Larry Harrison
 P.O. Box 301
 Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Larry Harrison* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Larry Harrison

C. Date of Delivery
 7-7-14

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)
 7006 2760 0001 6376 5503

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

7006 2760 0001 6376 3875

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL -3 2014

Sent To
 Street, Apt or PO Box
 City, State, Zip
 Larry Francis Smith (aka Larry F Smith)
 c/o Superintendent, Eastern Navajo Agency
 P.O. Box 328
 Crownpoint, NM 87313

PS Form 3811, August 2004 See Reverse for Instructions

7006 2760 0001 6376 6111

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total F	

Postmark: JUL 3 2014

Sent To: Leander Michael Benally, aka
 Leander Benally
 Street, Apt. 1 or PO Box 6243 W. Zoe Ella Way
 City, State, ZIP+4® Glendale, AZ 85306

PS Form 3811, February 2004

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:

Leander Michael Benally, aka
 Leander Benally
 6243 W. Zoe Ella Way
 Glendale, AZ 85306

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6111

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Allison Young

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

7006 2760 0001 6376 8139

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark: JUL -3 2014

Sent To: Lena Jane Tsethlikai
 P.O. Box 951
 Zuni, NM 87327
 Street, Apt. 1 or PO Box
 City, State, ZIP+4®

PS Form 3811, February 2004

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:

Lena Jane Tsethlikai
 P.O. Box 951
 Zuni, NM 87327

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 8139

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

7659 9269 1000 0922 9002

7006 2760 0001 6376 6531

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.20
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here JUL 14

Sent To: Lena Jane Tsethlikai
 Street, Apt. or PO Box: P.O. Box 951
 City, State: Zuni, NM 87327

PS Form 3811, February 2004

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postmark Here JUL 14

Sent To: Lena Jane Tsethlikai
 Street, Apt. or PO Box: P.O. Box 951
 City, State: Zuni, NM 87327

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
 Lena Jane Tsethlikai
 P.O. Box 951
 Zuni, NM 87327

2. Article Number: 7006 2760 0001 6376 6531

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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.20
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here JUL 14

Sent To: Lendora S Gleason, aka
 Lendora Gleason
 P.O. Box 2586
 Bloomfield, NM 87413

PS Form 3811, February 2004

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information WPX/S. CHACO
OFFICIAL

Postmark Here JUL 14

Sent To: Lendora S Gleason, aka
 Lendora Gleason
 P.O. Box 2586
 Bloomfield, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
 Lendora S Gleason, aka
 Lendora Gleason
 P.O. Box 2586
 Bloomfield, NM 87413

2. Article Number: 7006 2760 0001 6376 7361

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

7006 2760 0001 6376 6913

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No In

For delivery information visit

WPX/S. CHACO

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total P	



Sent To Leo Dempsey
4915 Kingsway Dr.
Farmington, NM 87402

PS Form 3800, August 2006

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:

Leo Dempsey
4915 Kingsway Dr.
Farmington, NM 87402

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6913

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7006 2760 0001 6376 9600

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No In

For delivery information visit

WPX/S. CHACO

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total F	



Sent To Leo Dempsey
4915 Kingsway Dr.
Farmington, NM 87402

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:

Leo Dempsey
4915 Kingsway Dr.
Farmington, NM 87402

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 9600

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

7006 2760 0001 6376 6487

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information visit **WPX/S. CHACO**

OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: Leon Stanley Paywa
 P.O. Box 482
 Zuni, NM 87327

Postmark Here
 JUL - 3 2014

PS Form 3811, February 2004

CERTIFIED MAIL™
 SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Leon Stanley Paywa
 P.O. Box 482
 Zuni, NM 87327

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 6487

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

5. Signature
 X Rose Parlane Agent
 B. Received by (Printed Name) Rose Parlane
 C. Date of Delivery JUL 8 2014

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

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

7006 2760 0001 6376 8184

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins)
 For delivery information visit **WPX/S. CHACO**

OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Leon Stanley Paywa
 P.O. Box 482
 Zuni, NM 87327

Postmark Here
 JUL - 3 2014

PS Form 3811, February 2004

CERTIFIED MAIL™
 SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Leon Stanley Paywa
 P.O. Box 482
 Zuni, NM 87327

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 8184

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

5. Signature
 X Rose Parlane Agent
 B. Received by (Printed Name) Rose Parlane
 C. Date of Delivery JUL 8 2014

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

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

7006 2760 0001 6376 9457

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Street, Apt. No., or PO Box City, State, ZIP+4 [®] PS Form 3800, April 2008	
Leona M Lewis 1214 Randolph Ave. Farmington, NM 87401	



7006 2760 0001 6376 9594

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 [®] PS Form 3800, April 2008	
Leonard Dempsey P.O. Box 2448 Bloomfield, NM 87413	



Return

7006 2760 0001 6376 6920

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

For delivery information: **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total F	

Postmark Here
 JUL - 3 2014

Sent To: Leonard Dempsey
 Street, or P.O.: P.O. Box 2448
 City, St.: Bloomfield, NM 87413

PS Form 3800, August 2006

Return

7006 2760 0001 6377 0927

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here
 JUL - 3 2014

Sent To: Leonard E Paquin
 Street, or P.O.: P.O. Box 535
 City, St.: Casa Blanca, NM 87007

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Leonard E Paquin
 P.O. Box 535
 Casa Blanca, NM 87007

COMPLETE THIS SECTION ON DELIVERY

2. Article Number: 7006 2760 0001 6377 0927

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PA: Signature: Geraldine R. Paquin
 Received by (Printed Name): GERALDINE R. PAQUIN
 C. Date of Delivery:
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3810, February 2004 Domestic Return Receipt 102595-02-M-1540

6579 9239 1000 0001 6376 6579

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Leonard E Paquin, aka Leonard S. Paquin
Street, or PO Box: P.O. Box 535
City, State: Casa Blanca, NM 87007

Postmark Here: JUL 3 2014

PS Form 3800, August 2006

SENDE **CERTIFIED MAIL** **SECTION ON DELIVERY**

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:
Leonard E Paquin, aka Leonard S. Paquin
P.O. Box 535
Casa Blanca, NM 87007

2. Article Number: 7006 2760 0001 6376 6579
(Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: Geraldine Paquin
B. Received by (Printed Name): GERALDINE PAQUIN
C. Date of Delivery:
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6376 9440

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Leroy Harrison
Street, or PO Box: 1214 Randolph Ave.
City, State: Farmington, NM 87401

Postmark Here: JUL 3 2014

PS Form 3800, August 2006

7006 2760 0001 6376 9624

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Inland Return Receipts)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Lionel L Gleason
 P.O. Box 2586
 Bloomfield, NM 87413

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Lionel L Gleason
 P.O. Box 2586
 Bloomfield, NM 87413

2. Article Number: 7006 2760 0001 6376 9624

3. (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lionel L Gleason*
☐ Agent
☐ Addressee

B. Received by (Printed Name): *Lionel L Gleason*
 C. Date of Delivery: *7-7-14*

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

7006 2760 0001 6376 6449

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Inland Return Receipts)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Lotherio Harvey (aka Lotherio C. Harvey)
 P.O. Box 16
 Rockpoint, AZ 86545

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Lotherio Harvey (aka Lotherio C. Harvey)
 P.O. Box 16
 Rockpoint, AZ 86545

2. Article Number: 7006 2760 0001 6376 6449

3. (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lotherio Harvey*
☐ Agent
☐ Addressee

B. Received by (Printed Name): *Lotherio Harvey*
 C. Date of Delivery: *7-7-14*

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

7006 2760 0001 6376 5855

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	3.50
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Fee	



Sent To: Louise Trujillo
 Street, or PO Box: 2605 W. Main St., Trlr 4
 City, State: Farmington, NM 87401
 PS Form 3811, February 2004

7006 2760 0001 6376 7064

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **WPX/S. CHACO**
OFFIC

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Fee	



Sent To: Lucita Cayadito
 Street, or PO Box: P.O. Box 272
 City, State: Nageezi, NM 87037
 PS Form 3811, February 2004

SENDER'S 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:
 Lucita Cayadito
 P.O. Box 272
 Nageezi, NM 87037

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 7064

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SECTION ON DELIVERY
 A. Signature: *Lucita Cayadito*
 B. Received by (Printed Name): *Lucita Cayadito*
 C. Date of Delivery: *7-11-14*
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6376 9884

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

For delivery information visit **offic**

WPX/S. CHACO

Postage \$ 3.30

Certified Fee 2.70

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees 6.00

Postmark Here
 JUL - 3 2014

Sent To: **Lucita Cayadito**
 Street, or P.O. #: **P.O. Box 272**
 City, State: **Nageezi, NM 87037**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Lucita Cayadito
P.O. Box 272
Nageezi, NM 87037

2. Article Number
 (Transfer from service label) **7006 2760 0001 6376 9884**

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Lucita Cayadito

B. Received by (Printed Name) **Lucita Cayadito** C. Date of Delivery **2-11-2014**

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

7006 2760 0001 6376 5633

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

For delivery information visit **offic**

WPX/S. CHACO

Postage \$ 3.30

Certified Fee 2.70

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total 6.00

Postmark Here
 JUL - 3 2014

Sent To: **Lula Jake**
 Street, or P.O. #: **General Delivery**
 City, State: **Counselor, NM 87018**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Lula Jake
General Delivery
Counselor, NM 87018

2. Article Number
 (Transfer from service label) **7006 2760 0001 6376 5633**

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

SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X Lula Jake

B. Received by (Printed Name) **Lula Jake** C. Date of Delivery **7/8/14**

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

7006 2760 0001 6377 0910

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

JUL -3 2014

Sent To
 Street, Apt.
 or PO Box
 City, State,
 PS Form 3811

Lynette J Paquin aka Lynette
 Paquin
 P.O. Box 523
 New Laguna, NM 87038

2959 9426 1000 6376 6562

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To
 Street, Apt.
 or PO Box
 City, State,
 PS Form 3811

Lynette J Paquin, aka Lynette
 Paquin
 P.O. Box 523
 New Laguna, NM 87038

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Lynette J Paquin, aka Lynette
 Paquin
 P.O. Box 523
 New Laguna, NM 87038

RECIPIENT: COMPLETE THIS SECTION

A. Signature
 X Lynette Paquin
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 Lynette Paquin

C. Date of Delivery
 7/21/14

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)
 7006 2760 0001 6376 6562

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

7006 2760 0001 6376 7170

**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	3.00	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	Mae Trujillo	
Street, Apt. or PO Box	P.O. Box 246	
City, State, ZIP	Nageezi, NM 87037	

SE

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:

Mae Trujillo
P.O. Box 246
Nageezi, NM 87037

Article Number: 7006 2760 0001 6376 7170
(Transfer from service label)

THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
B. Received by (Printed Name):
C. Date of Delivery: 7-7-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6376 3943

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only)

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

OFFICIAL USE

Postage \$		Postmark Here
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	Mae Lopez Smith	
Street, Apt. N or PO Box N	P.O. Box 161	
City, State, ZIP	Nageezi, NM 87037	

SEN

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:

Mae Lopez Smith
P.O. Box 161
Nageezi, NM 87037

Article Number: 7006 2760 0001 6376 3943
(Transfer from service label)

THIS SECTION ON DELIVERY

X
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
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6376 806J

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit WPX/S. CHACO

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

 Postmark
Here

JUL - 3 2014

Sent To

 Street,
or PO Box
City, State

PS Form

 Manuel Cooyate aka Manuel
Natchapani (aka Manuel Cooyate
Natchapani)
3301 Monroe St. NE, Unit G76
Albuquerque, NM 87110

actions

SENDER: COM

- 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:

 Manuel Cooyate aka Manuel
Natchapani (aka Manuel Cooyate
Natchapani)
3301 Monroe St. NE, Unit G76
Albuquerque, NM 87110

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 806J

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ON DELIVERY

A. Signature

X

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Manuel Cooyate

C. Date of Delivery

7-8-14

 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

7006 2760 0001 6376 6715

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit WPX/S. CHACO

OFFI

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	\$

 Postmark
Here

Sent To

 Street,
or PO Box
City, State

PS Form

 Marie T. Albert
P.O. Box 207
Continental Divide, NM 87312

actions

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:

 Marie T. Albert
P.O. Box 207
Continental Divide, NM 87312

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6715

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Marie T. Albert

C. Date of Delivery

7-8-14

 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

7006 2760 0001 6377 0842

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Marie T. Albert
 Street, or P.O. Box: P.O. Box 207
 City, State: Continental Divide, NM 87312

PS Form 3811, February 2004

Postmark Here 2014

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marie T. Albert
 P.O. Box 207
 Continental Divide, NM 87312

2. Article Number: 7006 2760 0001 6377 0842
 (Transfer from service label)

PS Form 3811, February 2004

ON DELIVERY

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

B. Received by (Printed Name): ☐ Yes ☐ No

C. Date of Delivery: 7-8-14

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

7006 2760 0001 6376 9419

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Marjorie K Pablo (aka Marjorie K Pablo (Wau))
 Street, or P.O. Box: P.O. Box 1964
 City, State: Ignacio, CO 81137

PS Form 3811, February 2004

Postmark Here

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marjorie K Pablo (aka Marjorie K Pablo (Wau))
 P.O. Box 1964
 Ignacio, CO 81137

2. Article Number: 7006 2760 0001 6376 9419
 (Transfer from service label)

PS Form 3811, February 2004

ON DELIVERY

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

B. Received by (Printed Name): 12/2014 ☐ Yes ☐ No

C. Date of Delivery: 12/2014

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

102595-02-M-1540

7006 2760 0001 6376 9471

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

JUL -3 2014
 Postmark
 Here

Sent To
 Street, Apt.
 or PO Box
 City, State

Mary B Manygoats
 P.O. Box 7
 Tohatchi, NM 87325

PS Form

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 B Manygoats
 P.O. Box 7
 Tohatchi, NM 87325

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X Mary B. Manygoats ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
 Mary B. Manygoats
- C. Date of Delivery
 7-08-14
- 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

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 6128

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

JUL -3 2014
 Postmark
 Here

Sent To
 Street, Apt.
 or PO Box
 City, State

Mary Jane W Pinto (Cooneyate)
 (Concho) (aka Mary Jane Pinto)
 P.O. Box 1453
 Zuni, NM 87327

PS Form

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 Jane W Pinto (Cooneyate)
 (Concho) (aka Mary Jane Pinto)
 P.O. Box 1453
 Zuni, NM 87327

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X Sheila Pinto ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
 Sheila Pinto
- C. Date of Delivery
 7-10-14
- 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

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 7743

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent To
 Street, or PO Box
 City, State
 Mary R Sam
 P.O. Box 257
 Nageezi, NM 87402

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 9983

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No In)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 JUL - 3 2014

Mary Trujillo (aka Mary T. Harper)
 1550 W. 500 N.
 Salt Lake City, UT 84116

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.

Article Addressed to:
 Mary Trujillo (aka Mary T. Harper)
 1550 W. 500 N.
 Salt Lake City, UT 84116

2. Article Number: 7006 2760 0001 6376 9983
 (Transfer from service label)

ON DELIVERY

A. Signature
 X [Signature]
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 M. Harper
 Date of Delivery
 7/12/14

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 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 9990

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

JUL - 3 2014

Mary Trujillo
 309 N. 3rd St., Sp #28
 Bloomfield, NM 87413

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 Trujillo
 309 N. 3rd St., Sp #28
 Bloomfield, NM 87413

2. Article Number
 (Transfer from service label)

7006 2760 0001 6376 9990

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Mary Trujillo* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Mary Trujillo* C. Date of Delivery *7/15/14*

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 ☒ No

7006 2760 0001 6376 6937

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

For delivery information **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Po	

Postmark
Here

Matilda Arviso
 P.O. Box 656
 Bloomfield, NM 87413

Sent To
 Street, Ap
 or PO Box
 City, State

PS Form 3811, February 2004

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:

Matilda Arviso
 P.O. Box 656
 Bloomfield, NM 87413

2. Article Number
 (Transfer from service label)

7006 2760 0001 6376 6937

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Matilda Arviso* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Matilda Arviso* C. Date of Delivery *7/12/14*

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

3. Service Type

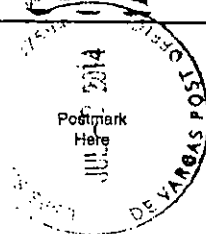
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes ☒ No

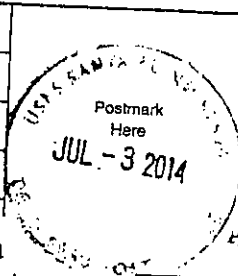
7006 2760 0001 6376 9587

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHAGO	
OFFIC	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: Matilda Arviso	
Street, Apt. or PO Box: P.O. Box 656	
City, State: Bloomfield, NM 87413	
PS Form 3811, August 2006	



7006 2760 0001 6376 8078

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFIC	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Matilda Natchapani aka Matilda Tyla Natchapani P.O. Box 1614 Bloomfield, NM 87413	
PS Form 3811, August 2006	



SENDER: COM1		ON DELIVERY	
☒ 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.		A. Signature: <i>Matilda Natchapani</i> ☐ Agent ☒ Addressee	
B. Received by (Printed Name):		C. Date of Delivery: 7-10-14	
D. Is delivery address different from item 1? If YES, enter delivery address below:		☐ Yes ☒ No	
Article Addressed to: Matilda Natchapani aka Matilda Tyla Natchapani P.O. Box 1614 Bloomfield, NM 87413		3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee)		☐ Yes	
2. Article Number: 1111 7006 2760 0001 6376 8078 (Transfer from Service Label)			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6376 5497

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Postmark
JUL - 7 2014

Sent To
 Street, Apt. or PO Box
 City, State, _____

Maxine C Harrison (Griffith),
 aka Maxine Griffith
 2550 E. 16th, Bld 10, Apt. 101
 Farmington, NM 87401

PS Form 3800, August 2000

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:

Maxine C Harrison (Griffith),
 aka Maxine Griffith
 2550 E. 16th, Bld 10, Apt. 101
 Farmington, NM 87401

2. Article Number: 7006 2760 0001 6376 5497
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Maxine Griffith* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Maxine Griffith* C. Date of Delivery: *7-14*

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

7006 2760 0001 6376 9952

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

For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Postmark
JUL - 3 2014

Sent To
 Street, Apt. or PO Box
 City, State, _____

Maxine Mountainlion
 P.O. Box 72
 Whiterocks, UT 84085

PS Form 3800, August 2000

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:

Maxine Mountainlion
 P.O. Box 72
 Whiterocks, UT 84085

2. Article Number: 7006 2760 0001 6376 9952
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Maxine Mountainlion* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Maxine Mountainlion* C. Date of Delivery: *7-17*

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

7006 2760 0001 6376 7378

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)

For delivery information: WPX/S. CHACO

OFFICE

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here: JUL 3 2014 DE VALLOS POST OFFICE

Sent to: Maxine Mountainlion
 Street, or PO: P.O. Box 72
 City: Whiterocks, UT 84085

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Maxine Mountainlion
 P.O. Box 72
 Whiterocks, UT 84085

2. Article Number: 7006 2760 0001 6376 7378
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Maxine Mountainlion*
☐ Agent ☐ Addressee

B. Received by (Printed Name): *Maxine Mountainlion*
 C. Date of Delivery: *7/17*

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

7006 2760 0001 6376 9976

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

For delivery information via: WPX/S. CHACO

OFFICE

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: JUL -3 2014

Sent to: Maxine Williams (aka Maxine Williams Trujillo)
 Street: 1028 S. West Temple, Apt. 8
 City: Salt Lake City, UT 84101

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Maxine Williams (aka Maxine Williams Trujillo)
 1028 S. West Temple, Apt. 8
 Salt Lake City, UT 84101

2. Article Number: 7006 2760 0001 6376 9976
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Maxine Williams*
☐ Agent ☐ Addressee

B. Received by (Printed Name):
 C. Date of Delivery: *Jul 11 2014*

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

7006 2760 0001 6376 6821

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

For delivery information visit **WPX/S. CHACO**

OFFI

Postage \$
 Certified Fee 3.80
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark
 Here
 JUL - 3 2014

Sent To: Miranda Frances Blatchford
 Street, Apt. or PO Box: P.O. Box 1134
 City, State: Fort Defiance, AZ 86504
 PS Form

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

For delivery information visit **WPX/S. CHACO**

OFFI

Postage \$
 Certified Fee 3.80
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark
 Here
 JUL - 3 2014

Sent To: Miranda Frances Blatchford
 Street, Apt. or PO Box: P.O. Box 1134
 City, State: Fort Defiance, AZ 86504
 PS Form

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Miranda Frances Blatchford
 P.O. Box 1134
 Fort Defiance, AZ 86504

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 6821

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Stephan Blatchford* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 STEPHAN BLATCHFORD

C. Date of Delivery
 7-8-14

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

7006 2760 0001 6376 9747

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

For delivery information visit **WPX/S. CHAGO**

OFFI

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark
 Here
 JUL - 3 2014

Sent To: Monica Werito (aka Monica S. Begay)
 Street, Apt. or PO Box: P.O. Box 5652
 City, State: Farmington, NM 87499
 PS Form

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

For delivery information visit **WPX/S. CHAGO**

OFFI

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark
 Here
 JUL - 3 2014

Sent To: Monica Werito (aka Monica S. Begay)
 Street, Apt. or PO Box: P.O. Box 5652
 City, State: Farmington, NM 87499
 PS Form

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Monica Werito (aka Monica S. Begay)
 P.O. Box 5652
 Farmington, NM 87499

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 9747

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Monica Werito* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Monica Werito

C. Date of Delivery
 7-8-14

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

7006 2760 0001 6376 6982

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		220
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

Postmark Here
 JUL 8 2014
 DE VALDES POST OFFICE

Sent To: Monica Werito (aka Monica S. Begay)
 Street, or P.O.: P.O. Box 5652
 City, St: Farmington, NM 87499

PS Form 3811, February 2004

RECEIVED MAIL
 SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Monica Werito (aka Monica S. Begay)
 P.O. Box 5652
 Farmington, NM 87499

2. Article Number: 7006 2760 0001 6376 6982
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Blanche Werito*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *Blanche Werito*
 C. Date of Delivery: *7-8-14*

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 3811, February 2004

7006 2760 0001 6376 6098

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		220
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

Postmark Here
 JUL 3 2014

Sent To: Nee De Bah, aka Gloria A. Norberto,
 aka Gloria Atencio Norberto, aka Nee Da Bah (Atencia)
 Street, or P.O.: 324 W. Blanco Blvd, Trlr 17
 City, St: Bloomfield, NM 87413

PS Form 3811, February 2004

RECEIVED MAIL
 SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Nee De Bah, aka Gloria A. Norberto,
 aka Gloria Atencio Norberto, aka Nee Da Bah (Atencia)
 324 W. Blanco Blvd, Trlr 17
 Bloomfield, NM 87413

2. Article Number: 7006 2760 0001 6376 6098
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Gloria Norberto*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *Gloria Norberto*
 C. Date of Delivery: *7/5/14*

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 3811, February 2004

7006 2760 0001 6376 5480

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **WPX/S. CHACO****OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	



Sent To
Nelson Harrison
P.O. Box 1592
Bloomfield, NM 87413

PS Form 3800, February 2004

Instructions

7006 2760 0001 6376 8030

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **WPX/S. CHACO****OFFIC**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	



Sent To
Nelson Trujillo
P.O. Box 271
Nageezi, NM 87037

PS Form

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:

Nelson Harrison
P.O. Box 1592
Bloomfield, NM 87413

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. 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
SENDER: CO

- 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:

Nelson Trujillo
P.O. Box 271
Nageezi, NM 87037

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DELIVERY
☐ 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

7006 2760 0001 6376 6760

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only)
 WPX/S. CHACO

For delivery information visit usps.com

OFFICIAL USE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)

Postmark Here
 JUL - 3 2014

Sent To
 Nina Atencio
 P.O. Box 175
 Nageezi, NM 87037

PS Form 3811, February 2004

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:
 Nina Atencio
 P.O. Box 175
 Nageezi, NM 87037

Article Number 7006 2760 0001 6376 6760
 (Transfer from service label)

PS Form 3811, February 2004

SECTION ON DELIVERY

A. Signature
 X Nina Atencio
☐ Agent
☐ Addressee

B. Received by (Printed Name) Nina Atencio
 C. Date of Delivery 7/7/14

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

102595-02-M-1540

7006 2760 0001 6376 9204

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

For delivery information visit usps.com

OFFICIAL USE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)

Postmark Here
 JUL - 3 2014

Sent To
 Norma Coeeyate (aka Norman J. Coeeyate)
 P.O. Box 365
 Zuni, NM 87327

PS Form 3811, February 2004

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:
 Norma Coeeyate (aka Norman J. Coeeyate)
 P.O. Box 365
 Zuni, NM 87327

Article Number 7006 2760 0001 6376 9204
 (Transfer from service label)

PS Form 3811, February 2004

ON DELIVERY

A. Signature
 X Jenny Coeeyate
☐ Agent
☐ Addressee

B. Received by (Printed Name) Jenny Coeeyate
 C. Date of Delivery 7/7/14

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

102595-02-M-1540

7006 2760 0001 6377 0873

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International Mail)	
For delivery information visit www.usps.com	
WPX/S. CHACO	
OFFICIAL RECEIPT	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To: Pamela Faye Brown Street, Apt. or PO Box: 3542 New Castle Drive SE City, State: Rio Rancho, NM 87124	
PS Form 3800, August 2000	

Return

7006 2760 0001 6376 6685

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International Mail)	
For delivery information visit www.usps.com	
WPX/S. CHACO	
OFFICIAL RECEIPT	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To: Pamela Faye Brown Street, Apt. or PO Box: 3542 New Castle Drive SE City, State: Rio Rancho, NM 87124	
PS Form 3800, August 2000	

Return

7006 2760 0001 6376 5770

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark
 JUL 3 2014

Sent To
 Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

Street or PO Box
 City, State

PS Form 3811, February 2004

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:
 Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

Article Number
 (Transfer from service label) 7006 2760 0001 6376 5770

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Pauline Atencio ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pauline Atencio C. Date of Delivery 7-10-14

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

7006 2760 0001 6376 6043

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total P		

Postmark
 JUL -3 2014

Sent To
 Pauline Sandoval (aka Pauline S Sandoval Shorty)
 P.O. Box 298
 Kirtland, NM 87417

Street or PO Box
 City, State

PS Form 3811, February 2004

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:
 Pauline Sandoval (aka Pauline S Sandoval Shorty)
 P.O. Box 298
 Kirtland, NM 87417

Article Number
 (Transfer from service label) 7006 2760 0001 6376 6043

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Pauline S Sandoval ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pauline S Sandoval C. Date of Delivery 7-10-14

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

7006 2760 0001 6376 5725

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Provided)
For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent To: Phillip Edward Lahi
Street, or PO: P.O. Box 841
City, S: Zuni, NM 87327

PS Form 3811, February 2004

JUL - 3 2014
Postmark Here

SE
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *Phillip Lahi Jr* C. Date of Delivery: *7-2-14*

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: *7006 2760 0001 6376 5725*
(Transfer from service label)

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

7006 2760 0001 6376 9945

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Provided)
For delivery information visit **WPX/S. CHACO OFFIC**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Postmark Here: JUL - 3 2014

Sent To: Phoebe Dempsey (aka Phoebe Parker Dempsey)
Street, or PO: 14028 N. Everest Ave.
City, S: Edmond, OK 73013

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

ON ON DELIVERY

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

B. Received by (Printed Name): *Phoebe Parker* C. Date of Delivery: *7-9*

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.

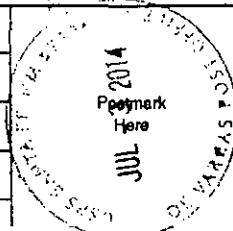
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number: *7006 2760 0001 6376 9945*
(Transfer from service label)

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

7006 2760 0001 6376 7385

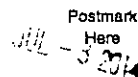
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL MAIL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To: Phoebe Dempsey (aka Phoebe Parker Dempsey) Street, or P.O.: 14028 N. Everest Ave. City, St: Edmond, OK 73013 PS Form 3811, February 2004	



SE PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
THIS SECTION ON DELIVERY A. Signature: <i>Robert Parker Dempsey</i> B. Received by (Printed Name): <i>Robert Parker</i> C. Date of Delivery: <i>7-7</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: Phoebe Dempsey (aka Phoebe Parker Dempsey) 14028 N. Everest Ave. Edmond, OK 73013	
2. Article Number: 7006 2760 0001 6376 7385 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 3905

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL MAIL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To: Robert Atencio Street, or P.O.: P.O. Box 443 City, St: Nageezi, NM 87037 PS Form 3811, February 2004	



SE PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
THIS SECTION ON DELIVERY A. Signature: <i>Robert Atencio</i> B. Received by (Printed Name): <i>ROBERT ATENCIO</i> C. Date of Delivery: <i>07-07-14</i> D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: Robert Atencio P.O. Box 443 Nageezi, NM 87037	
2. Article Number: 7006 2760 0001 6376 3905 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7521 6376 0001 2760 2006

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Po	
Sent To	Roberta J Lujan aka Roberta Paquin Lujan aka Roberta Paquin J. Lujan 227 Don Gaspar Ave., Unit 13 Santa Fe, NM 87501
Street, Ap or PO Box	
City, State	
PS Form 3800, August 2004	

Postmark
Here
JUL - 3 2014

7521 6376 0001 2760 2006

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To	Roberta J Lujan, Roberta Paquin Lujan, aka Roberta Paquin Lujā, aka Roberta Paquin J. Luja 227 Don Gaspar Ave., Unit 13 Santa Fe, NM 87501
Street or PO	
City, State	
PS Form 3800, August 2004	

Postmark
Here
JUL - 3 2014

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X <i>Bea Paquin</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
Roberta J Lujan aka Roberta Paquin Lujan aka Roberta Paquin J. Lu 227 Don Gaspar Ave., Unit 13 Santa Fe, NM 87501		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number		3. Service Type	
(Transfer from service label)		☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Domestic Return Receipt		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X <i>Bea Paquin</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
Roberta J Lujan, Roberta Paquin Lujan, aka Roberta Paquin Luja, aka Roberta Paquin J. Luja 227 Don Gaspar Ave., Unit 13 Santa Fe, NM 87501		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number		3. Service Type	
(Transfer from service label)		☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Domestic Return Receipt		102595-02-M-1540	

7006 2760 0001 6376 9938

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		278
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 JUL - 3 2014

Roger Werito (aka Roger Werito, Sr.)
 P.O. Box 1032
 Fruitland, NM 87416

for instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required)

Postmark Here
 JUL - 3 2014

Roger Werito (aka Roger Werito, Sr.)
 P.O. Box 1032
 Fruitland, NM 87416

for instructions

SENDER: COMPL

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:
 Roger Werito (aka Roger Werito, Sr.)
 P.O. Box 1032
 Fruitland, NM 87416

Article Number 7006 2760 0001 6376 9938
 (Transfer from service label)

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Roger Werito* Agent
 Addressee

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

D. Is delivery address different from item 12? ☐ 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

7006 2760 0001 6376 7392

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		278
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 JUL - 3 2014

Roger Werito (aka Roger Werito, Sr.)
 P.O. Box 1032
 Fruitland, NM 87416

for instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required)

Postmark Here
 JUL - 3 2014

Roger Werito (aka Roger Werito, Sr.)
 P.O. Box 1032
 Fruitland, NM 87416

for instructions

SENDER: COMPL

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:
 Roger Werito (aka Roger Werito, Sr.)
 P.O. Box 1032
 Fruitland, NM 87416

Article Number 7006 2760 0001 6376 7392
 (Transfer from service label)

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Roger Werito* Agent
 Addressee

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

D. Is delivery address different from item 12? ☐ 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

7006 2760 0001 6376 7408

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Total

Sent To

Street,
or PO Box

City, State

Rose Marie Aarive (aka
 Rosemarie T. Arrive)
 P.O. Box 236
 Ft Duchesne, UT 84026

PS Form 3800, August 2006

See reverse for instructions



7006 2760 0001 6376 9853

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Total Postage & Fees

Sent To

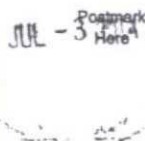
Street, A,
or PO Box

City, State

Rose Marie Aarive (aka
 Rosemarie T. Arrive)
 P.O. Box 236
 Ft Duchesne, UT 84026

PS Form

See reverse for instructions



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:

Rose Marie Aarive (aka
 Rosemarie T. Arrive)
 P.O. Box 236
 Ft Duchesne, UT 84026

2. Article Number
 (Transfer from service label)

7006 2760 0001 6376 7408

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Rosemarie T. Arrive

B. Received by (Printed Name)
 R. Arrive

C. Date of Delivery
 JUL 09 2014

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

USPS - 84026

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:

Rose Marie Aarive (aka
 Rosemarie T. Arrive)
 P.O. Box 236
 Ft Duchesne, UT 84026

2. Article Number
 (Transfer from service label)

7006 2760 0001 6376 9853

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Rosemarie T. Arrive

B. Received by (Printed Name)
 R. Arrive

C. Date of Delivery
 JUL 09 2014

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

USPS - 84026

7006 2760 0001 6376 7415

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

For delivery information visit **WPX/S. CHAGO**

OFFICE

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Rose Mary Draper
 P.O. Box 154
 Round Rock, AZ 86547

Postmark Here: JUL 3 2014

PS Form 3811, February 2004

7006 2760 0001 6376 9860

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

For delivery information visit **WPX/S. CHAGO**

OFFICE

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Rose Mary Draper
 P.O. Box 154
 Round Rock, AZ 86547

Postmark Here: JUL 3 2014

PS Form 3811, February 2004

SEND PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SECTION ON DELIVERY

☒ 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:
 Rose Mary Draper
 P.O. Box 154
 Round Rock, AZ 86547

2. Signature: *Rose Trujillo*
☐ Agent
☐ Addressee

3. Received by (Printed Name): *Rose Trujillo*
 C. Date of Delivery: *7/8/14*

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

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

6. Restricted Delivery? (Extra Fee) ☐ Yes

7. Article Number: 7006 2760 0001 6376 7415
 (Transfer from service label)

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

7006 2760 0001 6376 8191

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

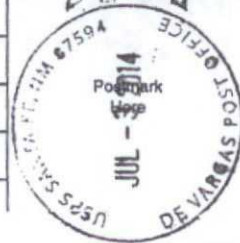
For delivery information visit our website at usps.com

OFFICIAL WPX/S. CHACO

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Rose Seeyouma
 Street, Apt. or PO Box: P.O. Box 482
 City, State: Zuni, NM 87327

PS Form 3811, February 2004



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:

Rose Seeyouma
 P.O. Box 482
 Zuni, NM 87327

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 8191

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

John Park

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

7006 2760 0001 6376 6470

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

For delivery information visit our website at usps.com

OFFICIAL WPX/S. CHACO

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Rose Seeyouma
 Street, Apt. or PO Box: P.O. Box 482
 City, State: Zuni, NM 87327

PS Form 3811, February 2004



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:

Rose Seeyouma
 P.O. Box 482
 Zuni, NM 87327

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 6470

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

John Park

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

7006 2760 0001 6376 9396

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

For delivery information visit **WPX/S. CHACO**

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL - 3 2014

Sent To: Rosie Toledo (aka Rosie Keetso Toledo)
 Street, or PO Box: P.O. Box 75
 City, State: Counselor, NM 87018

PS Form 3811 February 2004

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:
 Rosie Toledo (aka Rosie Keetso Toledo)
 P.O. Box 75
 Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x Rosie Toledo*
☐ Agent
☐ Addressee

B. Received by (Printed Name):
 C. Date of Delivery: **7/10/14**

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: 7006 2760 0001 6376 9396
 (Transfer from service label)

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

7006 2760 0001 6376 7071

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL - 3 2014

Sent To: Sharon Ann Trujillo (aka Sharon Ann Trujillo Curley)
 Street, or PO Box: 4920 E. Allen Ave.
 City, State: Flagstaff, AZ 86004

PS Form 3811 February 2004

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:
 Sharon Ann Trujillo (aka Sharon Ann Trujillo Curley)
 4920 E. Allen Ave.
 Flagstaff, AZ 86004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x Kendrick Curley*
☐ Agent
☐ Addressee

B. Received by (Printed Name): *Kendrick Curley*
 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

Article Number: 7006 2760 0001 6376 7071
 (Transfer from service label)

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

7006 2760 0001 6376 9877

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
JUL 3 2014

Sent To: Sharon Ann Trujillo (aka Sharon Ann Trujillo Curley)
 Street or PO Box: 4920 E. Allen Ave.
 City: Flagstaff, AZ 86004

PS Form 3811, February 2004

SENDER: COMPLETE THESE AREAS
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:
 Sharon Ann Trujillo (aka Sharon Ann Trujillo Curley)
 4920 E. Allen Ave.
 Flagstaff, AZ 86004

2. Article Number: 7006 2760 0001 6376 9877
 (Transfer from service label)

ACTION ON DELIVERY

A. Signature: X *Sharon Ann Trujillo*
☐ Agent
☐ Addressee

B. Received by (Printed Name): *Sharon Ann Trujillo*
 C. Date of Delivery: *July 3, 2014*

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

7006 2760 0001 6376 7583

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
JUL -3 2014

Sent To: Sherman Paquin, aka Sherman P. Paquin, aka Sherman Paul Paquin
 Street or PO Box: 1534 State Road 314 SW, Apt. 315
 City, State: Albuquerque, NM 87105

PS Form 3811, February 2004

SENDER: COMPLETE THESE AREAS
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:
 Sherman Paquin, aka Sherman P. Paquin, aka Sherman Paul Paquin
 1534 State Road 314 SW, Apt. 315
 Albuquerque, NM 87105

2. Article Number: 7006 2760 0001 6376 7583
 (Transfer from service label)

ACTION ON DELIVERY

A. Signature: X *Sherman Paquin*
☐ Agent
☐ Addressee

B. Received by (Printed Name): *Sherman Paquin*
 C. Date of Delivery: *July 3, 2014*

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 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 **WPX/S. CHACO**

OFFICIAL USE

Postage \$
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Total F

Postmark Here
JUL - 3 2014

Sent To Sherman Paquin, aka Sherman Paul Paquin, aka Sherman P. Paquin
Street, or PO Box 1534 State Road 314 SW, Apt. 315
City, State Albuquerque, NM 87105

PS Form 3811, February 2004

CERTIFIED MAIL
SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
Sherman Paquin, aka Sherman Paul Paquin, aka Sherman P. Paquin
1534 State Road 314 SW, Apt. 315
Albuquerque, NM 87105

2. Article Number 7006 2760 0001 6376 6609
(Transfer from service label)

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

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Signature Shirley Ann Charley ☐ Agent ☒ Addressee
B. Received by (Printed Name) Shirley A. Charley C. Date of Delivery 7/8/14
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

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

For delivery information visit **WPX/S. CHACO**

OFFICIAL USE

Postage \$
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Total F

Postmark Here
JUL - 3 2014

Sent To Shirley Ann Charley
Street, or PO Box 38 Road 5255
City, State Bloomfield, NM 87413

PS Form 3811, February 2004

CERTIFIED MAIL
SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
Shirley Ann Charley
38 Road 5255
Bloomfield, NM 87413

2. Article Number 7006 2760 0001 6377 0835
(Transfer from service label)

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

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Signature Shirley Ann Charley ☐ Agent ☒ Addressee
B. Received by (Printed Name) Shirley A. Charley C. Date of Delivery 7/8/14
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

7006 2760 0001 6377 1078

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

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark
Here

Sent To
 Street, Apt.
 or PO Box
 City, State, Zip

Shirley Ann Charley
 38 Road 5255
 Bloomfield, NM 87413

PS Form 38

7006 2760 0001 6376 7132

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

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark
Here

Sent To
 Street, Apt.
 or PO Box
 City, State, Zip

Shyanna D Albert
 Eastern Navajo Agency
 P.O. Box 328
 Crownpoint, NM 87313

PS Form

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:

Shirley Ann Charley
 38 Road 5255
 Bloomfield, NM 87413

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 1078

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Shirley Charley

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Shirley Charley

C. Date of Delivery

07-17-14

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information, visit www.usps.com

WPX/S. CHACO

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Sent To
 Street, or P.O. Box
 City, State, ZIP+4

Shyanna D Albert
 Eastern Navajo Agency
 P.O. Box 328
 Crownpoint, NM 87313

PS Form 3811, February 2004

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information, visit www.usps.com

WPX/S. CHACO

OFFICIAL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Sent To
 Street, or P.O. Box
 City, State, ZIP+4

Siephrene Ryan Anthony (aka
 Siephreno R. Anthony)
 c/o Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Siephrene Ryan Anthony (aka
 Siephreno R. Anthony)
 c/o Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Pauline Atencio
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 Pauline Atencio

C. Date of Delivery
 7-10-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
 7006 2760 0001 6376 9761

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

7006 2760 0001 6376 6968

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

Total Price

Sent To

Street, Apt.
or PO Box

City, State

Siephrene Ryan Anthony
 Siephreno R. Anthony)
 c/o Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

PS Form 3811

Postmark
Here

JUL - 3



SEN

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Siephrene Ryan Anthony (aka
 Siephreno R. Anthony)
 c/o Pauline Atencio
 P.O. Box 54
 Nageezi, NM 87037

2. Article Number

(Transfer from service label)

14-0006 2760 0001 6376 6968

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X Pauline Atencio

☐ Agent☐ Addressee

B. Received by (Printed Name)

Pauline Atencio

C. Date of Delivery

7-19-14

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

7006 2760 0001 6376 3912

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information WPX/S. CHACO

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

Total Price

Sent To

Street, Apt.
or PO Box

City, State

Stephen Atencio (aka Steven Atencio
 (Estate)) c/o Superintendent, Eastern
 Navajo Agency
 P.O. Box 328
 Crownpoint, NM 87313

PS Form 3811

JUL - 3 2014

Postmark
Here

7006 2760 0001 6376 5916

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

For delivery information visit **WPX/S. CHACO**

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent To: Stephen Atencio (Estate) (aka Steven Atencio (Estate) c/o Superintendent,
 Eastern Navajo Agency
 P.O. Box 328
 Crownpoint, NM 87313

PS Form 3811

7006 2760 0001 6376 7088

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

For delivery information visit **WPX/S. CHACO**

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Price	\$

Postmark Here

Sent To: Sterling Trujillo
 431 W. Chestnut St.
 Junction City, KS 66441

PS Form 3811

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:
 Sterling Trujillo
 431 W. Chestnut St.
 Junction City, KS 66441

2. Article Number (Transfer from service label): 7006 2760 0001 6376 7088

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Mariana Kuchanentlaughn
 C. Date of Delivery: 7/7/14

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 3811 February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6376 9846

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

Postmark Here

Sent To: Sterling Trujillo
 431 W. Chestnut St.
 Junction City, KS 66441

PS Form 3811, February 2004

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

For delivery information visit **WPX/S. CHACO OFFICE**

1. Article Addressed to:
 Sterling Trujillo
 431 W. Chestnut St.
 Junction City, KS 66441

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 9846

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X [Signature]
☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Narana Kuchmenthawn

C. Date of Delivery
 7/7/14

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

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

7006 2760 0001 6376 9839

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Sent To: Steven Trujillo, Jr
 P.O. Box 1161
 Round Rock, AZ 86547

PS Form 3811, February 2004

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

For delivery information visit **WPX/S. CHACO OFFICE**

1. Article Addressed to:
 Steven Trujillo, Jr
 P.O. Box 1161
 Round Rock, AZ 86547

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 9839

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X [Signature]
☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Steve Trujillo Jr

C. Date of Delivery
 7/9/14

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

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

7006 2760 0001 6376 7095

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To Steven Trujillo, Jr
 P.O. Box 1161
 Round Rock, AZ 86547

Street, PO Box, or PO City, State, ZIP+4

PS Form 3811, February 2004

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:
 Steven Trujillo, Jr
 P.O. Box 1161
 Round Rock, AZ 86547

Article Number 7006 2760 0001 6376 7095
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Steve Trujillo Jr*
☐ Agent
☒ Addressee

B. Received by (Printed Name) *Steve Trujillo Jr* C. Date of Delivery *7/9/14*

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

7006 2760 0001 6376 6890

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

For delivery information visit **WPX/S. CHACO**
OFFICE

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here JUL - 3 2014

Sent To Sonya Faye Werito
 P.O. Box 417
 Nageezi, NM 87037

Street, PO Box, or PO City, State, ZIP+4

PS Form 3811, February 2004

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:
 Sonya Faye Werito
 P.O. Box 417
 Nageezi, NM 87037

Article Number 7006 2760 0001 6376 6890
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Rena Werito*
☐ Agent
☒ Addressee

B. Received by (Printed Name) *Rena Werito* C. Date of Delivery *7-5-14*

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

7006 2760 0001 6376 9631

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: **Sonya Faye Werito**
 P.O. Box 417
 Nageezi, NM 87037

PS Form 3800, August 2005 See Reverse for Instructions

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: CC

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

1. Article Addressed to:
Sonya Faye Werito
P.O. Box 417
Nageezi, NM 87037

2. Article Number (Transfer from service label): **7006 2760 0001 6376 9631**

ON ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Renn Werito

B. Received by (Printed Name) **Renn Werito** C. Date of Delivery **7-7-14**

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

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

7006 2760 0001 6376 9815

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: **Tamarah Dyan Bahe**
 P.O. Box 855
 Bloomfield, NM 87413

PS Form 3800, August 2005 See Reverse for Instructions

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Tamarah Dyan Bahe
P.O. Box 855
Bloomfield, NM 87413

2. Article Number (Transfer from service label): **7006 2760 0001 6376 9815**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Diane Jackson

B. Received by (Printed Name) **Diane Jackson** C. Date of Delivery **7-7-14**

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

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

7006 2760 0001 6376 7118

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

For delivery information visit **WPX/S. CHAGO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Sent To: Tamarah Dyan Bahe
 Street, or P.O. Box: P.O. Box 855
 City, State: Bloomfield, NM 87413

PS Form 3811, February 2004

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:
 Tamarah Dyan Bahe
 P.O. Box 855
 Bloomfield, NM 87413

2. Article Number (Transfer from service label): 7006 2760 0001 6376 7118

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Diane Jackson* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Diane Jackson* C. Date of Delivery: *7-7-14*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1640

7006 2760 0001 6376 8207

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

For delivery information visit **WPX/S. CHAGO**
OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Sent To: Thelma Lahi
 Street, or P.O. Box: 9 Eagle Dr. Santa Ana Pueblo
 City, State: Bernalillo, NM 87004

PS Form 3811, February 2004

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:
 Thelma Lahi
 9 Eagle Dr. Santa Ana Pueblo
 Bernalillo, NM 87004

2. Article Number (Transfer from service label): 7006 2760 0001 6376 8207

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Thelma P. Lahi* ☐ 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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1640

7006 2760 0001 6376 6463

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL USE

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To: **Thelma Lahi**
 Street, A. or PO Box: **9 Eagle Dr. Santa Ana Pueblo**
 City, State: **Bernalillo, NM 87004**

Postmark Here: **JUL - 3 2014**

PS Form 3811, February 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Thelma Lahi
9 Eagle Dr. Santa Ana Pueblo
Bernalillo, NM 87004

2. Article Number: **7006 2760 0001 6376 6463**
 (Transfer from service label)

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

SECTION ON DELIVERY

A. Signature: **x Thelma P. Lahi** ☐ 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

7006 2760 0001 6376 9969

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **WPX/S. CHACO**
OFFICIAL USE

Postage \$ 3.30
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To: **Tina Marie Foster**
 Street, A. or PO Box: **34230 40th Ave S**
 City, State: **Auburn, WA 98001**

Postmark Here: **JUL - 3 2014**

PS Form 3811, February 2004

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Tina Marie Foster
34230 40th Ave S
Auburn, WA 98001

2. Article Number: **7006 2760 0001 6376 9969**
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **x Tina M Foster** ☐ Agent ☒ Addressee
 B. Received by (Printed Name): **Tina M Foster**
 C. Date of Delivery: **7/10/14**
 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

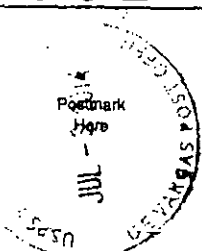
7006 2760 0001 6376 7354

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No)

For delivery information, visit **WPX/S. CHACO****OFFICIAL**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark
Here

Sent To **Tina Marie Foster**
 Street, Apt. or PO Box **34230 40th Ave. S**
 City, State **Auburn, WA 98001**

PS Form 3811

SEND COMPLETE THESE 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.		S SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee B. Received by (Printed Name) Tina Marie Foster C. Date of Delivery 7/10/14 D. Is delivery address different from item 1? ☒ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Tina Marie Foster 34230 40th Ave. S Auburn, WA 98001		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) 7006 2760 0001 6376 7354		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 6807

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No)

For delivery information, visit **WPX/S. CHACO****OFFICIAL**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark
Here

Sent To **Vernie Teba Bia**
 Street, Apt. or PO Box **23 Mae Ln**
 City, State **Gamerco, NM 87317**

PS Form 3811

7006 2760 0001 6376 9808

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
JUL 3 2014

Sent To: Virginia Mike (aka Virginia Mike Dempsey)
 Street, or PO Box: 642 Road 7100
 City, State, ZIP+4: Bloomfield, NM 87413

PS Form 3811, February 2004

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:

Virginia Mike (aka Virginia Mike Dempsey)
 642 Road 7100
 Bloomfield, NM 87413

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 9808

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Virginia Mike ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Virginia Mike

C. Date of Delivery

7/7/14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6376 7125

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

For delivery information visit **WPX/S. CHACO**

OFFICE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total F	\$

Postmark Here
JUL 3 2014

Sent To: Virginia Mike (aka Virginia Mike Dempsey)
 Street, or PO Box: 642 Road 7100
 City, State, ZIP+4: Bloomfield, NM 87413

PS Form 3811, February 2004

SE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

A. Signature

X Virginia Mike ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Virginia Mike

C. Date of Delivery

7/7/14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ 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)

7006 2760 0001 6376 7125

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 6456

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)

For delivery information: **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
JUL - 3 2014

Sent To: Vivian Tekala
 P.O. Box 454
 Zuni, NM 87327

PS Form 3811, February 2004

CERTIFIED MAIL

SE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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

1. Article Addressed to:
 Vivian Tekala
 P.O. Box 454
 Zuni, NM 87327

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 6456

PS Form 3811, February 2004

THIS SECTION ON DELIVERY

A. Signature: *Vivian Tekala* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Vivian Tekala* C. Date of Delivery: *7/8/14*

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

PS Form 3811, February 2004

7006 2760 0001 6376 7552

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)

For delivery information: **WPX/S. CHACO**

OFFICIAL

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
JUL - 3 2014

Sent To: Vivian Tekala
 P.O. Box 454
 Zuni, NM 87327

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Vivian Tekala
 P.O. Box 454
 Zuni, NM 87327

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 7552

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Vivian Tekala* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Vivian Tekala* C. Date of Delivery: *7/8/14*

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

PS Form 3811, February 2004

7006 2760 0001 6376 7422

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent To: Wilford Trujillo
 Street, or PO Box: 1139 E. 800 S.
 City, State: Spanish Fork, UT 84660

PS Form 3811, February 2004

7006 2760 0001 6376 9921

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

For delivery information visit **WPX/S. CHACO OFFICE**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JUL - 3 2014

Sent To: Wilford Trujillo
 Street, or PO Box: 1139 E. 800 S.
 City, State: Spanish Fork, UT 84660

PS Form 3811, February 2004

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:

Wilford Trujillo
 1139 E. 800 S.
 Spanish Fork, UT 84660

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 7422

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ACTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-7-14

D. Is delivery address different from item 1? ☐ YesIf 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

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:

Wilford Trujillo
 1139 E. 800 S.
 Spanish Fork, UT 84660

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 9921

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ACTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-7-14

D. Is delivery address different from item 1? ☐ YesIf 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

7006 2760 0001 6376 5992

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

For delivery information visit our **WPX/S. CHACO OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here
JUL - 3 2004

Sent To: Willie Chiquito
 Street or PO: General Delivery
 City, St: Counselor, NM 87018

PS Form 3811, February 2004 Domestic Return Receipt

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:
 Willie Chiquito
 General Delivery
 Counselor, NM 87018

2. Article Number:
 (Transfer from service label) 192

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Willie Chiquito*
☐ 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

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

7006 2760 0001 6376 5389

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

For delivery information visit our **WPX/S. CHACO OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here
JUL - 3 2004

Sent To: Willie Keetso
 Street or PO: General Delivery
 City, St: Counselor, NM 87018

PS Form 3811, February 2004 Domestic Return Receipt

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:
 Willie Keetso
 General Delivery
 Counselor, NM 87018

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6376 5389

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Willie Keetso*
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery: 7/7/04

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

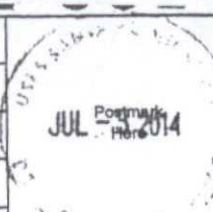
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6376 7590

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Signature Required)	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Payment \$	
Sent To	Wilma L Brudos
Street, or PO Box	110 Briarwood Ct.
City, State	League City, TX 77573
PS Form 3811, February 2004	actions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- 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.		A. Signature <i>Wilma L. Brudos</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>W. P. Brudos</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Wilma L Brudos 110 Briarwood Ct. League City, TX 77573		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7006 2760 0001 6376 7590		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 6593

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Signature Required)	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Payment \$	
Sent To	Wilma L Brudos
Street, or PO Box	110 Briarwood Ct.
City, State	League City, TX 77573
PS Form 3811, February 2004	actions



U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Signature Required)	
For delivery information visit WPX/S. CHACO	
OFFICIAL	
- 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: Wilma L Brudos 110 Briarwood Ct. League City, TX 77573	
2. Article Number (Transfer from service label) 7006 2760 0001 6376 6593	
PS Form 3811, February 2004	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <i>Wilma L. Brudos</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>W. P. Brudos</i> 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	

102595-02-M-1540

7006 2760 0001 6376 5985

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

For delivery information visit **OFFICIAL** WPX/S. CHACO

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Postmark Here
 JUL - 3 2014

Sent To: Wilson Joe Chiquito
Street, or P.O. Box: General Delivery
City, State: Counselor, NM 87018

PS Form 3811

Return

7006 2760 0001 6376 5565

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

For delivery information visit **OFFICIAL** WPX/S. CHACO

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Postmark Here
 JUL - 3 2014

Sent To: Wilson Trujillo
Street, or P.O. Box: P.O. Box 1012
City, State: Cuba, NM 87013

PS Form 3811

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

THIS SECTION ON DELIVERY

1. Article Addressed to:
 Wilson Trujillo
 P.O. Box 1012
 Cuba, NM 87013

2. Article Number: 7006 2760 0001 6376 5565
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
☒ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
 7/16/14

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

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

7006 2760 0001 6376 6586

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL MAIL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Winona Paquin Street, Apt. or PO Box P.O. Box 85 City, State New Laguna, NM 87038	
PS Form 3849	Instructions

Return

7006 2760 0001 6376 7606

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
For delivery information WPX/S. CHACO	
OFFICIAL MAIL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Winona Paquin Street, Apt. or PO Box P.O. Box 85 City, State New Laguna, NM 87038	
PS Form 3849	Instructions

Return