STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING:
CALLED BY THE OIL CONSERVATION DIVISION FOR THE PURPOSE OF CONSIDERING:

APPLICATION OF WPX ENERGY PRODUCTION, LLC FOR APPROVAL OF THE NORTHWEST LYBROOK UNIT; CREATION OF A NEW POOL FOR HORIZONTAL DEVELOPMENT WITHIN THE UNIT AREA, AND FOR ALLOWANCE OF 330 FOOT SETBACKS FROM THE EXTERIOR OF THE PROPOSED UNIT, RIO ARRIBA AND SAN JUAN COUNTIES, NEW MEXICO.

CASE NO. 15201

AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

Gabrielle A. Gerholt, attorney in fact and authorized representative of WPX Energy Production, LLC., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

Gabrielle A. Gerholt

SUBSCRIBED AND SWORN to before this 17th day of September 2014 by Gabrielle A. Gerholt.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15

Notary Public

BEFORE THE OIL CONVERSATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: WPX ENERGY PRODUCTION
Hearing Date: September 17, 2014

WPX ENERGY PRODUCTION, LLC
NORTHWEST LYBROOK UNIT

OFFSET OPERATORS

Encana Oil & Gas (USA) Inc.
(Attn: Land Dept.)
370 - 17 Street, Suite 1700
Denver, CO 80202

Dugan Production Corporation
(Attn: Land Dept.)
P.O. Box 420
Farmington, NM 87499-0420

Logos Resources, LLC
(Attn: Jon Akers)
4100 N. Butler Blvd,Bldg 7101
Farmington, NM 87401

Koch Exploration Company, LLC
(Attn: Scott Hamilton)
950 17th Street, Suite 1900
Denver, CO 80202

WORKING INTEREST OWNERS

DJ Simmons Company Limited Partnership
(Attn: Walter Parks)
1009 Ridgeway Place
Farmington, NM 87401

SFF Production, LLC
P.O. Box 2080
Midland, TX 79701

INDIAN ALLOTTEE MINERAL INTEREST OWNERS

Hubert Chavez
P.O. Box 423
Dulce, NM 87528

Stanford Chavez
P.O. Box 1505
Dulce, NM 87528

Denise R. Chavez
P.O. Box 395
Dulce, NM 87528

Autumn C Inez
P.O. Box 308
Dulce, NM 87528

Landree T. Chavez
P.O. Box 395
Dulce, NM 87528

Daryl K. Chavez
P.O. Box 395
Dulce, NM 87528

Pauline Armenta
P.O. Box 1216
Durango, CO 81302

Conrad J. Martinez
P.O. Box 2350
Aztec, NM 87401

Conrad C. Martinez
30117 Hwy 160 TRLR 11
Durango, CO 81301

WPX ENERGY PRODUCTION, LLC
NORTHWEST LYBROOK UNIT

Frances Slim
P.O. Box 415
Nageezi, NM 87037

Henry Chavez
P.O. Box 285
Nageezi, NM 87037

Martha Y. Sylvester Estate
C/O Thomas Sylvester P.O.
Box 636
Dulce, NM 87528

Samuel F. Sandoval
P.O. Box 2826
Shiprock, NM 87420

Joe Harrison SR
P.O. Box 36
Nageezi, NM 87037

Harry J. Harrison
2011 Troy King Rd TRLR 72
Farmington, NM 87401

Ruth I. Boo Estate
P.O. Box 1476
Kayenta, AZ 86033

Harrison Ignacio
P.O. Box 733
Kayenta, AZ 86033

Bessie Ignacio
P.O. Box 2124
Farmington, NM 87499

Steven Ignacio
6410 Tantamount LN
Dayton, OH 45449

Mabel C. Penn
P.O. Box 3833
Farmington, NM 87499

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Shiprock, NM 87420

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P.O. Box 663
Aberdeen, SD 57402

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Farmington, NM 87401

Leo J. Pacheco SR
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Farmington, NM 87407

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Bloomfield, NM 87413

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Ogden, UT 84401

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Eunice Chavez
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Dulce, NM 87528

Paul Chavez
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Jimmy N. Chavez
P.O. Box 81584
Albuquerque, NM 87198

Helen C. Vigil
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Marie C. Herbert
C/O Melvin Herbert P.O. Box 2602
Kirtland, NM 87417

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Waterflow, NM 87421

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Cortez, CO 81321

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Bloomfield, NM 87413

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Fort Hall, ID 83203

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P.O. Box 1031
Aztec, NM 87410

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Farmington, NM 87499

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7513 Seattle Slew DR Apt 1001
Fort Worth, TX 76112

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Farmington, NM 87499

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4307 Topke CT NE
Albuquerque, NM 87109

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P.O. Box 4894
El Paso, TX 79914

Harrison Lopez
P.O. Box 22
Bloomfield, NM 87413

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987 E. Nolan PL
Chandler, AZ 85249

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15345 Hwy 172 Apt F2 #29
Ignacio, CO 81137

Teddy Lopez
P.O. Box 386
Nageezi, NM 87037

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10 Road 3183
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NORTHWEST LYBROOK UNIT

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5003 B. Sandoval
Farmington, NM 87402

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P.O. Box 130
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Helen Commanche a/k/a Helen G. Commanche (aka Mary Helen Commanche)
P.O. Box 37
Nageezi, NM 87037

Tom Commanche a/k/a Tomy Commanche (aka Tom Comanche)
P.O. Box 91
Nageezi, NM 87037

Mabel Commanche a/k/a Mabel C. Senger
916 S. 9th St.
Salina, KS 67401

Lily Commanche (aka Lilly Commanche)
HC 17, Box 1999
Cuba, NM 87013

Cora Charley
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Bloomfield, NM 87413

Roger Largo
HC 17, Box 405
Cuba, NM 87013

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Susan Harrison
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NORTHWEST LYBROOK UNIT

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Sylvia C. Castillo (aka Werline A. Herrera)
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Tommy Largo, Jr.
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Jonathan Commanche
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Nageezi, NM 87037

Sophie Chavez a/k/a Sophie C. Sandoval (aka Sophie Sandoval)
574 Dolores Drive NW
Albuquerque, NM 87105

7006 2760 0001 6377 1955

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OFFICIAL USE

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87594

Encana Oil & Gas (USA) Inc.
(Attn: Land Dept.)
370 - 17 Street, Suite 1700
Denver, CO 80202

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 1948

U.S. Postal Service™
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Postage	$
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014
SANTA FE, NM 87594

Dugan Production Corporation
(Attn: Land Dept.)
P.O. Box 420
Farmington, NM 87499-0420

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 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:

Encana Oil & Gas (USA) Inc.
(Attn: Land Dept.)
370 - 17 Street, Suite 1700
Denver, CO 80202

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

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

2. Article Number *(Transfer from service label)* 7006 2760 0001 6377 1955

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

CERTIFIED MAIL™

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

SENDER: 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:

Dugan Production Corporation
(Attn: Land Dept.)
P.O. Box 420
Farmington, NM 87499-0420

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tom Dugan C. Date of Delivery 9-2-14

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

SEP 2 2014 FARMINGTON, NM 87401 USPS

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

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

2. Article Number *(Transfer from service label)* 7006 2760 0001 6377 1948

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

7006 2760 0001 6377 2136

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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: AUG 29 2014 SANTA FE, NM 87504

Logos Resources, LLC
(Attn: Jon Akers)
4100 N. Butler Blvd., Bldg 7101
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:

Logos Resources, LLC
(Attn: Jon Akers)
4100 N. Butler Blvd., Bldg 7101
Farmington, NM 87401

FARMINGTON NM 87 SEP 2 2014 USPS

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

4001 N Butler # 7101

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 2136

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

7006 2760 0001 6377 2129

U.S. Postal Service™
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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: AUG 29 2014 SANTA FE, NM 87504

Koch Exploration Company, LLC (Attn: Scott Hamilton)
950 17th Street, Suite 1900
Denver, CO 80202

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:

Koch Exploration Company, LLC (Attn: Scott Hamilton)
950 17th Street, Suite 1900
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name): Valerie Fusie | C. Date of Delivery

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

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

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

2. Article Number *(Transfer from service label)* 7006 2760 0001 6377 2129

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

7006 2760 0001 6377 2112

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	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: AUG 29 2014, SANTA FE, NM 87594

DJ Simmons Company Limited
Partnership
(Attn: Walter Parks)
1009 Ridgeway Place
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:

DJ Simmons Company Limited
Partnership
(Attn: Walter Parks)
1009 Ridgeway Place
Farmington, NM 87401

THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name): JEFF PARKS — C. Date of Delivery: 9-2-14

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

FARMINGTON, NM 87401 SEP 2 2014

3. Service Type USPS
☑ 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 2112

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

7006 2760 0001 6377 2105

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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: AUG 29 2014, SANTA FE, NM 87594

SFF Production, LLC
P.O. Box 2080
Midland, TX 79701

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:

SFF Production, LLC
P.O. Box 2080
Midland, TX 79701

THIS SECTION ON DELIVERY

A. Signature
X Katie Brown ☐ Agent ☐ Addressee

B. Received by (Printed Name): Katie Brown — C. Date of Delivery: 9/3/14

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 6377 2105

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

7006 2760 0001 6377 6714

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

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 2014
SANTE FE, NM 87594

Sent To
Hubert Chavez
Street, Apt. No., or PO Box No. P.O. Box 423
City, State, ZIP+4 Dulce, NM 87528

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:

Hubert Chavez
P.O. Box 423
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Hubert Chavez ☐ Agent ☐ Addressee

B. Received by (Printed Name) HUBERT CHAVEZ C. Date of Delivery 9/2/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6714

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 6721

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

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 2014
SANTE FE, NM 87594

Sent To
Stanford Chavez
Street, Apt. No., or PO Box No. P.O. Box 1505
City, State, ZIP+4 Dulce, NM 87528

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:

Stanford Chavez
P.O. Box 1505
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Deanna Chavez ☑ Agent ☐ Addressee

B. Received by (Printed Name) Deanna Chavez C. Date of Delivery 9/2/14

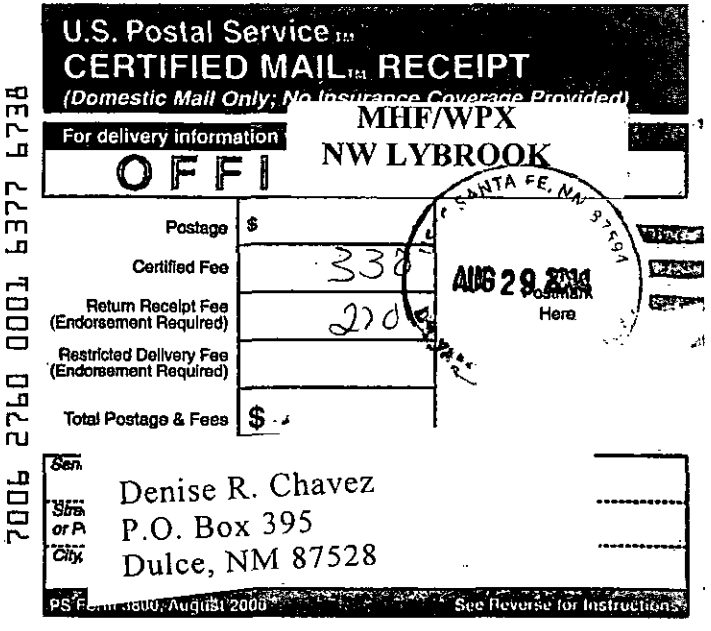
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

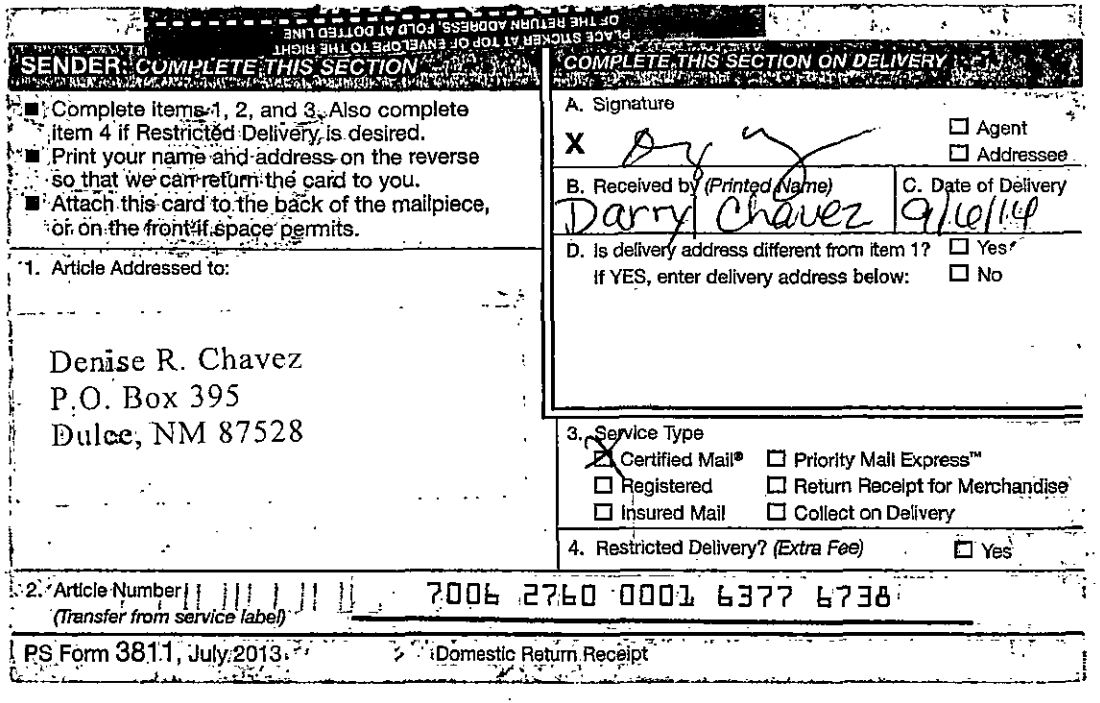
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

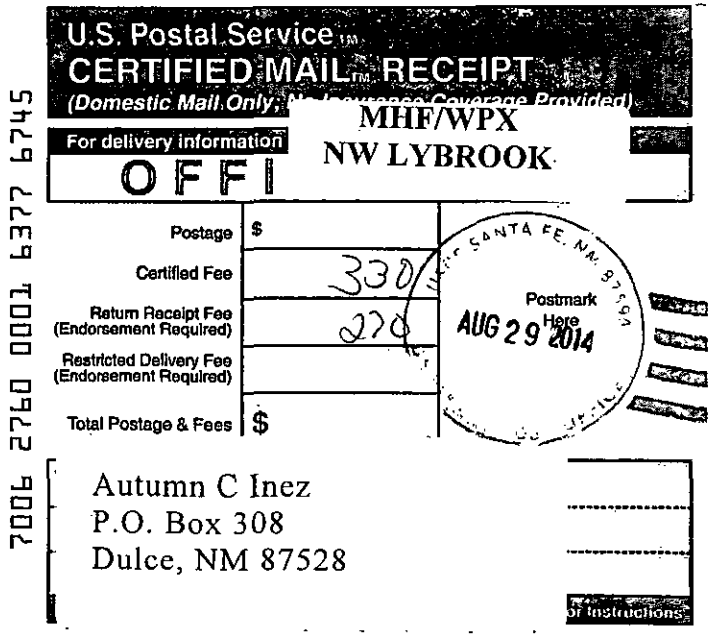
4. Restricted Delivery? (Extra Fee) ☐ Yes

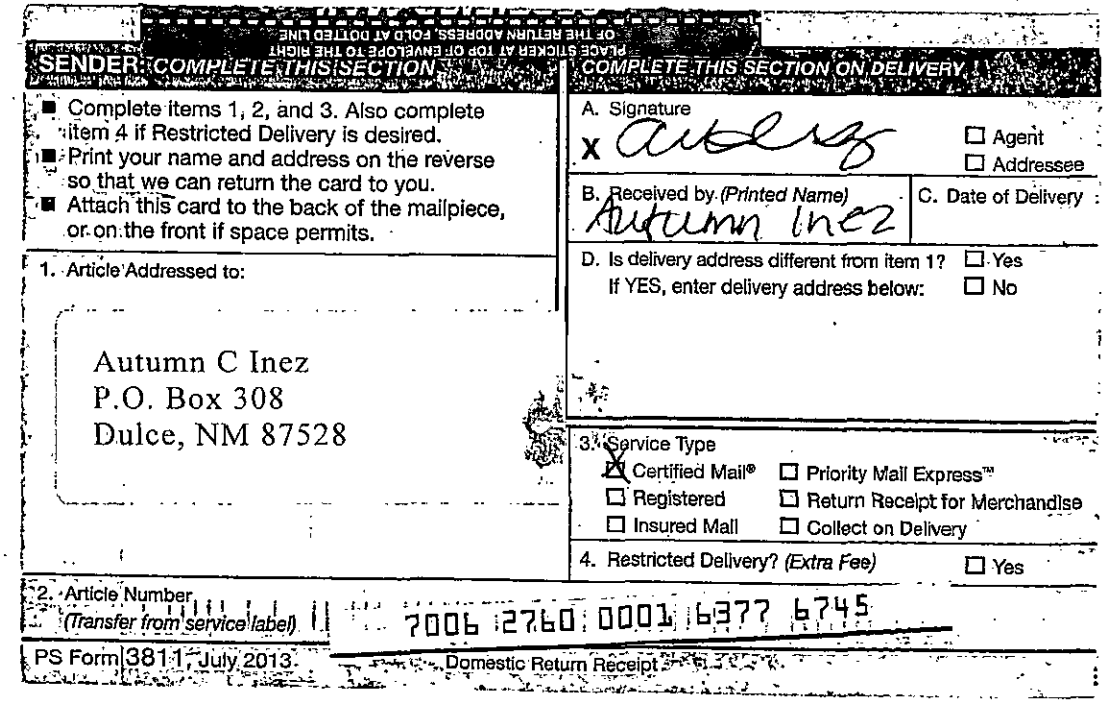
2. Article Number (Transfer from service label) 7006 2760 0001 6377 6721

PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information
MHF/WPX
NW LYBROOK
OFFI
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
SANTA FE, NM 87501
AUG 29 2014
Postmark Here
Denise R. Chavez
P.O. Box 395
Dulce, NM 87528
PS Form 3800, August 2006
See Reverse for Instructions
7006 2760 0001 6377 6738


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
Agent
Addressee
B. Received by (Printed Name) Darry Chavez
C. Date of Delivery 9/10/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
1. Article Addressed to:
Denise R. Chavez
P.O. Box 395
Dulce, NM 87528
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 6738
PS Form 3811, July 2013
Domestic Return Receipt


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only;
For delivery information
MHF/WPX
NW LYBROOK
OFFI
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
SANTA FE, NM 87501
Postmark Here
AUG 29 2014
Autumn C Inez
P.O. Box 308
Dulce, NM 87528
7006 2760 0001 6377 6745


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
Agent
Addressee
B. Received by (Printed Name) Autumn Inez
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
1. Article Addressed to:
Autumn C Inez
P.O. Box 308
Dulce, NM 87528
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 6745
PS Form 3811, July 2013
Domestic Return Receipt

7006 2760 0001 6377 6752

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

For delivery information visit
OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87501

Sent To
Street, or PO
City, St
PS For

Landree T. Chavez
P.O. Box 395
Dulce, NM 87528

tructions

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:

Landree T. Chavez
P.O. Box 395
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Darryl Chavez
C. Date of Delivery 9/6/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6752

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 6769

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

For delivery information vis
OFFIC

MHF/WPX
NW LYBROOK

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

Postmark
AUG 29 2014
SANTA FE, NM 87501

Daryl K. Chavez
P.O. Box 395
Dulce, NM 87528

of 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:

Daryl K. Chavez
P.O. Box 395
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Darryl Chavez
C. Date of Delivery 9/6/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6769

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit
OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
SANTA FE, NM 87501
AUG 29 2014

Pauline Armenta
P.O. Box 1216
Durango, CO 81302

7006 2760 0001 6377 6776

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

For delivery information visit
OFFIC

MHF/WPX
NW LYBROOK

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
SANTA FE, NM 87501
AUG 29 2014

Conrad J. Martinez
P.O. Box 2350
Aztec, NM 87401

7006 2760 0001 6377 6783

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:

Pauline Armenta
P.O. Box 1216
Durango, CO 81302

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:
Ken George

DURANGO CO 813 SEP 2

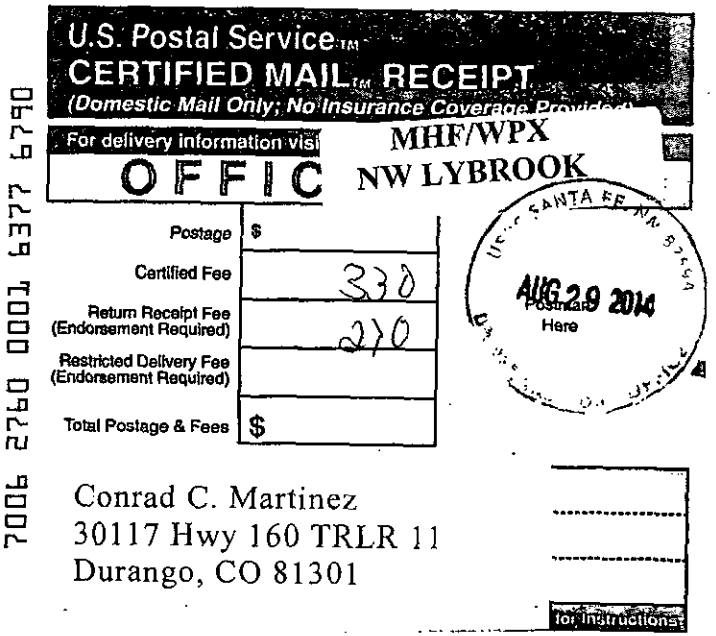
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

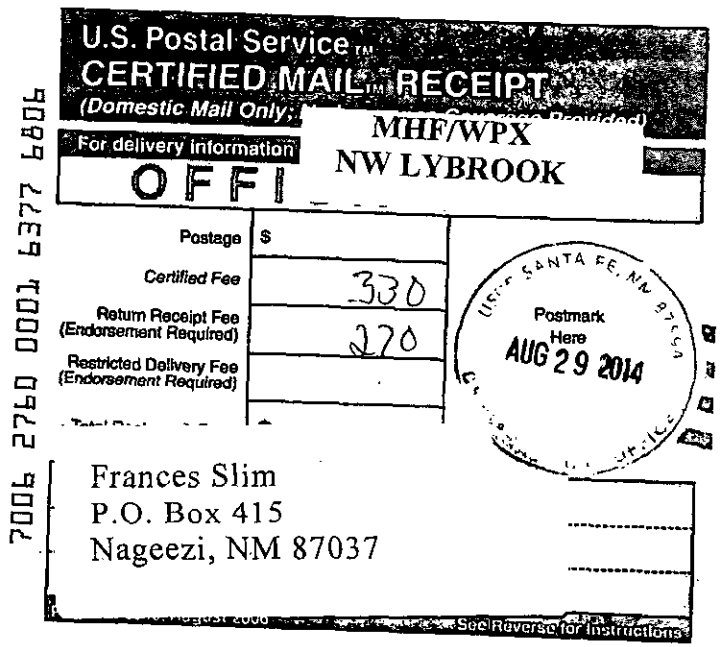
4. Restricted Delivery? (Extra Fee) ☐ Yes

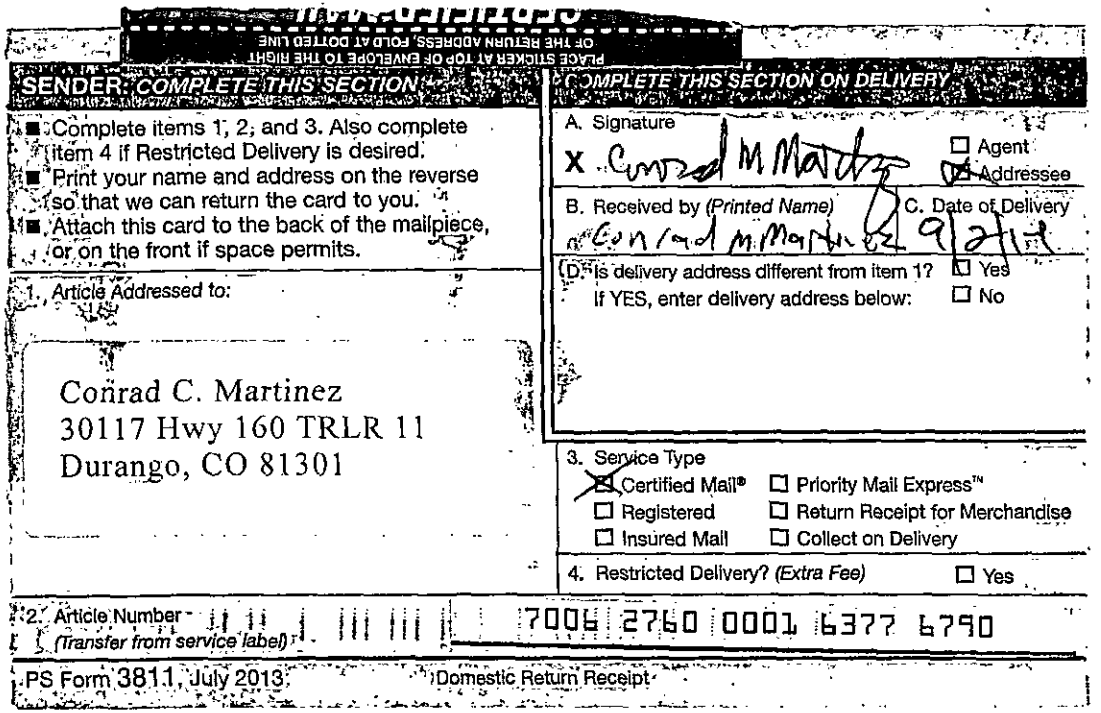
2. Article Number (Transfer from service label): 7006 2760 0001 6377 6776

PS Form 3811, July 2013 Domestic Return Receipt

RETURN


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
USPS SANTA FE, NM 87504
AUG 29 2014
Postmark Here
7006 2760 0001 6377 6790
Conrad C. Martinez
30117 Hwy 160 TRLR 11
Durango, CO 81301
See Reverse for Instructions


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only;
For delivery information
OFFI
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
USPS SANTA FE, NM 87504
Postmark Here
AUG 29 2014
7006 2760 0001 6377 6806
Frances Slim
P.O. Box 415
Nageezi, NM 87037
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
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so 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:
Conrad C. Martinez
30117 Hwy 160 TRLR 11
Durango, CO 81301
A. Signature
X Conrad M Martinez
Agent
Addressee
B. Received by (Printed Name) Conrad M Martinez
C. Date of Delivery 9/2/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 6790
PS Form 3811, July 2013
Domestic Return Receipt

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

MHF/WPX
NW LYBROOK

For delivery information visit our
OFFICI

Postage	$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

AUG 29 2014
Here

Sent T
Stree
or PO
City, S

Henry Chavez
P.O. Box 285
Nageezi, NM 87037

PS Form 3800, August 2006 See Re... Instructions

7014 1200 0001 1539 9102

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

MHF/WPX
NW LYBROOK

For delivery information visit o
OFFIC

Postage	$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014

Sent T
Street
or PO
City, S

Martha Y. Sylvester Estate
C/O Thomas Sylvester P.O.
Box 636
Dulce, NM 87528

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 9089

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:

Henry Chavez
P.O. Box 285
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Loretta Chavez ☒ Agent ☐ Addressee

B. Received by (Printed Name) Loretta Chavez
C. Date of Delivery 9/6/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 9102

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Ins
For delivery information visit o
OFFIC

MHF/WPX
NW LYBROOK

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

USPS SANTA FE, NM 87504
Postmark Here
AUG 29 2014

Samuel F. Sandoval
P.O. Box 2826
Shiprock, NM 87420

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:

Samuel F. Sandoval
P.O. Box 2826
Shiprock, NM 87420

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 9/3/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8006

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8013

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Ins
For delivery information visit o
OFFIC

MHF/WPX
NW LYBROOK

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

USPS SANTA FE, NM 87504
Postmark Here
AUG 29 2014

Sent To
Street, Ap or PO Bo
City, Stat

Joe Harrison SR
P.O. Box 36
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:

Joe Harrison SR
P.O. Box 36
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Glenna Benally ☐ Agent ☐ Addressee

B. Received by (Printed Name) Glenna Benally C. Date of Delivery 9/3/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8013

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8020

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

For delivery information visit ou
OFFICI

MHF/WPX
NW LYBROOK

Postage	$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

AUG 29 2014
AUG 29 2014 Here

Se
St
or
Ci

Harry J. Harrison
2011 Troy King Rd TRLR 72
Farmington, NM 87401

PS Form 3800, August 2006 Instructions

7014 1200 0001 1539 8037

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

For delivery information visit o
OFFIC

MHF/WPX
NW LYBROOK

Postage	$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark
AUG 29 2014

Sent
Stree
or PC
City,

Ruth I. Boo Estate
P.O. Box 1476
Kayenta, AZ 86033

PS Form 3800, August 2006 See Reverse for Instructions

SEND

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

...S 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:

Harry J. Harrison
2011 Troy King Rd TRLR 72
Farmington, NM 87401

A. Signature
X Harry J. Harrison ☐ Agent ☑ Addressee

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

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

AUG 30 2014
USPS
NM 87401

3. Service Type
☑ Certified Mail ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 8020

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8044

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

For delivery information visit ou
OFFICI

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Street, or PO
City, St

Harrison Ignacio
P.O. Box 733
Kayenta, AZ 86033

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6376 7927

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

For delivery information visit ou
OFFICI

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Street, or PO B
City, Sta

Bessie Ignacio
P.O. Box 2124
Farmington, NM 87499

PS Form — 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:

Harrison Ignacio
P.O. Box 733
Kayenta, AZ 86033

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

[signature]

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8044

PS Form 3811, July 2013 Domestic Return Receipt

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:

Bessie Ignacio
P.O. Box 2124
Farmington, NM 87499

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

FARMINGTON NM 87401 SEP 2 2014 USPS

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7927

PS Form 3811, July 2013 Domestic Return Receipt

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

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

MHF/WPX
NW LYBROOK

OFFICIAL USE

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	1.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87504

Sent To
Steven Ignacio
Street, Apt. No., or PO Box No.
6410 Tantamount LN
City, State, ZIP+4
Dayton, OH 45449

7006 2760 0001 6376 7910

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:

Steven Ignacio
6410 Tantamount LN
Dayton, OH 45449

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
9-8-14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7910

PS Form 3811, July 2013 Domestic Return Receipt

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

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MHF/WPX
NW LYBROOK

OFFICIAL USE

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	1.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark
AUG 29 2014
USPS SANTA FE, NM 87504

Sent To
Mabel C. Penn
Street, Apt. No., or PO Box No.
P.O. Box 3833
City, State, ZIP+4
Farmington, NM 87499

7014 1200 0001 1539 7900

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:

Mabel C. Penn
P.O. Box 3833
Farmington, NM 87499

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mabel C. Penn ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MABEL C. PENN 9-3-14

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

FARMINGTON, NM 87401
SEP 3 2014
USPS

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7900

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 7917

U.S. Postal Service™
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MHF/WPX
NW LYBROOK

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
AUG 29 2014

Sent To
Bert G. Sandoval
Street, Apt. No., or PO Box No.
P.O. Box 1905
City, State, ZIP+4
Shiprock, NM 87420

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 7924

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

MHF/WPX
NW LYBROOK

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OFFICIAL USE

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

Postmark Here
AUG 29 2014

Sent To
Betsy J. Sandoval
Street, Apt. No., or PO Box No.
P.O. Box 663
City, State, ZIP+4
Aberdeen, SD 57402

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Bert G. Sandoval
P.O. Box 1905
Shiprock, NM 87420

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 9/2/14

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

SHIPROCK NM SEP 2 2014 USPS 87420

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7917

PS Form 3811, July 2013 Domestic Return Receipt

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:

Betsy J. Sandoval
P.O. Box 663
Aberdeen, SD 57402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 9-3-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7924

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
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For delivery information visit o

OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Street, A
or PO B
City, Sta

Nellie Sandoval
2512 N. Mesa DR
Farmington, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 7931

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit o

OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Street, A
or PO Bo
City, Stat

Leo J. Pacheco SR
P.O. Box 281
Bloomfield, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 7948

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:

Nellie Sandoval
2512 N. Mesa DR
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Jeremy Gutierrez C. Date of Delivery 9-4-14

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

FARMINGTON NM 87401 SEP 4 2014 USPS

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7931

PS Form 3811, July 2013 Domestic Return Receipt

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:

Leo J. Pacheco SR
P.O. Box 281
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Leo Pacheco
☐ Agent
☐ Addressee

B. Received by (Printed Name) Leo Pacheco 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® ☐ Priority Mail Express™
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7948

PS Form 3811, July 2013 Domestic Return Receipt

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(Domestic Mail Only; No Insurance Coverage Provided)

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MHF/WPX
NW LYBROOK

OFFICIAL USE

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87501

Sent To
Eva M. Pachaco Kenneth
Street, Apt. No., or PO Box No.
42 Road 5580
City, State, ZIP+4
Farmington, NM 87407

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 7955

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:

Eva M. Pachaco Kenneth
42 Road 5580
Farmington, NM 87407

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Eva Pachaco Kenneth ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Eva Pachaco Kenneth AUG 29 2014

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

FARMINGTON, NM 87401 AUG 29 2014 U.S.P.S.

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7955

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/WPX
NW LYBROOK

OFFICIAL USE

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87501

Sent To
Sharon A. Yazzie
Street, Apt. No., or PO Box No.
P.O. Box 1654
City, State, ZIP+4
Bloomfield, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 7962

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:

Sharon A. Yazzie
P.O. Box 1654
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharon A Yazzie ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Sharon A. Yazzie 8/30/14

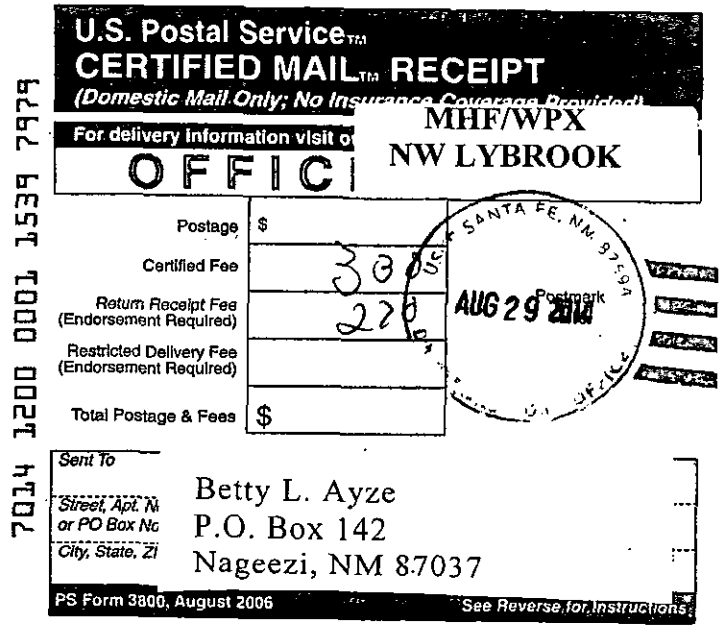
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7962

PS Form 3811, July 2013 Domestic Return Receipt



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

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

MHF/WPX
NW LYBROOK

OFFICIAL USE

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

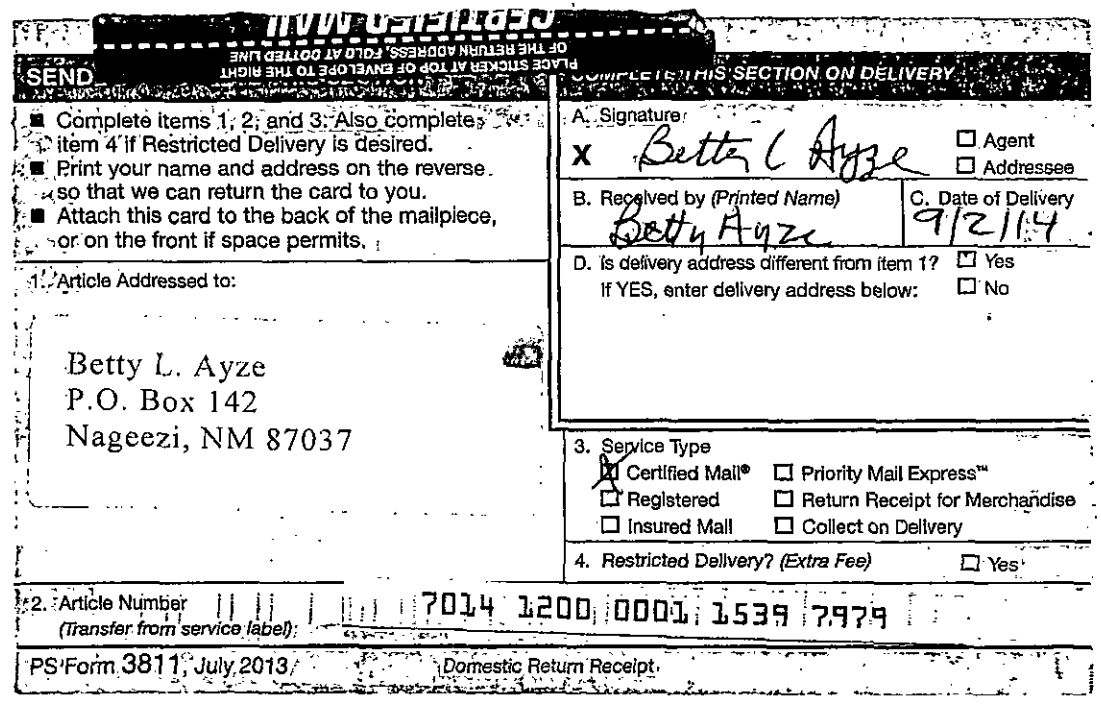
Postmark
Here
AUG 29 2014
USPS SANTA FE, NM 87594

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP+4

Betty L. Ayze
P.O. Box 142
Nageezi, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 7979



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 L. Ayze
P.O. Box 142
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty L Ayze ☐ Agent ☐ Addressee

B. Received by (Printed Name) Betty Ayze
C. Date of Delivery 9/2/14

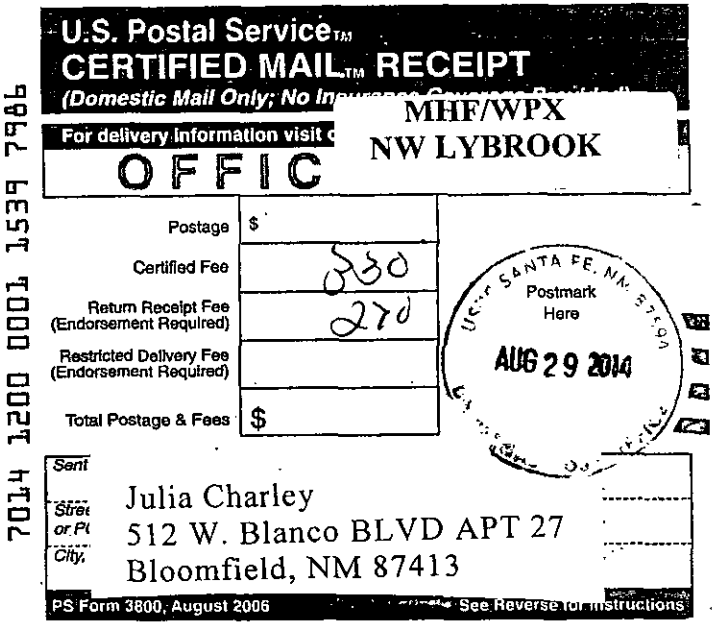
D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7979

PS Form 3811, July 2013 Domestic Return Receipt



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

MHF/WPX
NW LYBROOK

OFFICIAL USE

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

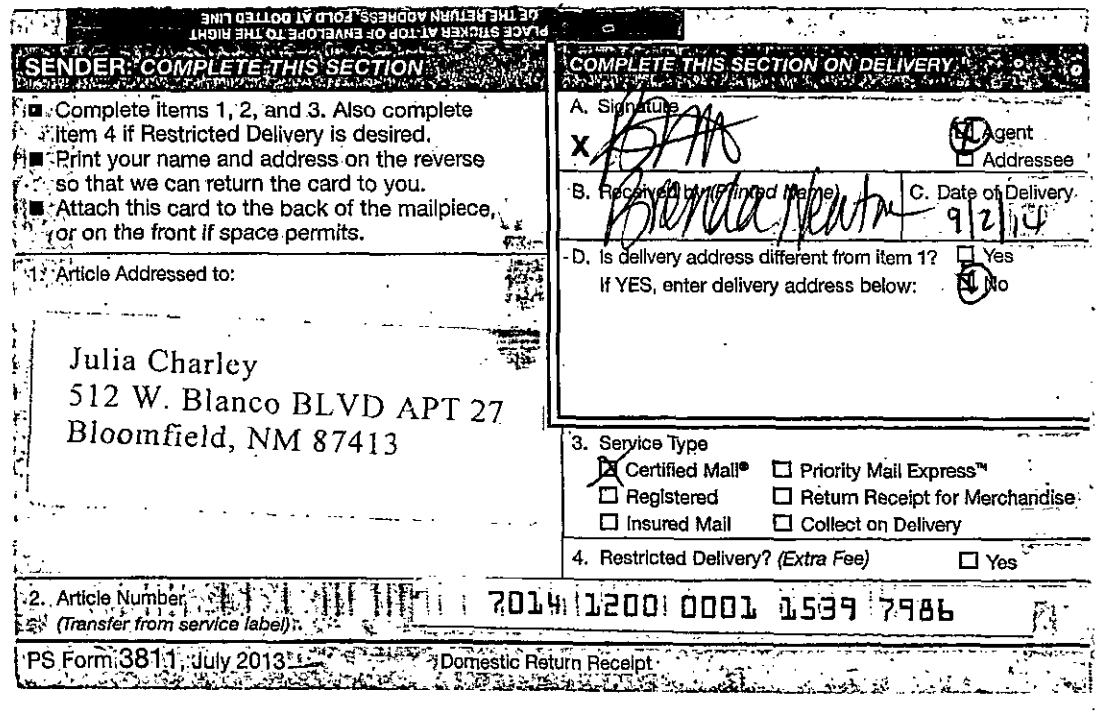
Postmark
Here
AUG 29 2014
USPS SANTA FE, NM 87594

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP+4

Julia Charley
512 W. Blanco BLVD APT 27
Bloomfield, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 7986



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:

Julia Charley
512 W. Blanco BLVD APT 27
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (Printed Name) Brenda Newton
C. Date of Delivery 9/2/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7986

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87501

Sent To
Judy Werito
Street, Apt. No., or PO Box No. 2427 Jefferson Ave APT C106
City, State, ZIP+4 Ogden, UT 84401

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 7993

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:

Judy Werito
2427 Jefferson Ave APT C106
Ogden, UT 84401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judy Werito
☐ Agent
☐ Addressee

B. Received by (Printed Name) SEP
C. Date of Delivery 2 2014

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7993

PS Form 3811, July 2013 Domestic Return Receipt

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OFFICIAL USE

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87501

Sent To
Betty C. Werito
Street, Apt. No., or PO Box No. 11001 Bretwood Hills NE
City, State, ZIP+4 Albuquerue, NM 87112

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8181

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 C. Werito
11001 Bretwood Hills NE
Albuquerue, NM 87112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 8-30-14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8181

PS Form 3811, July 2013 Domestic Return Receipt

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NW LYBROOK

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

Postmark Here
AUG 29 2014

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

Clarence Costillo
P.O. Box 404
Nageezi, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8198

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:

Clarence Costillo
P.O. Box 404
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Clarence Costillo ☐ Agent ☐ Addressee

B. Received by (Printed Name) Clarence Costillo C. Date of Delivery 9-2-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8198

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NW LYBROOK

OFFIC

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

Postmark Here
AUG 29 2014

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

Freddie P. Castillo
P.O. Box 396
Nageezi, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8204

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 P. Castillo
P.O. Box 396
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Fred Castillo ☐ Agent ☐ Addressee

B. Received by (Printed Name) Fred Castillo C. Date of Delivery 9/2/14

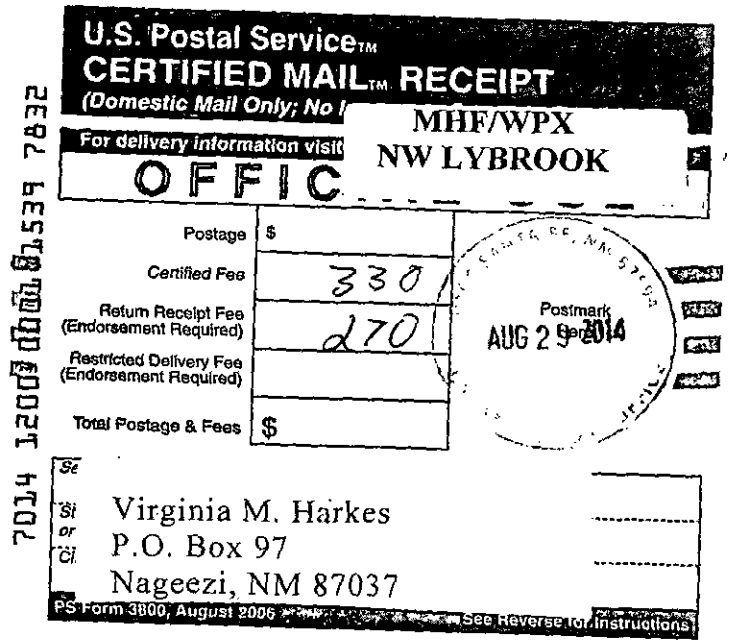
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

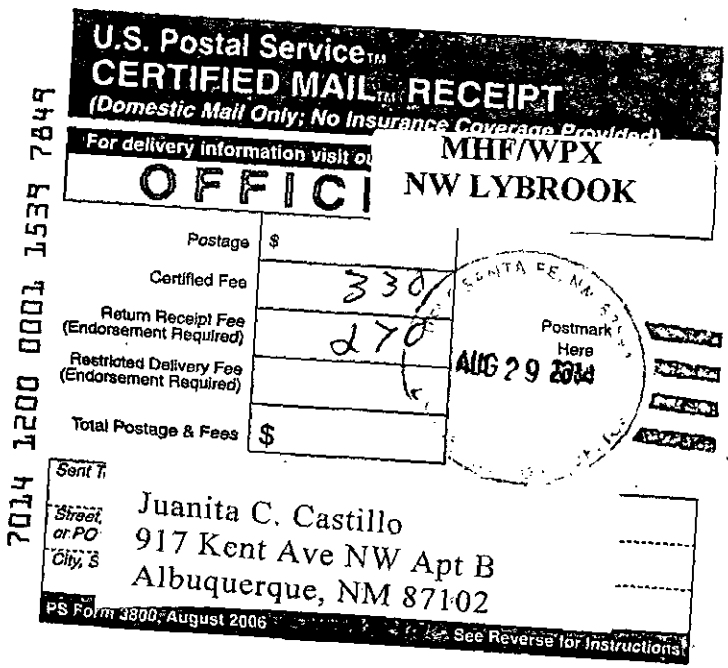
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8204

PS Form 3811, July 2013 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No I
For delivery information visit
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here AUG 29 2014
Sent T
Street, or PO
City, S
Virginia M. Harkes
P.O. Box 97
Nageezi, NM 87037
PS Form 3800, August 2006
See Reverse for Instructions
7014 1200 0001 1539 7832



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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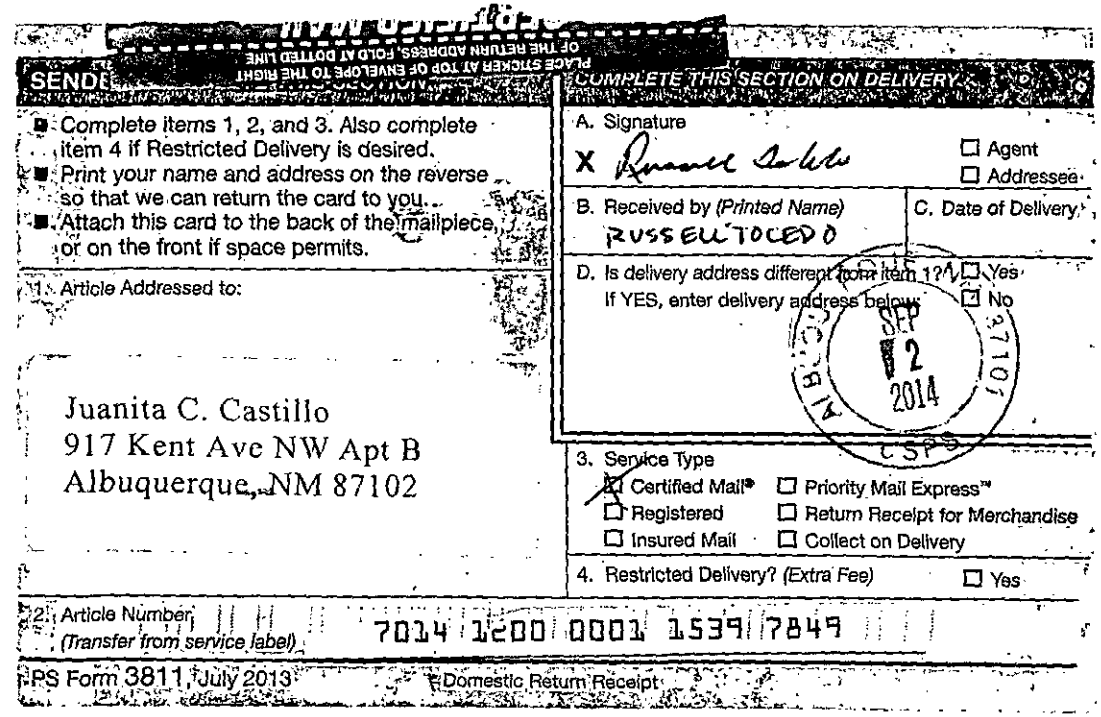
For delivery information visit
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here AUG 29 2014
Sent T
Street, or PO
City, S
Juanita C. Castillo
917 Kent Ave NW Apt B
Albuquerque, NM 87102
PS Form 3800, August 2006
See Reverse for Instructions
7014 1200 0001 1539 7849



SENDE
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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:
Juanita C. Castillo
917 Kent Ave NW Apt B
Albuquerque, NM 87102
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name) RUSSELL TOCEDO
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
SEP 2 2014
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 1200 0001 1539 7849
PS Form 3811, July 2013 Domestic Return Receipt

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For delivery information visit ou
OFFICI

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent
Street or PO
City, S

William Chavez SR Estate
Box 384
Nageezi, NM 87307

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 7856

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:

William Chavez SR Estate
Box 384
Nageezi, NM 87307

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Candia Dennison ☐ Agent ☐ Addressee

B. Received by (Printed Name) Candia Dennison 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7856

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MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Street, or PO E
City, St

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

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 7863

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 M. Sam
P.O. Box 212
Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Ted Martinez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ted Martinez C. Date of Delivery 8-30-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 7863

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7014 1200 0001 1539 7870

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NW LYBROOK

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

SANTA FE, NM 87504
Postmark Here
AUG 29 2014

Sent To
Street, or PO I
City, St

Charles H. Syvester
P.O. Box 6
Nageezi, NM 87037

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles H. Syvester
P.O. Box 6
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Charles H Syvester ☐ Agent ☐ Addressee

B. Received by (Printed Name) Charles H Syvester C. Date of Delivery 9/2/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 7870

PS Form 3811, July 2013 — Domestic Return Receipt

7014 1200 0001 1539 7887

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NW LYBROOK

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

SANTA FE, NM 87504
Postmark Here
AUG 29 2014

Sent To
Street, Apt or PO Box
City, State

Harold Pacheco
P.O. Box 2021
Bloomfield, NM 87413

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Harold Pacheco
P.O. Box 2021
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bessie Pacheco ☐ Agent ☒ Addressee

B. Received by (Printed Name) Bessie Pacheco C. Date of Delivery 8/30/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 7887

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7014 1200 0001 1539 7894

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NW LYBROOK

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

Postmark Here
AUG 28 2014

Sent To
Street, Apt. No., or PO Box
City, State, ZIP+4

Ernest Chavez SR
P.O. Box 1342
Bloomfield, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8082

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

Postmark Here
AUG 29 2014

Sent To
Street, Apt. No., or PO Box
City, State, ZIP+4

Nancy Larvingo
P.O. Box 1241
Bloomfield, NM 87413

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Nancy Larvingo
P.O. Box 1241
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy Larvingo ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
9-3 Nancy Larvingo 9-3-14

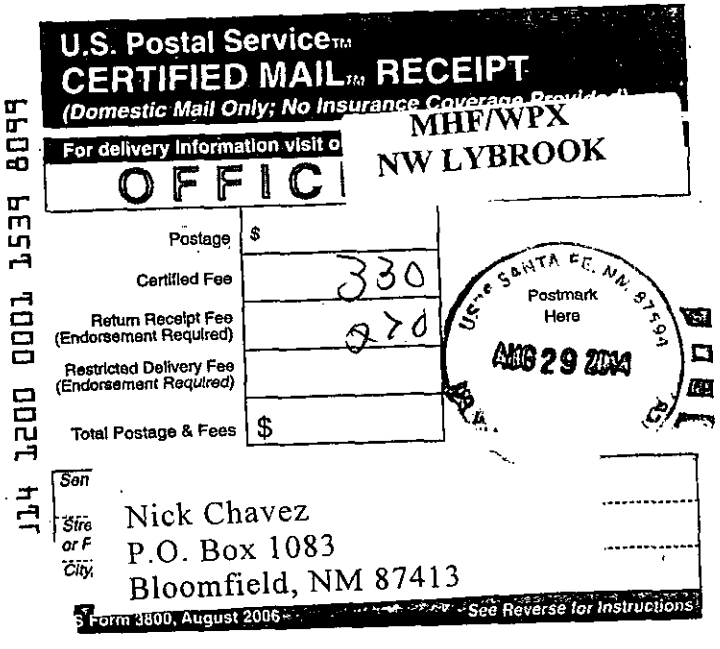
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8082

PS Form 3811, July 2013 Domestic Return Receipt



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NW LYBROOK

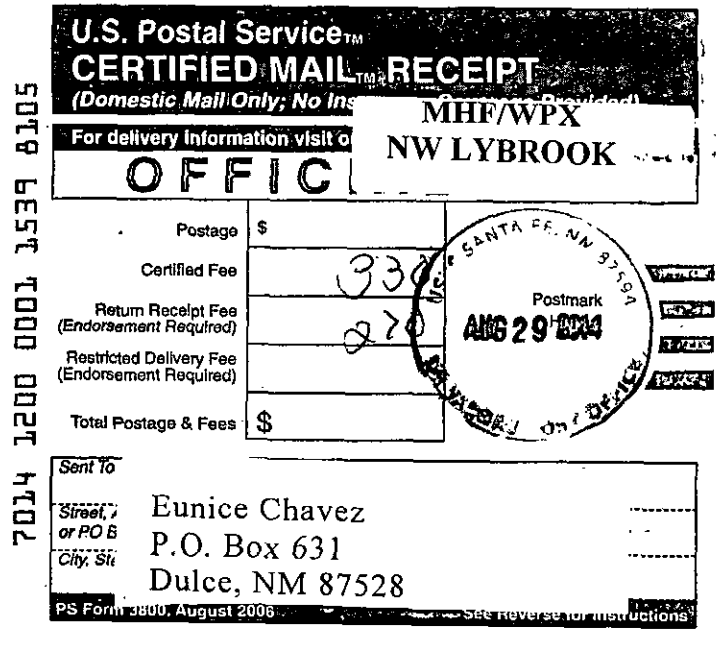
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
SANTA FE, NM 87594
AUG 29 2014

Sent To
Nick Chavez
P.O. Box 1083
Bloomfield, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8099



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MHF/WPX
NW LYBROOK

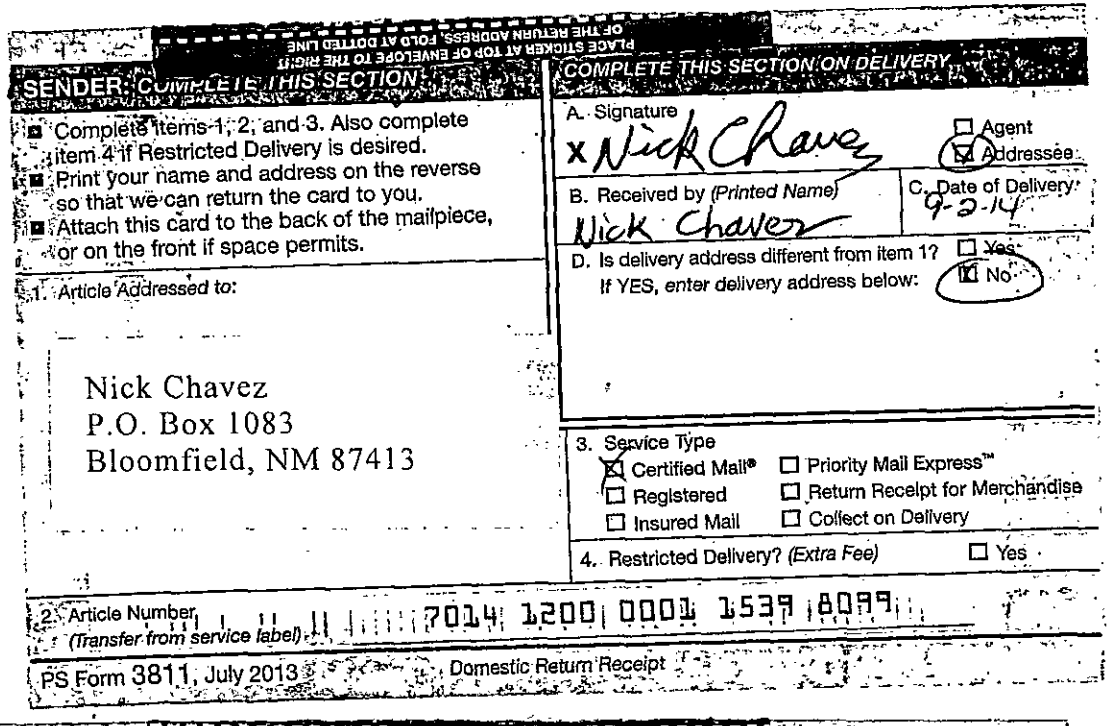
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark
SANTA FE, NM 87594
AUG 29 2014

Sent To
Eunice Chavez
P.O. Box 631
Dulce, NM 87528

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8105



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:

Nick Chavez
P.O. Box 1083
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nick Chavez
☐ Agent ☒ Addressee

B. Received by (Printed Name) Nick Chavez
C. Date of Delivery 9-2-14

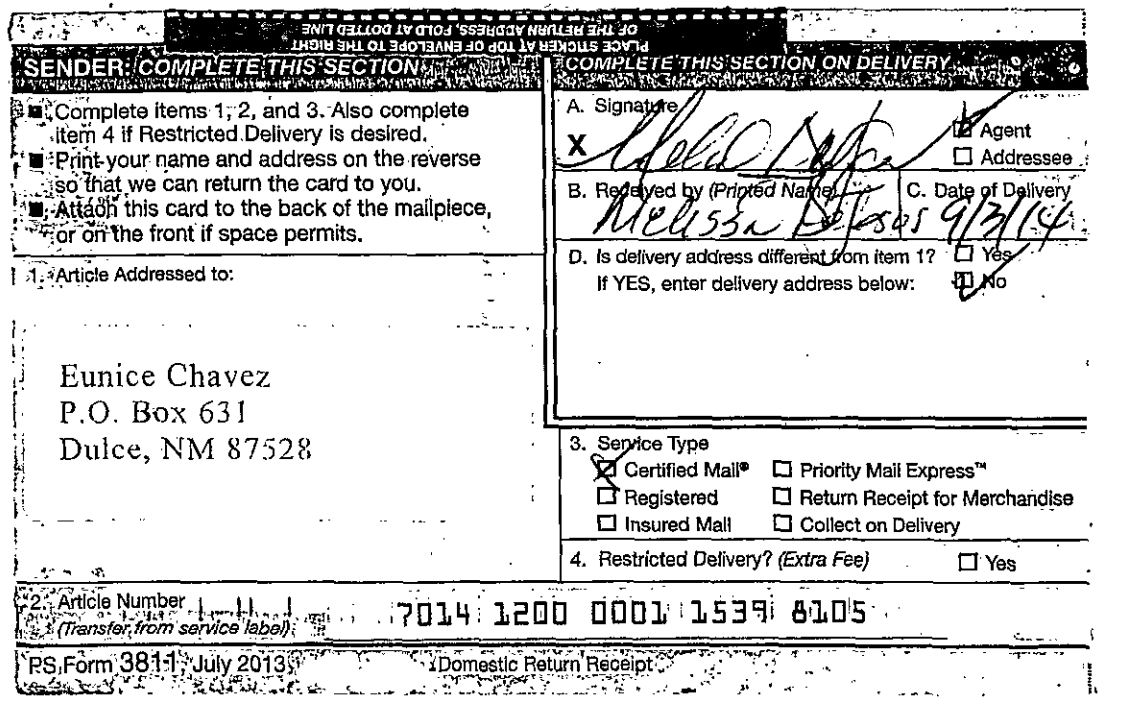
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8099

PS Form 3811, July 2013 Domestic Return Receipt



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:

Eunice Chavez
P.O. Box 631
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☒ Agent ☐ Addressee

B. Received by (Printed Name) Melissa Delgado
C. Date of Delivery 9/3/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8105

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8112

U.S. Postal Service™
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MHF/WPX
NW LYBROOK

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

USPS SANTA FE, NM 87594 Postmark Here AUG 29 2014

Sent
Street or Pl
City,

Paul Chavez
P.O. Box 631
Dulce, NM 87528

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 mailpiece, or on the front if space permits.

Paul Chavez
P.O. Box 631
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Melissa DeFoor C. Date of Delivery 9/3/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 8112

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8129

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit ou
OFFICI

MHF/WPX
NW LYBROOK

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

USPS SANTA FE, NM 87594 Postmark Here AUG 29 2014

Sent T
Street, or PO
City, S

Jimmy N. Chavez
P.O. Box 81584
Albuquerque, NM 87198

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

NDER: COMPLETE THIS SECTION

omplete items 1, 2, and 3. Also complete
m 4 if Restricted Delivery is desired.
rint your name and address on the reverse
o 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:

Jimmy N. Chavez
P.O. Box 81584
Albuquerque, NM 87198

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy B. Chavez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nancy B. Chavez 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 8129

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/WPX
NW LYBROOK

For delivery information visit o
OFFIC

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

Postmark Here
SANTA FE, NM 87504
AUG 29 2014

Sent
Stree or PC
City,

Helen C. Vigil
P.O. Box 3
Dulce, NM 87528

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8136

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

MHF/WPX
NW LYBROOK

For delivery information visit our
OFFICI

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

Postmark Here
SANTA FE, NM 87504
AUG 29 2014

Sen
Stree or P
City,

Marie C. Herbert
C/O Melvin Herbert P.O. Box
2602
Kirtland, NM 87417

PS F
See Reverse for Instructions

7014 1200 0001 1539 8143

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:

Helen C. Vigil
P.O. Box 3
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Doreen Vigil
C. Date of Delivery 9-2-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8136

PS Form 3811, July 2013 Domestic Return Receipt

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:

Marie C. Herbert
C/O Melvin Herbert P.O. Box
2602
Kirtland, NM 87417

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melvin B. Herbert
☐ Agent
☐ Addressee

B. Received by (Printed Name) Melvin B. Herbert
C. Date of Delivery 8 AUG 2014

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8143

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/WPX
NW LYBROOK

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE, NM 87504
AUG 29 2014

Sent To: Marsha M. Duncan
Street, Apt. No., or PO Box No.: P.O. Box 396
City, State, ZIP+4: Waterflow, NM 87421

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8150

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:

a M. Duncan
P.O. Box 396
Waterflow, NM 87421

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

USPS SEP - 2 2014 WATERFLOW, NM 87421

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8150

PS Form 3811, July 2013 Domestic Return Receipt

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NW LYBROOK

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE, NM
AUG 29 2014

Sent To: Willis W. Trujillo
Street, Apt. No., or PO Box No.: 404 W. Main ST #2
City, State, ZIP+4: Cortez, CO 81321

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8167

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:

Willis W. Trujillo
404 W. Main ST #2
Cortez, CO 81321

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Felicia Evanson | C. Date of Delivery 9/2/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8167

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NW LYBROOK

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

Postmark Here
SANTA FE, NM 87504
AUG 29 2014

Sent To
Alice W. Benally
Street, Apt. No., or PO Box No.
P.O. Box 1602
City, State, ZIP+4
Crownpoint, NM 87313

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8174

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NW LYBROOK

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

Postmark Here
SANTA FE, NM 87504
AUG 29 2014

Sent To
Bess K. Seschillie
Street, Apt. No., or PO Box No.
P.O. Box 1797
City, State, ZIP+4
Crownpoint, NM 87313

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8310

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:

Alice W. Benally
P.O. Box 1602
Crownpoint, NM 87313

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Alice W Benally
C. Date of Delivery 9-3-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8174

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NW LYBROOK

OFFIC

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

Postmark Here
SANTA FE, NM 87501
AUG 29 2014

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

John P. Comanche
20 Road 7588
Bloomfield, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8327

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:

John P. Comanche
20 Road 7588
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John Comanche ☐ Agent ☒ Addressee

B. Received by (Printed Name) JOHN Comanche C. Date of Delivery 9-2-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8327

PS Form 3811, July 2013 Domestic Return Receipt

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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit ou

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NW LYBROOK

OFFICI

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

Postmark Here
SANTA FE, NM 87501
AUG 29 2014

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

Steven H. Chavez
P.O. Box 476
Fort Hall, ID 83203

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8334

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:

Steven H. Chavez
P.O. Box 476
Fort Hall, ID 83203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Steven H. Chavez ☐ Agent ☐ Addressee

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

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8334

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MHF/WPX
NW LYBROOK

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

SANTA FE, NM 87504
AUG 29 2014
Postmark Here

7014 1200 0001 1539 8341

Sarah Yazzie
P.O. Box 1031
Aztec, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

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For delivery information visit
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MHF/WPX
NW LYBROOK

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

SANTA FE, NM 87504
AUG 29 2014
Postmark Here

7014 1200 0001 1539 8358

Sent T
Street or PO
City, S

Roger Ignacio
P.O. Box 1643
Farmington, NM 87499

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Sarah Yazzie
P.O. Box 1031
Aztec, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bennie Yazzie ☐ Agent ☐ Addressee

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

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

SEP - 2 2014

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8341

PS Form 3811, July 2013 Domestic Return Receipt

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:

Roger Ignacio
P.O. Box 1643
Farmington, NM 87499

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Roger Ignacio ☐ Agent ☐ Addressee

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

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

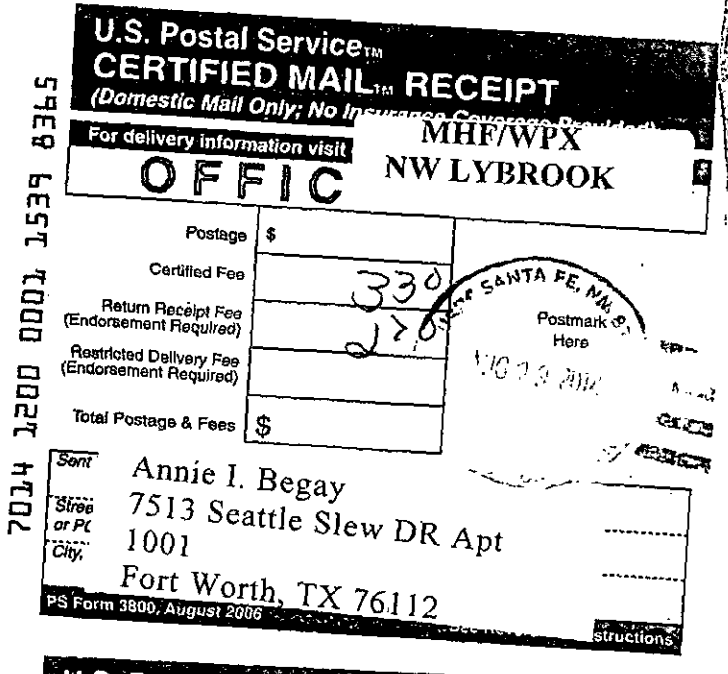
FARMINGTON, NM 87401
SEP 2 2014
USPS

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8358

PS Form 3811, July 2013 Domestic Return Receipt



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For delivery information visit
OFFIC

MHF/WPX
NW LYBROOK

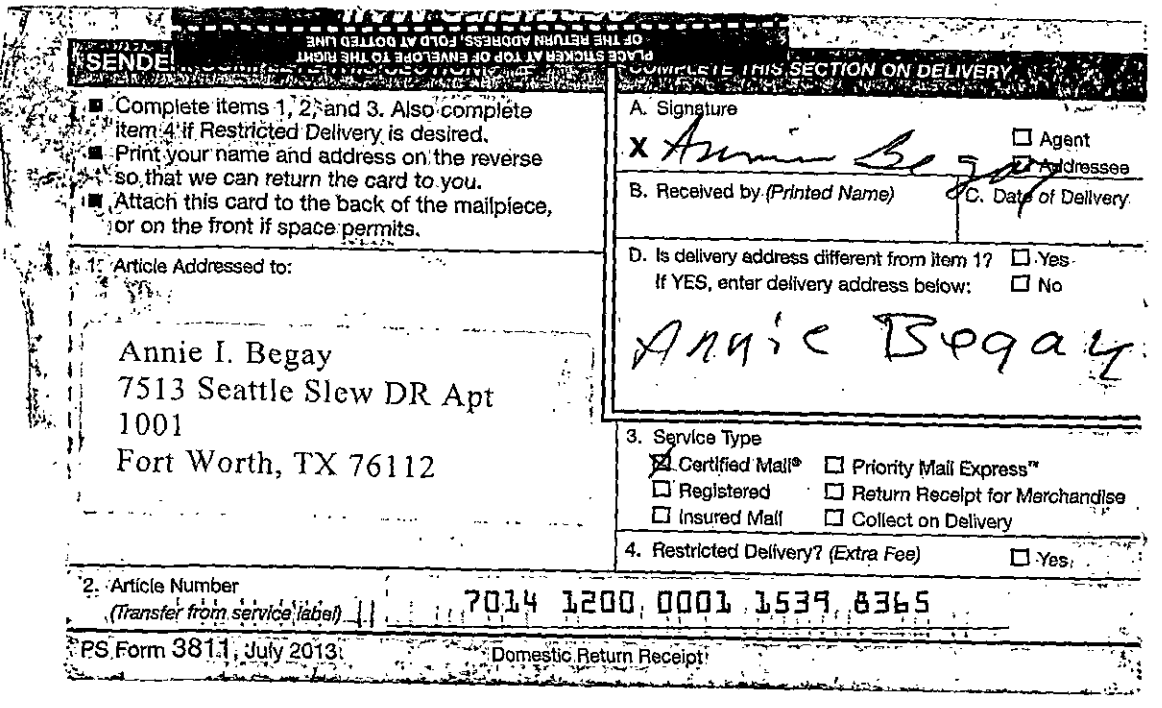
Postage	$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE, NM
2014

Sent
Annie I. Begay
Stree
or Pc
7513 Seattle Slew DR Apt
City,
1001
Fort Worth, TX 76112

PS Form 3800, August 2006
Instructions

7014 1200 0001 1539 8365



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:

Annie I. Begay
7513 Seattle Slew DR Apt
1001
Fort Worth, TX 76112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Annie Begay
☐ 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

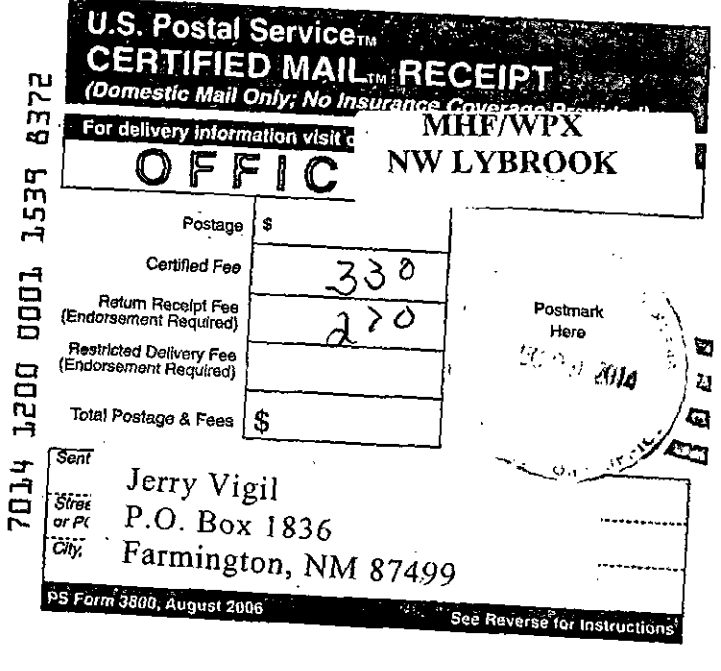
Annie Begay

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8365

PS Form 3811, July 2013 Domestic Return Receipt



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For delivery information visit
OFFIC

MHF/WPX
NW LYBROOK

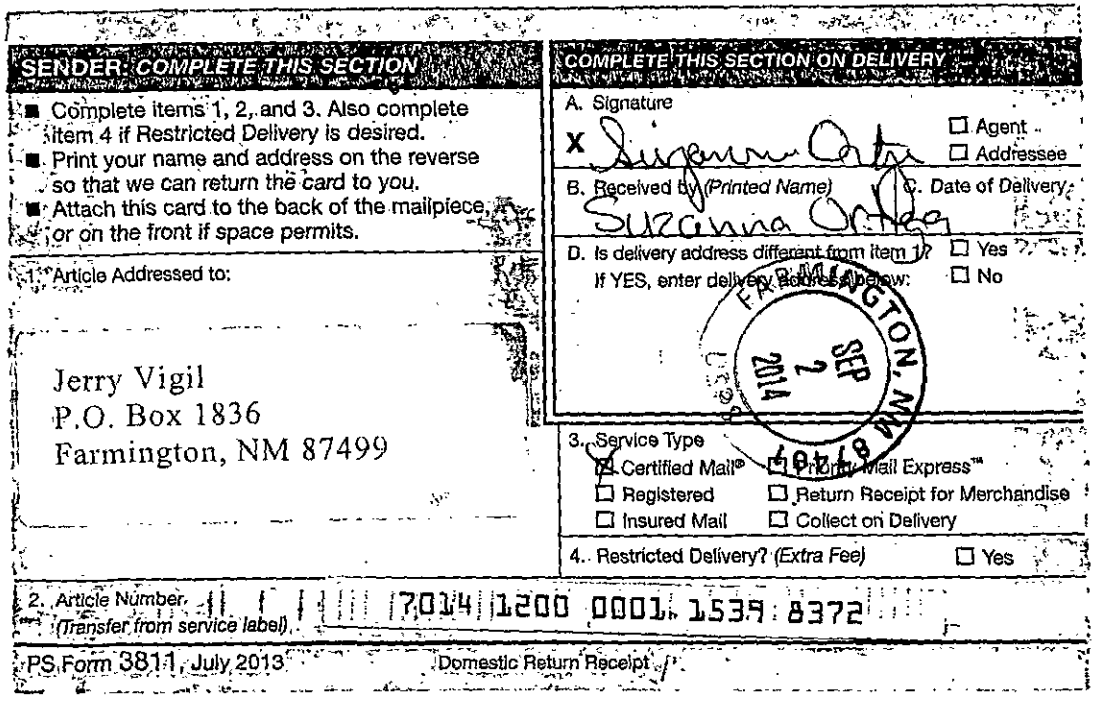
Postage	$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
2014

Sent
Jerry Vigil
Stree
or Pc
P.O. Box 1836
City,
Farmington, NM 87499

PS Form 3800, August 2006
See Reverse for Instructions

7014 1200 0001 1539 8372



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:

Jerry Vigil
P.O. Box 1836
Farmington, NM 87499

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Suzanna Ortiz
☐ Agent
☐ Addressee

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

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

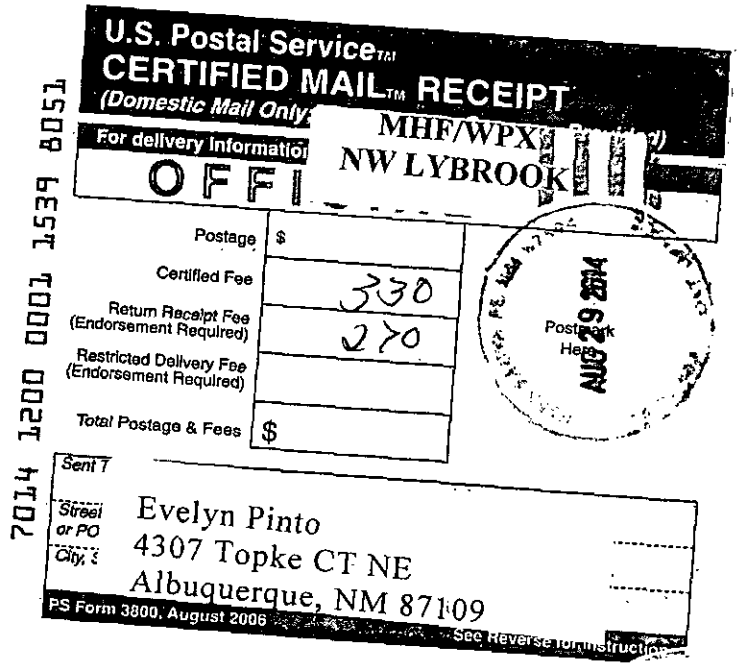
FARMINGTON, NM 87401
SEP 2 2014

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8372

PS Form 3811, July 2013 Domestic Return Receipt



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For delivery information visit our website at www.usps.com
OFFICIAL USE
MHF/WPX
NW LYBROOK

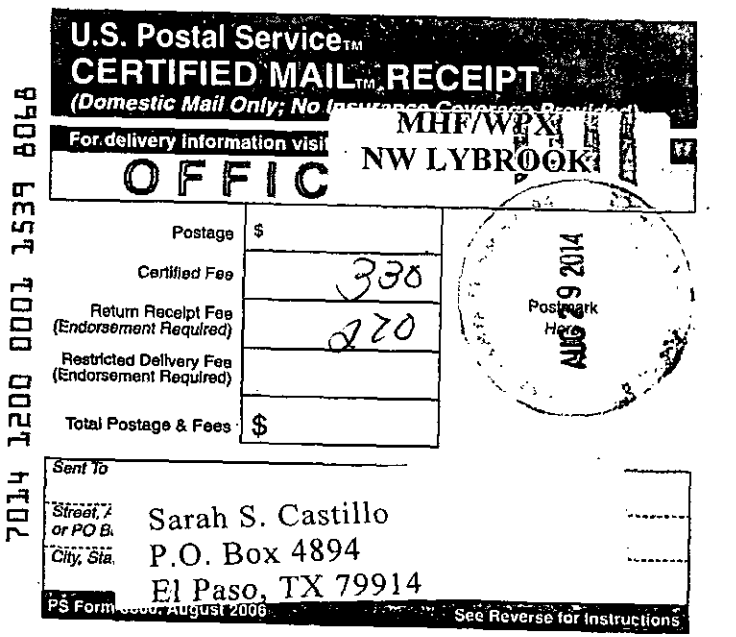
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
AUG 29 2014

Sent To
Street, Apt. No., or PO Box No. Evelyn Pinto
4307 Topke CT NE
City, State, ZIP+4® Albuquerque, NM 87109

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8051



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MHF/WPX
NW LYBROOK

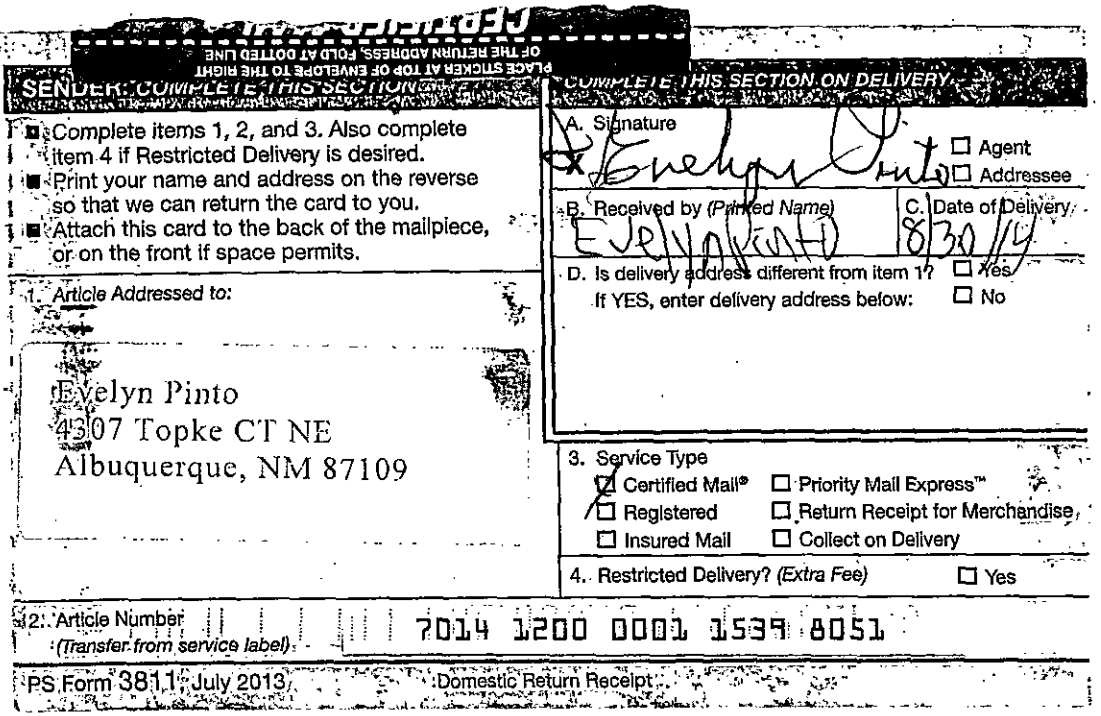
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
AUG 29 2014

Sent To
Street, Apt. No., or PO Box No. Sarah S. Castillo
P.O. Box 4894
City, State, ZIP+4® El Paso, TX 79914

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8068



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:

Evelyn Pinto
4307 Topke CT NE
Albuquerque, NM 87109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Evelyn Pinto ☐ Agent ☐ Addressee

B. Received by (Printed Name) EVELYN PINTO C. Date of Delivery 8/30/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8051

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8075

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MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87501

Sent To
Harrison Lopez
Street, Apt. No., or PO Box No.: P.O. Box 22
City, State, ZIP+4: Bloomfield, NM 87413

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 5090

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

For delivery information visit our website at www.usps.com®
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MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87501

Sent To
Leonard H. Lopez
Street, Apt. No., or PO Box No.: 987 E. Nolan PL
City, State, ZIP+4: Chandler, AZ 85249

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Harrison Lopez
P.O. Box 22
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Helen Lopez ☒ Agent ☐ Addressee

B. Received by (Printed Name): Helen Lopez — C. Date of Delivery: 9-2-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 8075

PS Form 3811, July 2013 — Domestic Return Receipt

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:

Leonard H. Lopez
987 E. Nolan PL
Chandler, AZ 85249

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A. Lopez ☒ Agent ☐ Addressee

B. Received by (Printed Name): Anne Lopez — C. Date of Delivery: 9/11/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number *(Transfer from service label)* 7006 2760 0001 6377 5090

PS Form 3811, July 2013 — Domestic Return Receipt

7006 2760 0001 6377 5106

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NW LYBROOK

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

Postmark
Here
AUG 29 2014
SANTA FE, NM 87504

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Virginia L. Harrison
15345 Hwy 172 Apt F2 #29
Ignacio, CO 81137

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:

Virginia L. Harrison
15345 Hwy 172 Apt F2 #29
Ignacio, CO 81137

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

Cassandra Hoops

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5106

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 5113

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NW LYBROOK

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

Postmark
Here
AUG 29 2014
SANTA FE, NM 87504

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Teddy Lopez
P.O. Box 386
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:

Teddy Lopez
P.O. Box 386
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Teddy Lopez
☐ Agent
☐ Addressee

B. Received by (Printed Name) Teddy Lopez | 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5113

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 5120

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NW LYBROOK

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

Postmark
Here
AUG 29 2014
SANTA FE, NM 87501

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Mabel Sanchez
10 Road 3183
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:

Mabel Sanchez
10 Road 3183
Aztec, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mabel Sanchez ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
8/30/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5120

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 5137

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NW LYBROOK

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

Postmark
Here
AUG 29 2014
SANTA FE, NM 87501

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Kenneth K. George
P.O. Box 1216
Durango, CO 81302

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:

Kenneth K. George
P.O. Box 1216
Durango, CO 81302

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ken George ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
8/30/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5137

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 5144

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NW LYBROOK

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87504

Sent To
Vera O'John
Street, Apt. or PO Box
P.O. Box 842
City, State
Ignacio, CO 81137

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:

Vera O'John
P.O. Box 842
Ignacio, CO 81137

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Vera O'John ☐ Agent ☐ Addressee

B. Received by (Printed Name) Vera O'John
C. Date of Delivery 9/4/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5144

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 5151

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MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87504

Sent To
Frances Keetso
Street, Apt. or PO Box
P.O. Box 24
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:

Frances Keetso
P.O. Box 24
Counselor, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Frances Keetso ☐ Agent ☐ Addressee

B. Received by (Printed Name) Frances Keetso
C. Date of Delivery 9/2/14

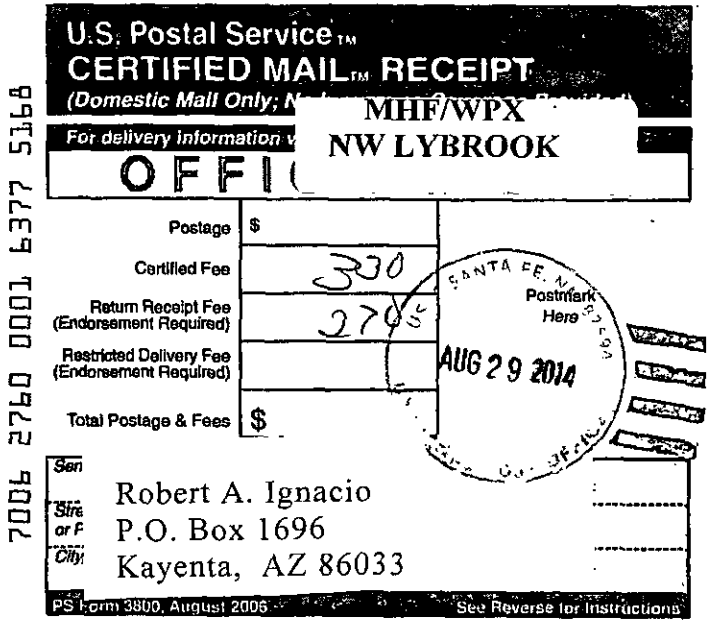
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5151

PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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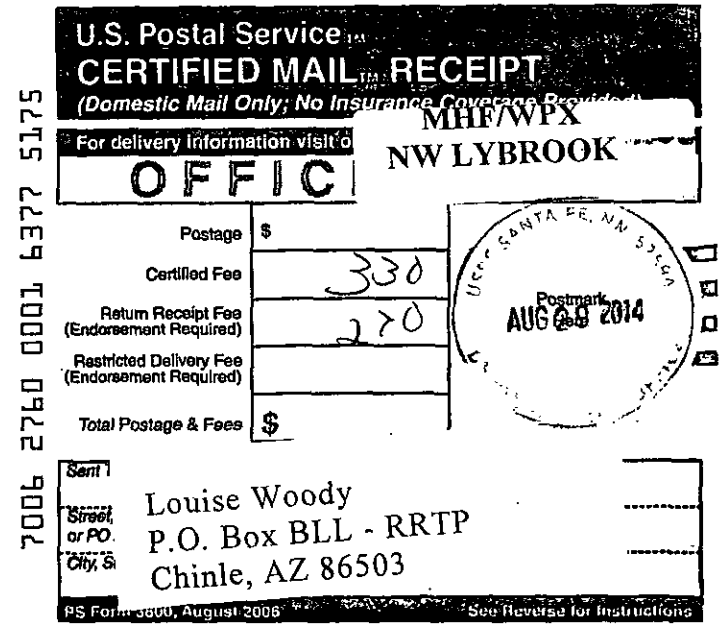
For delivery information visit our website at www.usps.com
MHF/WPX
NW LYBROOK
OFFICIAL USE
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
SANTA FE, NM 87504
Sent To
Robert A. Ignacio
P.O. Box 1696
Kayenta, AZ 86033
PS Form 3800, August 2006
See Reverse for Instructions
7006 2760 0001 6377 5168


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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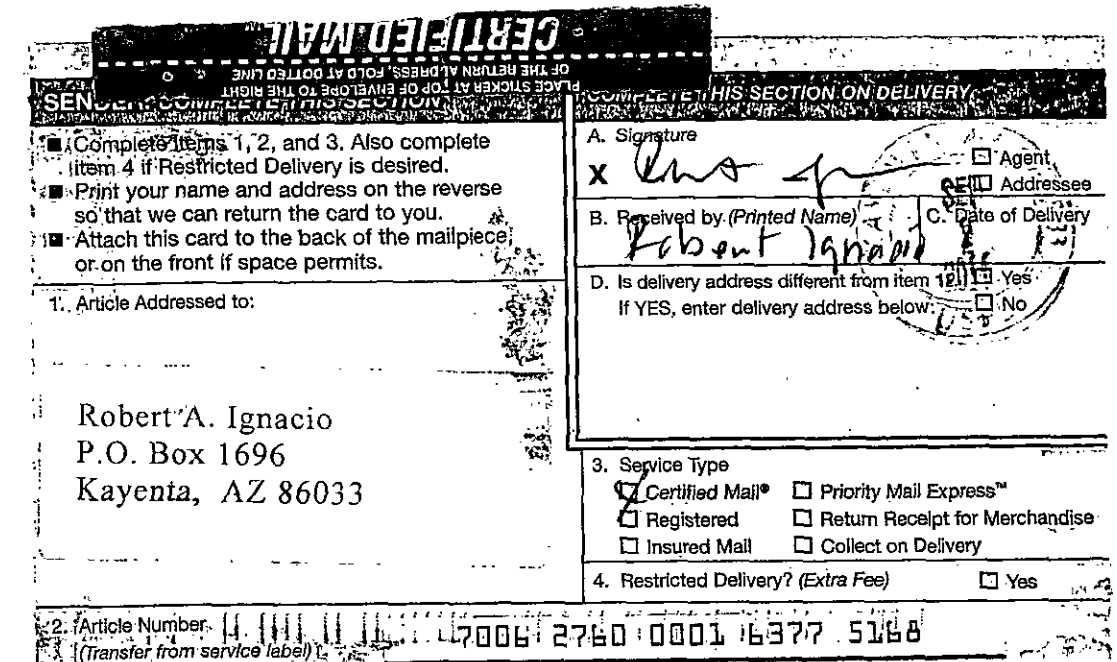
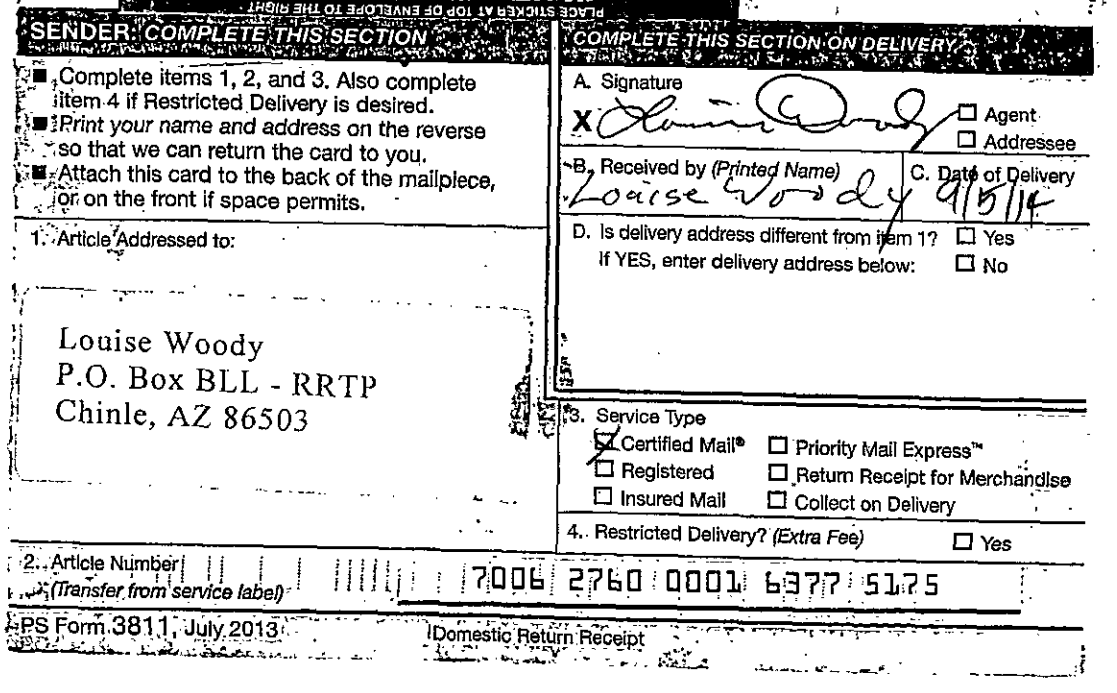
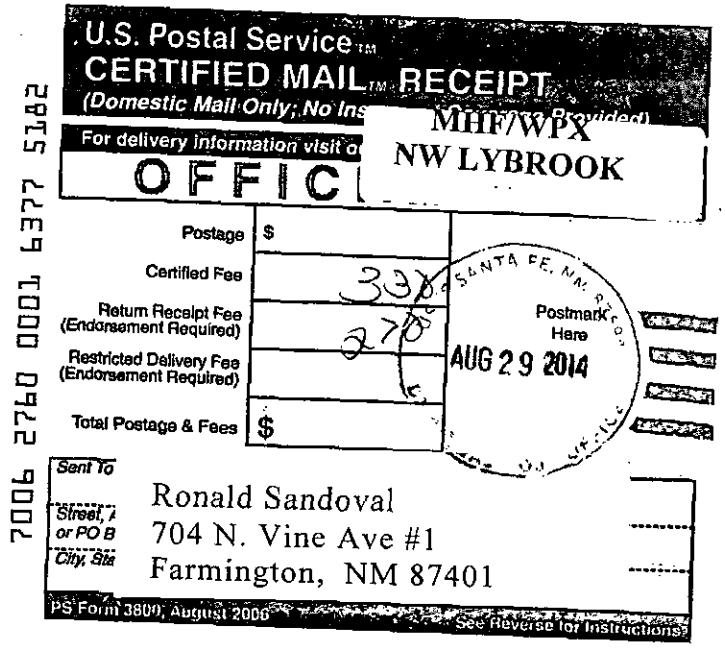
NW LYBROOK
OFFICIAL USE
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark
AUG 29 2014
SANTA FE, NM 87504
Sent To
Louise Woody
P.O. Box BLL - RRTP
Chinle, AZ 86503
PS Form 3800, August 2006
See Reverse for Instructions
7006 2760 0001 6377 5175


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:
Robert A. Ignacio
P.O. Box 1696
Kayenta, AZ 86033
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
Robert Ignacio
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 5168
PS Form 3811, July 2013
Domestic Return Receipt


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:
Louise Woody
P.O. Box BLL - RRTP
Chinle, AZ 86503
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
Louise Woody
C. Date of Delivery
9/5/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 5175
PS Form 3811, July 2013
Domestic Return Receipt



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(Domestic Mail Only; No Ins[illegible] Provided)
For delivery information visit o[illegible]
OFFIC[illegible]

MHF/WPX
NW LYBROOK

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

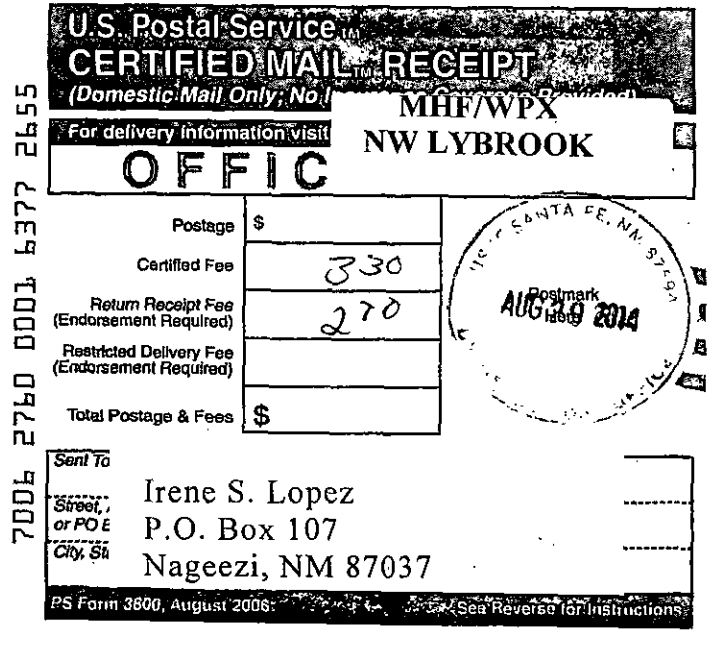
Postmark Here
SANTA FE, NM 87504
AUG 29 2014

Sent To
Street, Apt. No., or PO Box
City, State, ZIP+4

Ronald Sandoval
704 N. Vine Ave #1
Farmington, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 5182



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No I[illegible] Provided)
For delivery information visit[illegible]
OFFIC[illegible]

MHF/WPX
NW LYBROOK

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

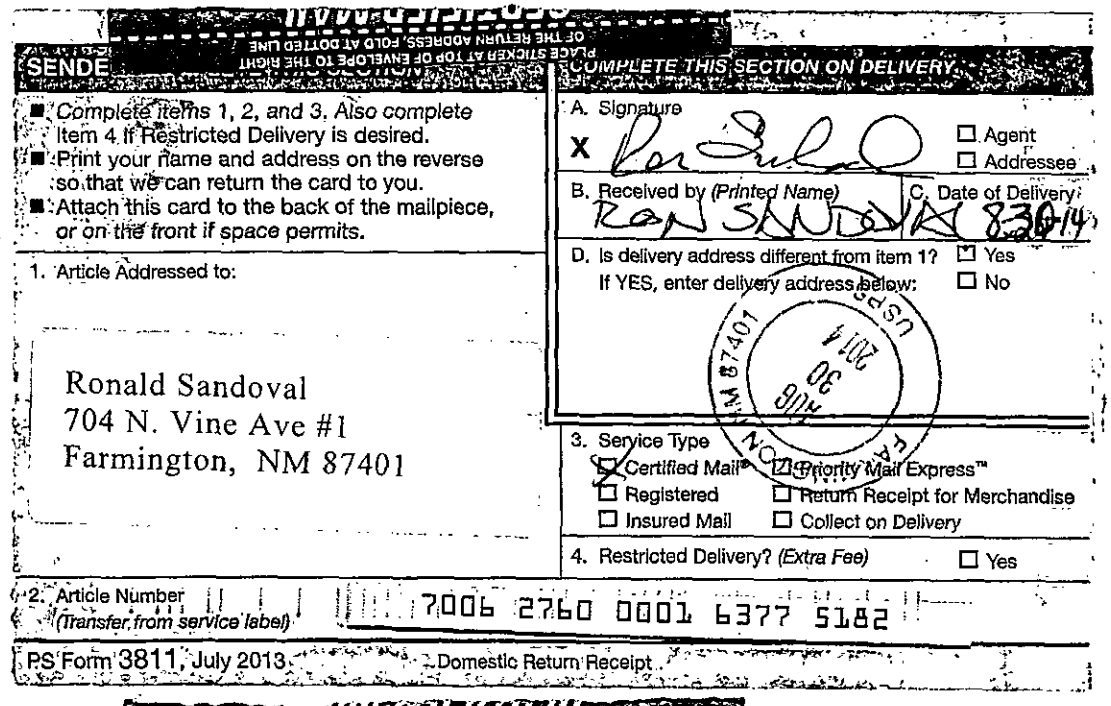
Postmark Here
SANTA FE, NM 87504
AUG 29 2014

Sent To
Street, Apt. No., or PO E[illegible]
City, St[illegible]

Irene S. Lopez
P.O. Box 107
Nageezi, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 2655



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:

Ronald Sandoval
704 N. Vine Ave #1
Farmington, NM 87401

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) RON SANDOVAL C. Date of Delivery 8-30-14

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

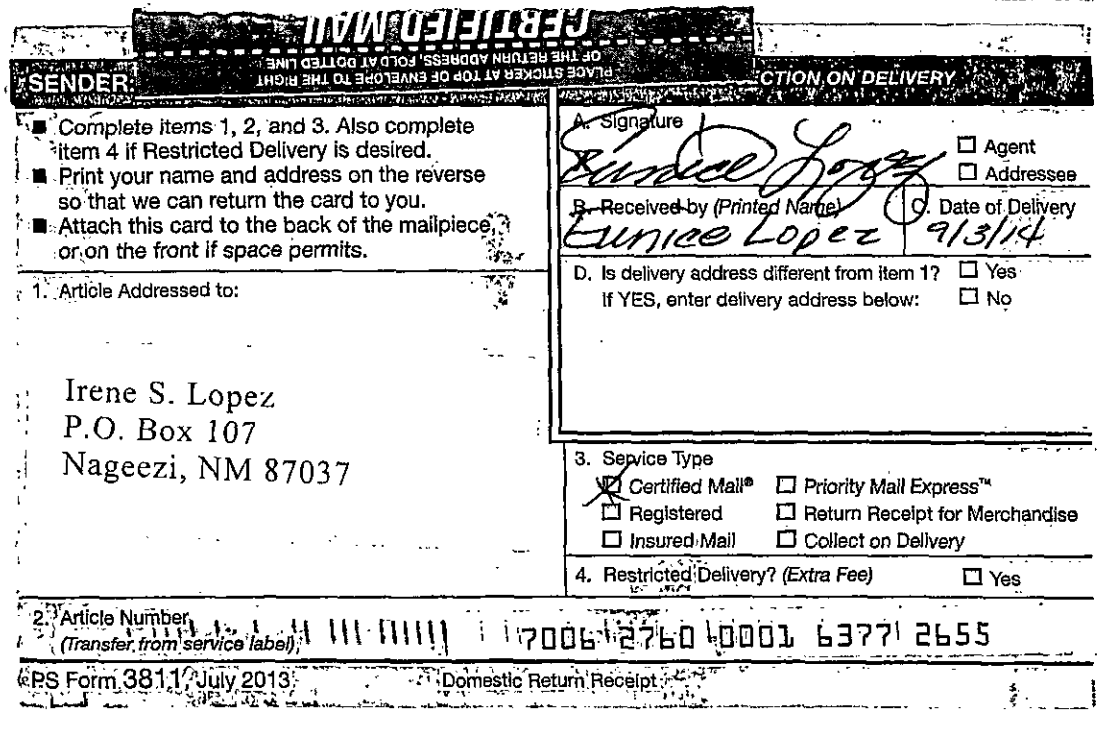
USPS NM 87401 NOV 30 2014

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5182

PS Form 3811, July 2013 Domestic Return Receipt



SENDER: 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:

Irene S. Lopez
P.O. Box 107
Nageezi, NM 87037

A. Signature
[signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Eunice Lopez C. Date of Delivery 9/3/14

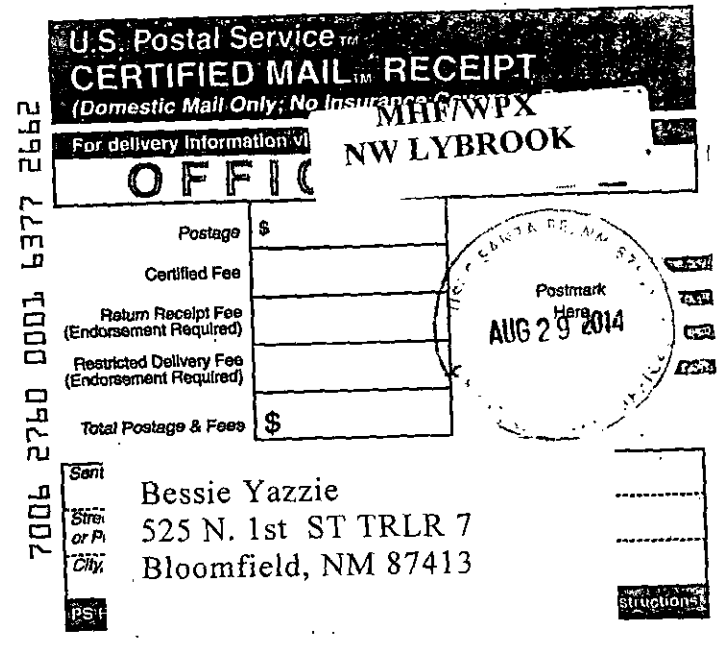
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

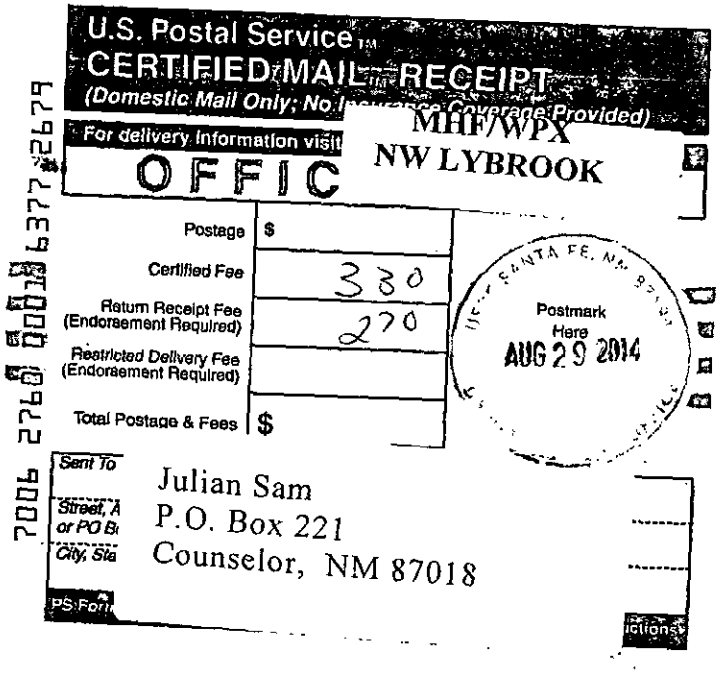
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

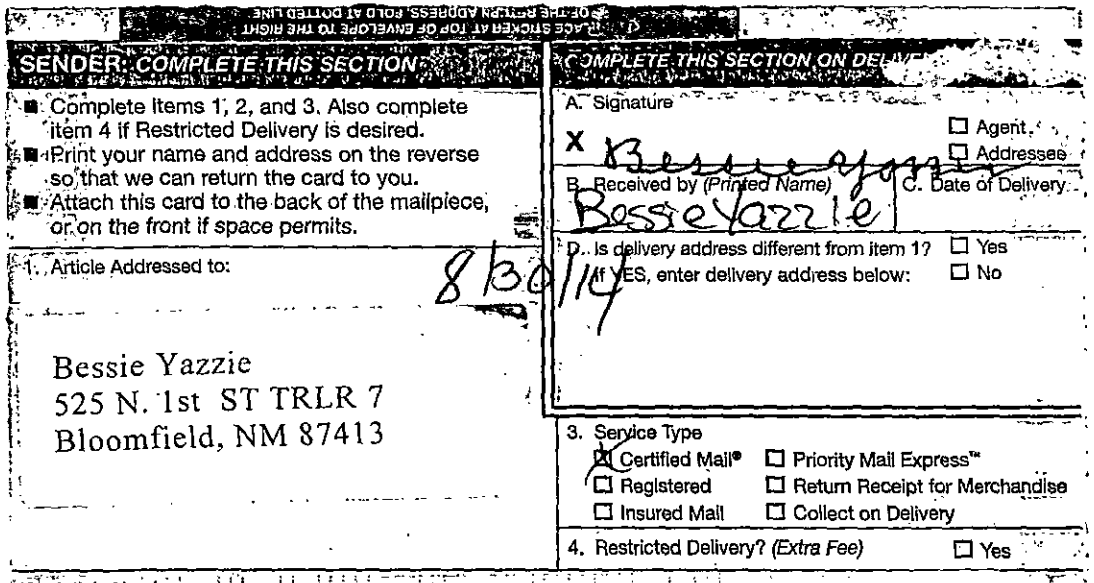
4. Restricted Delivery? (Extra Fee) ☐ Yes

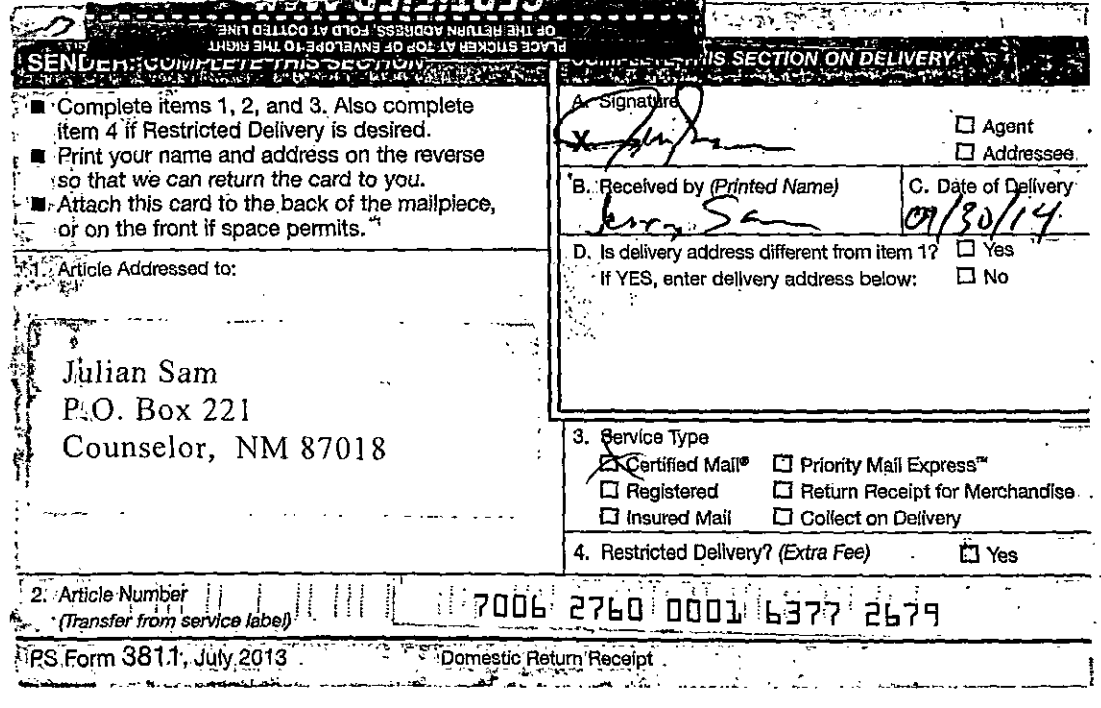
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2655

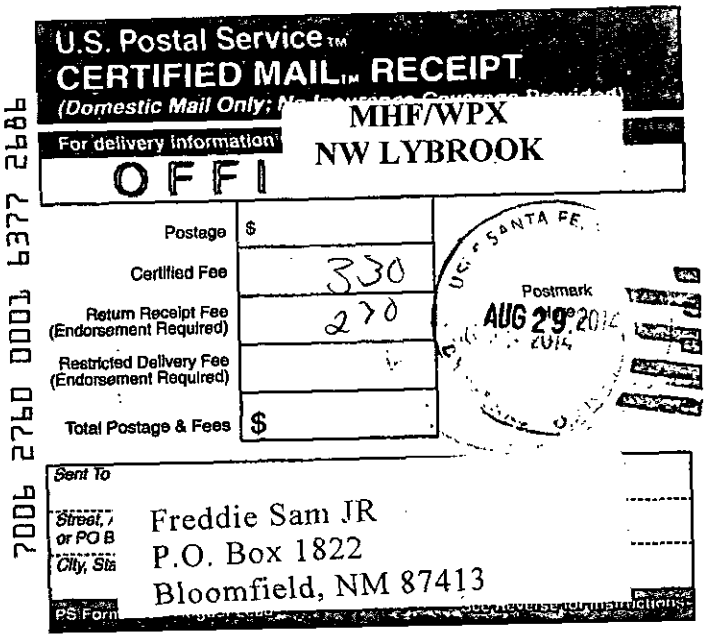
PS Form 3811, July 2013 Domestic Return Receipt

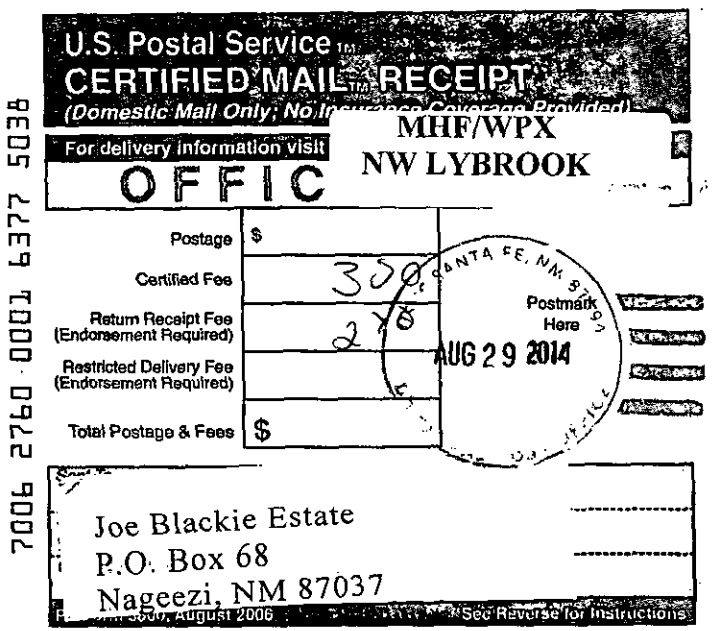

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
Sent To
Bessie Yazzie
525 N. 1st ST TRLR 7
Bloomfield, NM 87413
7006 2760 0001 6377 2662

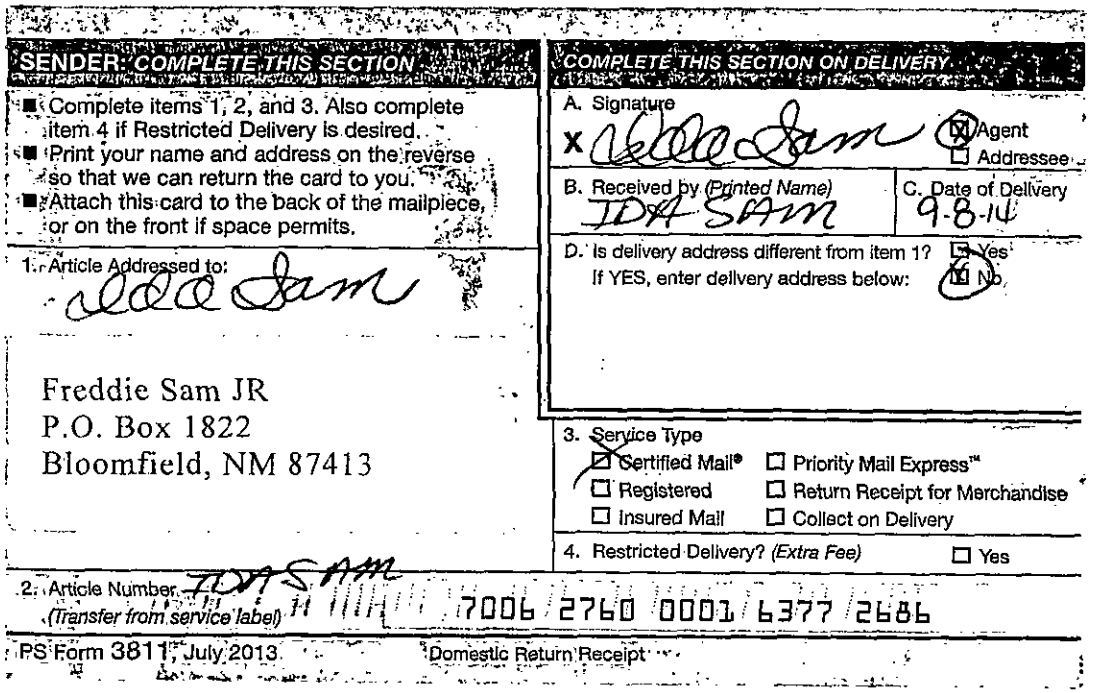

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC
Postage $
Certified Fee 3.80
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
Sent To
Julian Sam
P.O. Box 221
Counselor, NM 87018
7006 2760 0001 6377 2679


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 Yazzie
525 N. 1st ST TRLR 7
Bloomfield, NM 87413
A. Signature
X
Agent
Addressee
B. Received by (Printed Name) Bessie Yazzie
C. Date of Delivery 8/30/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2662
PS Form 3811, July 2013 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:
Julian Sam
P.O. Box 221
Counselor, NM 87018
A. Signature
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery 09/30/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2679
PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
MHF/WPX
NW LYBROOK
OFFICIAL USE
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
Sent To
Freddie Sam JR
Street, Apt. No., or PO Box No. P.O. Box 1822
City, State, ZIP+4 Bloomfield, NM 87413
PS Form 3800, August 2006 See Reverse for Instructions
7006 2760 0001 6377 2686


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
MHF/WPX
NW LYBROOK
OFFICIAL USE
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
Joe Blackie Estate
P.O. Box 68
Nageezi, NM 87037
PS Form 3800, August 2006 See Reverse for Instructions
7006 2760 0001 6377 5038


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 JR
P.O. Box 1822
Bloomfield, NM 87413
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name) IDA SAM
C. Date of Delivery 9-8-14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2686
PS Form 3811, July 2013 Domestic Return Receipt

RETURN

7006 2760 0001 6372 5045

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

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87504

Sent To: Gilbert R. Sandoval Estate
Street, Apt. No., or PO Box No.: P.O. Box 3734
City, State, ZIP+4: Window Rock, AZ 86515

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6376 7330

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

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87504

Sent To: Mike R. Sandoval
Street, Apt. No., or PO Box No.: P.O. Box 1094
City, State, ZIP+4: Window Rock, AZ 86515

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:

Mike R. Sandoval
P.O. Box 1094
Window Rock, AZ 86515

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mike Sandoval 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7330

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 5069

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

For delivery information visit o
OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Kenneth Chavez
Street, Apt or PO Box
P.O. Box 396
City, State
Dulce, NM 87528

PS Form

7006 2760 0001 6377 5076

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

For delivery information visit
OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Harry Chavez
Street,
P.O. Box 373
City, St
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:

Kenneth Chavez
P.O. Box 396
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
8 SEP 2014

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5069

PS Form 3811, July 2013 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:

Harry Chavez
P.O. Box 373
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
HARRY Chavez 9/2/14

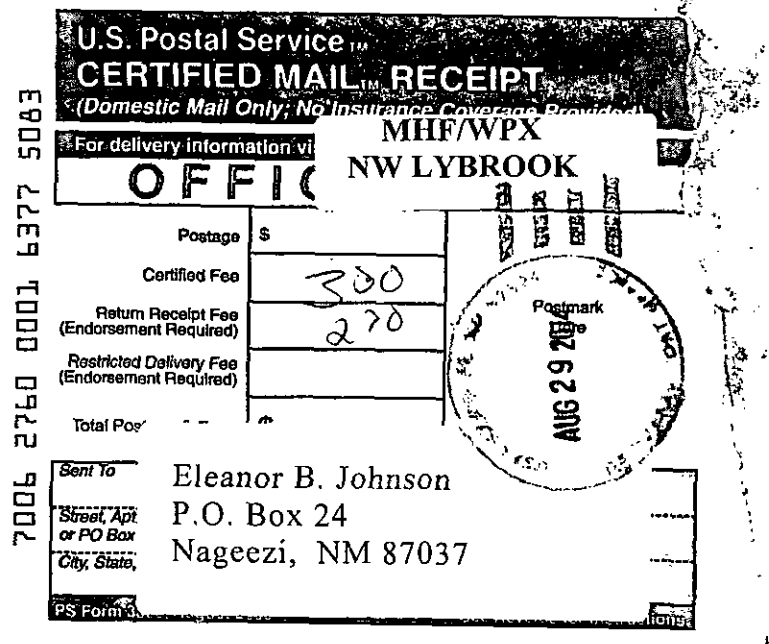
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

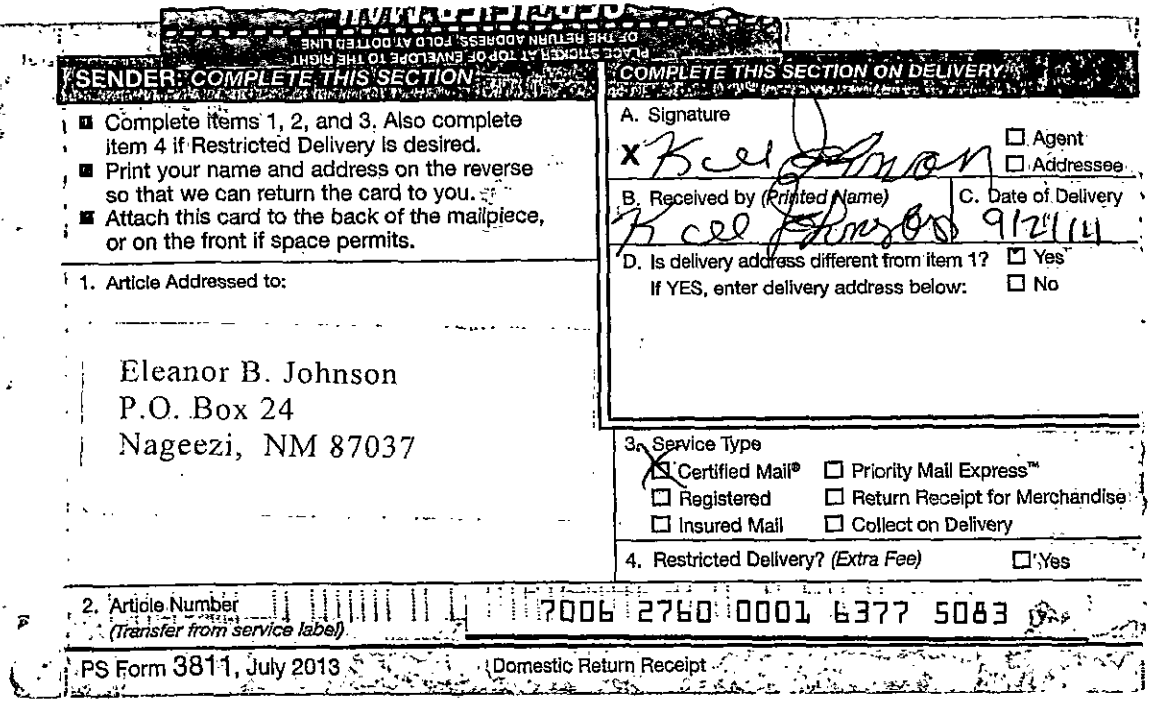
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

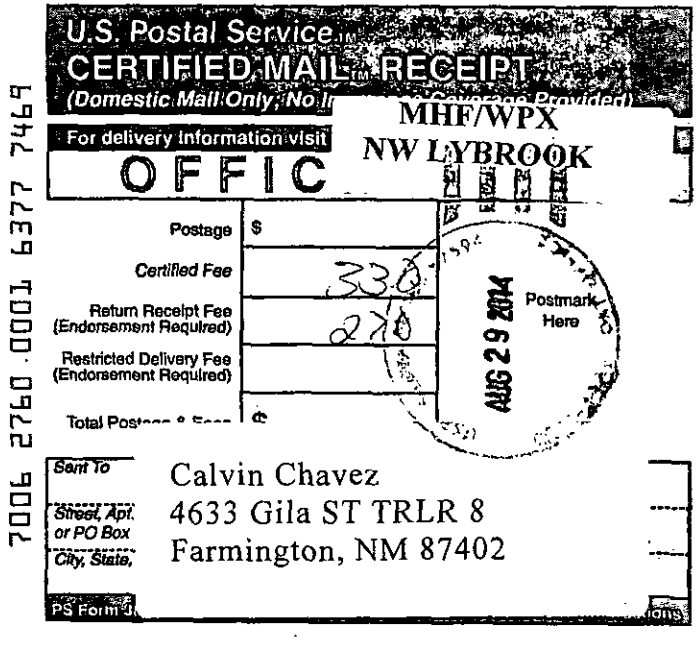
4. Restricted Delivery? (Extra Fee) ☐ Yes

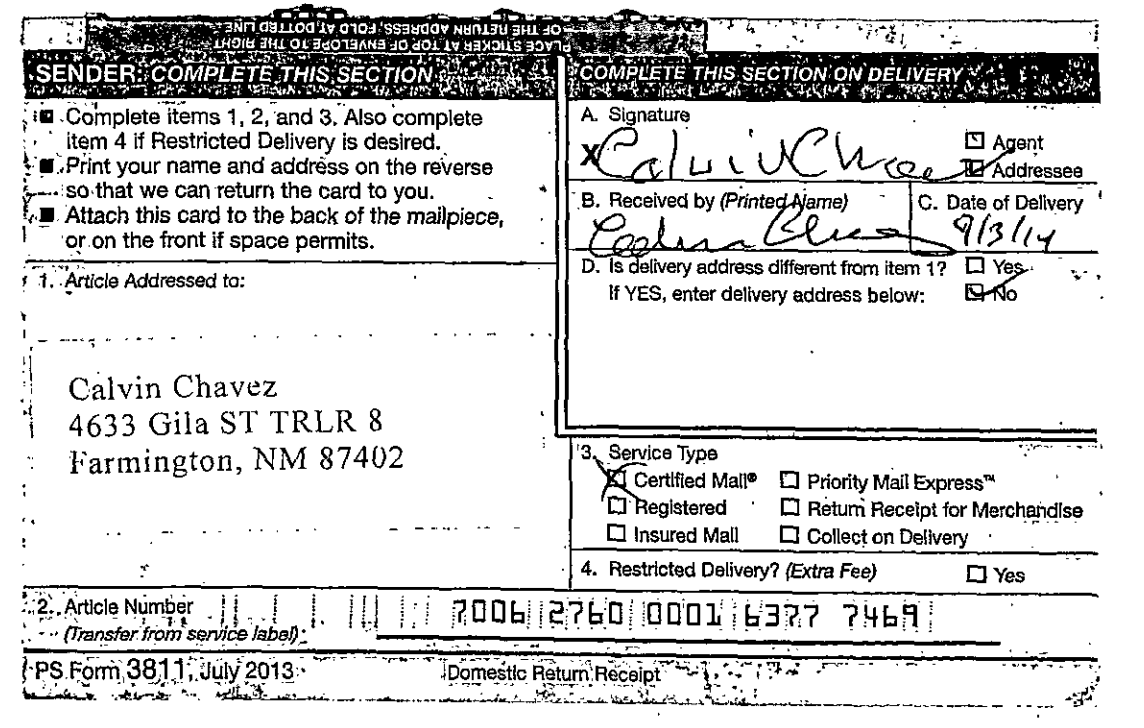
2. Article Number (Transfer from service label) 7006 2760 0001 6377 5076

PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information vi
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.00
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Pos
Postmark Here
AUG 29 2014
Sent To
Street, Apt. or PO Box
City, State,
Eleanor B. Johnson
P.O. Box 24
Nageezi, NM 87037
PS Form 3
7006 2760 0001 6377 5083


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:
Eleanor B. Johnson
P.O. Box 24
Nageezi, NM 87037
COMPLETE THIS SECTION ON DELIVERY
A. Signature
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
9/2/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 5083
PS Form 3811, July 2013
Domestic Return Receipt


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No I
Coverage Provided)
For delivery information visit
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees
Postmark Here
AUG 29 2014
Sent To
Street, Apt. or PO Box
City, State,
Calvin Chavez
4633 Gila ST TRLR 8
Farmington, NM 87402
PS Form 3
7006 2760 0001 6377 7469


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 Chavez
4633 Gila ST TRLR 8
Farmington, NM 87402
COMPLETE THIS SECTION ON DELIVERY
A. Signature
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
9/3/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 7469
PS Form 3811, July 2013
Domestic Return Receipt

7006 2760 0001 6377 7476

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

For delivery information visit o
OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent
Stre
or P
City,
PS F

Verna Martinez
P.O. Box 26
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:

Verna Martinez
P.O. Box 26
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Verna Martinez ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Verna Martinez 9-8-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7476

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 7483

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

For delivery information visit
OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent T
Street,
or PO
City, St
PS For

Laverta Martinez
1300 New Hampshire ST Lot
63
Rock Springs, WY 82901

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:

Laverta Martinez
1300 New Hampshire ST Lot
63
Rock Springs, WY 82901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Laverta Martinez ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Laverta Martinez 8-29-2014

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

ROCK SPRINGS WY 829 USPS

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7483

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit ou

OFFICI

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Street, Ap or PO Box
City, State

Irvin Sam
434 N. 3rd ST
Bloomfield, NM 87413

PS Form

7006 2760 0001 6377 7490

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

For delivery information vis

OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

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

Harry Sanchez
P.O. Box 234
Nageezi, NM 87037

PS Form

7006 2760 0001 6377 7261

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:

Harry Sanchez
P.O. Box 234
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Harry Sanchez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Harry Sanchez C. Date of Delivery 9/4/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7261

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visi

MHF/WPX
NW LYBROOK

OFFIC

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

Postmark Here
AUG 29 2014

Sent To: Calvin Martinez
Street, Ap or PO Bo: P.O. Box 1812
City, Stat: Dulce, NM 87528

PS Form

7006 2760 0001 6377 7278

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

For delivery information vis

MHF/WPX
NW LYBROOK

OFFIC

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

Postmark Here
AUG

Sent To: Kenneth White
Street, or PO B: 9202 N. 19th AVE APT 264
City, St: Phoenix, AZ 85021

PS Form

7006 2760 0001 6377 7285

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 Martinez
P.O. Box 1812
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Adrianna Martinez ☑ Agent ☐ Addressee

B. Received by (Printed Name): Adrianna Martinez
C. Date of Delivery: 9/5/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6377 7278

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information vis

MHF/WPX
NW LYBROOK

OFFIC

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postag	

Postmark Here
AUG

Sent To
Street, Apt. N
or PO Box No
City, State, Zi

Regina A. Jackson
P.O. Box 1424
Window Rock, AZ 86515

PS Form 3800,

7006 2760 0001 6377 7292

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:

Regina A. Jackson
P.O. Box 1424
Window Rock, AZ 86515

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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7292

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information vis

MHF/WPX
NW LYBROOK

OFFIC

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

Postmark Here
AUG 29 2014

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

Annie Chiquito
P.O. Box 2264
Bloomfield, NM 87413

PS Form 38

7006 2760 0001 6377 7308

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:

Annie Chiquito
P.O. Box 2264
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ernest Chiquito
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Ernest Chiquito
C. Date of Delivery
9-2-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7308

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 7315

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

MHF/WPX
NW LYBROOK
OFFICE

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

Postmark Here
AUG 29 2014

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Gary M. Sandoval
P.O. Box 3788
Tuba City, AZ 86045

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 7506

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

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

MHF/WPX
NW LYBROOK
OFFICE

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

Postmark Here
AUG 29 2014

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Jessie Ranck
7305 Catbrier CT
Fort Worth, TX 76137

PS Form

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:

Jessie Ranck
7305 Catbrier CT
Fort Worth, TX 76137

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Martha Knox] C. Date of Delivery 9/2/14

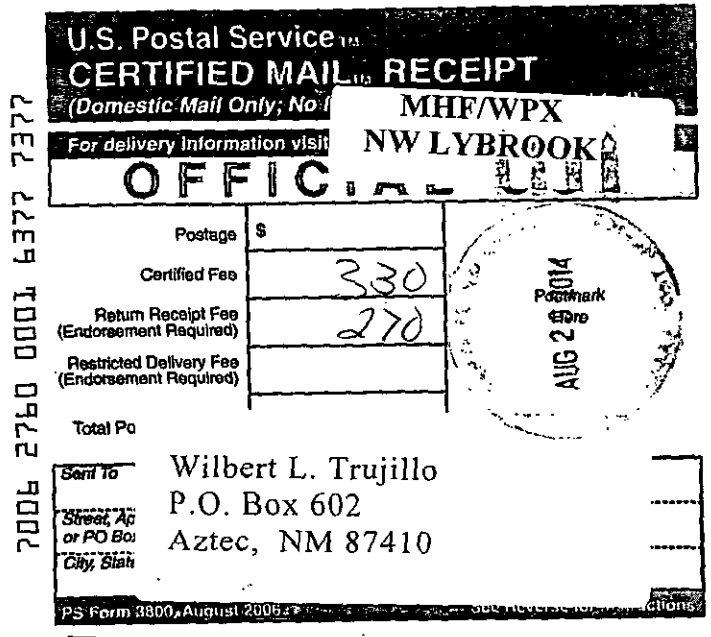
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

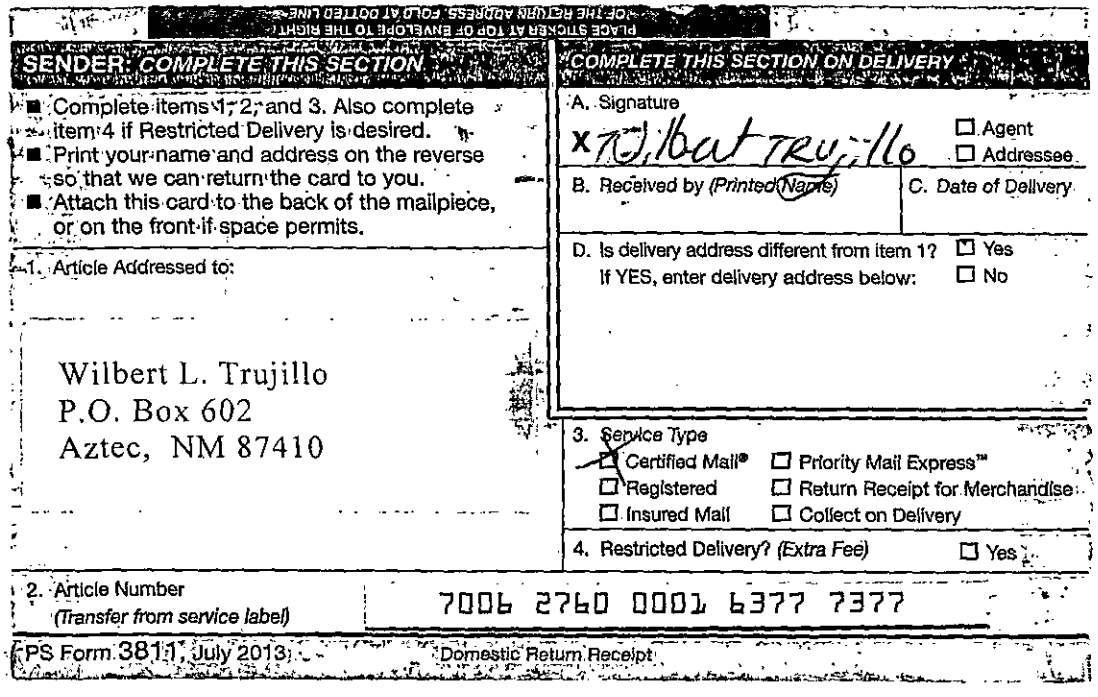
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

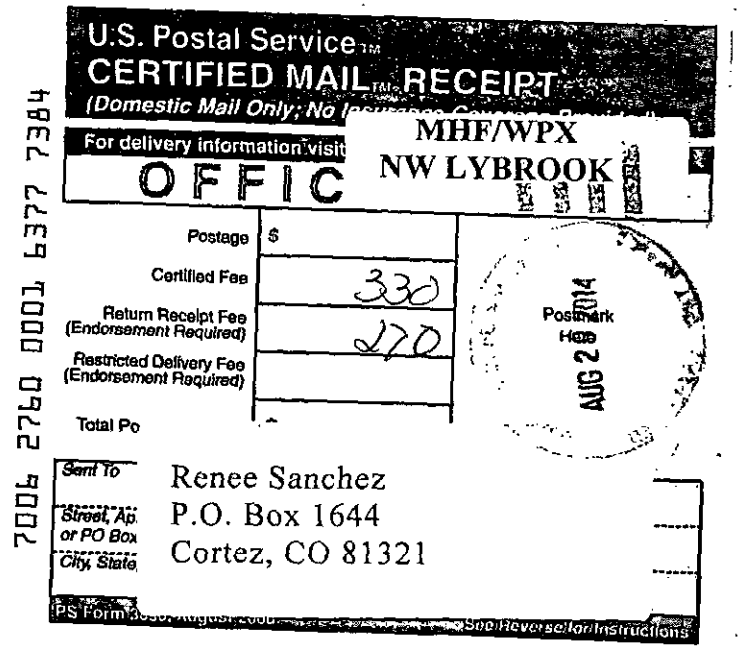
4. Restricted Delivery? (Extra Fee) ☐ Yes

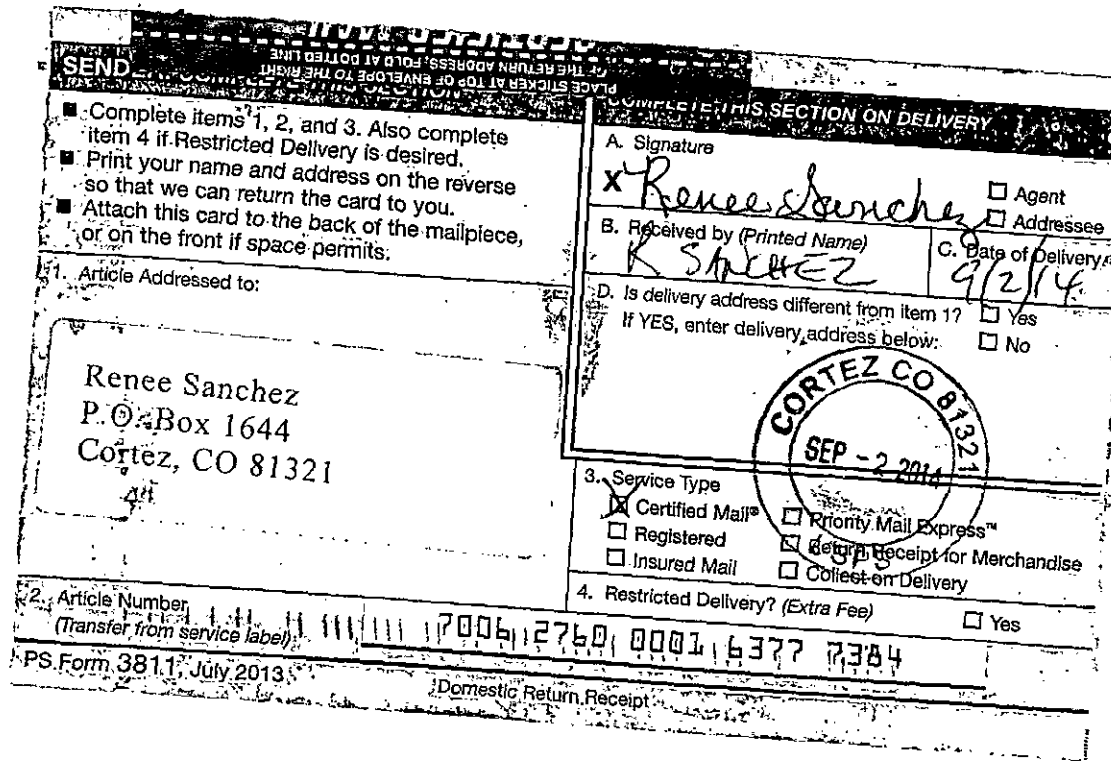
2. Article Number (Transfer from service label) 7006 2760 0001 6377 7506

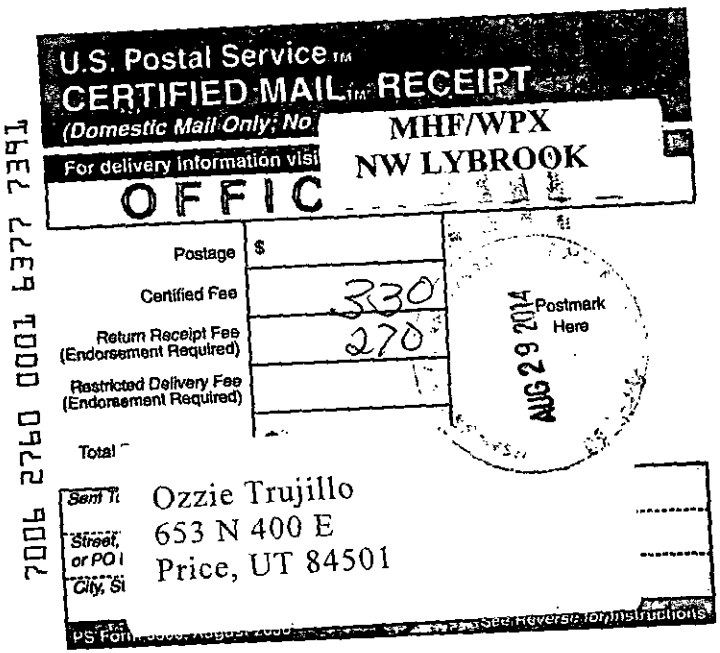
PS Form 3811, July 2013 Domestic Return Receipt

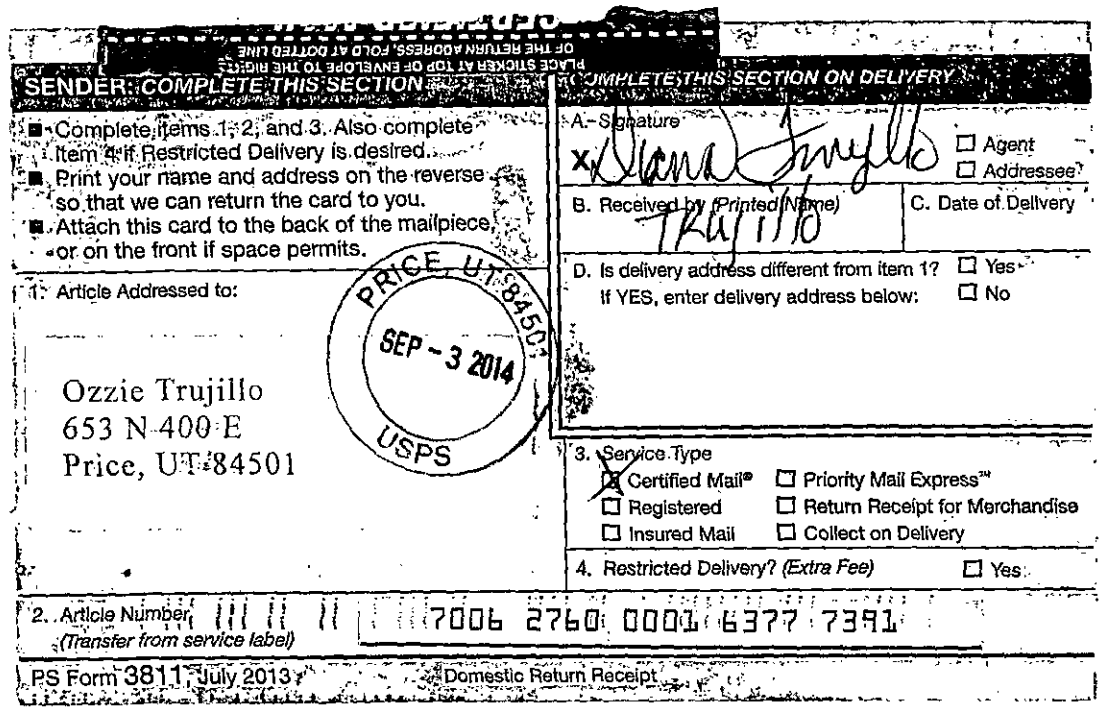

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Po
Postmark Here AUG 2 2014
Sent To
Street, Ap or PO Box
City, State
Wilbert L. Trujillo
P.O. Box 602
Aztec, NM 87410
PS Form 3800, August 2006
7006 2760 0001 6377 7377

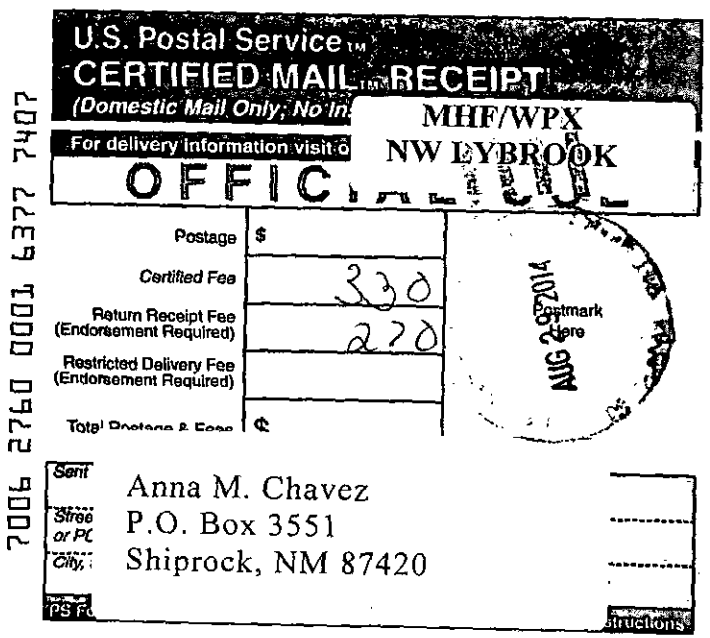

SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Wilbert L. Trujillo
P.O. Box 602
Aztec, NM 87410
COMPLETE THIS SECTION ON DELIVERY
A. Signature
x Wilbert Trujillo
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®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)
7006 2760 0001 6377 7377
PS Form 3811, July 2013
Domestic Return Receipt

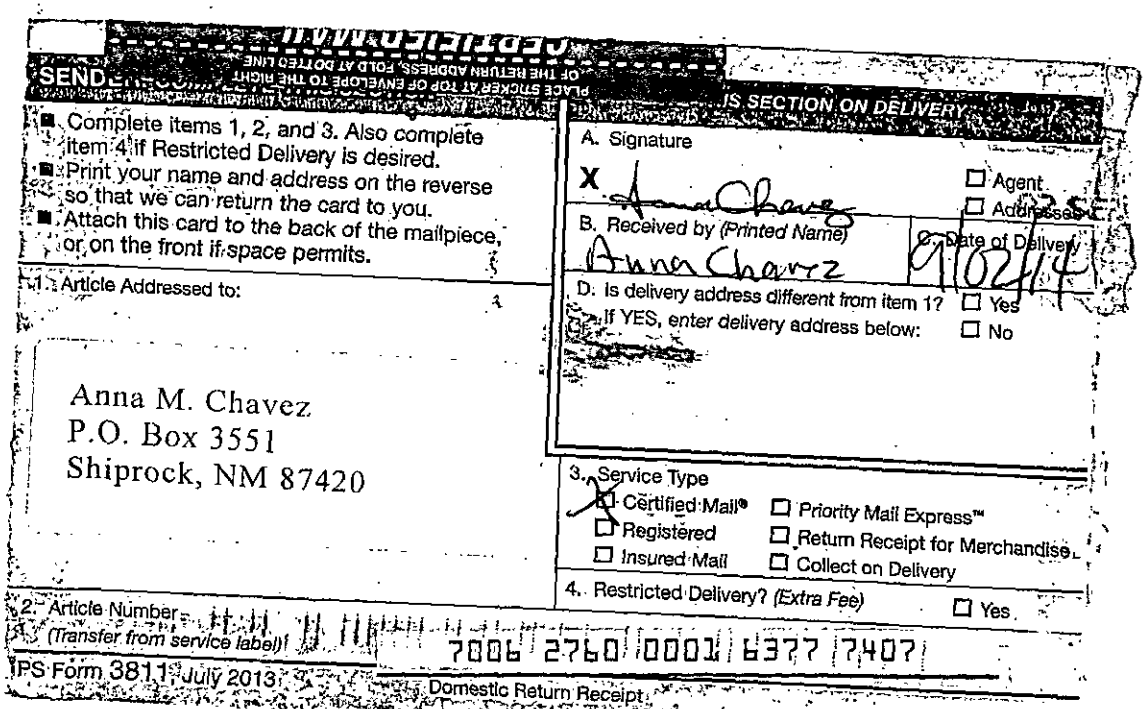

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Po
Postmark Here AUG 2 2014
Sent To
Street, Ap or PO Box
City, State
Renee Sanchez
P.O. Box 1644
Cortez, CO 81321
PS Form 3800, August 2006
7006 2760 0001 6377 7384


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:
Renee Sanchez
P.O. Box 1644
Cortez, CO 81321
COMPLETE THIS SECTION ON DELIVERY
A. Signature
x Renee Sanchez
Agent
Addressee
B. Received by (Printed Name) K SANCHEZ
C. Date of Delivery 9/2/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
CORTEZ CO 81321
SEP - 2 2014
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)
7006 2760 0001 6377 7384
PS Form 3811, July 2013
Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information visi
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total
AUG 29 2014
Postmark Here
Sent T
Street, or PO
City, St
Ozzie Trujillo
653 N 400 E
Price, UT 84501
PS Form
See Reverse for Instructions
7006 2760 0001 6377 7391


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:
Ozzie Trujillo
653 N 400 E
Price, UT 84501
PRICE, UT 84501
SEP - 3 2014
USPS
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®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)
7006 2760 0001 6377 7391
PS Form 3811, July 2013
Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No In
For delivery information visit o
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
AUG 29 2014
Postmark Here
Sent
Stree
or PC
City,
Anna M. Chavez
P.O. Box 3551
Shiprock, NM 87420
7006 2760 0001 6377 7407


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 M. Chavez
P.O. Box 3551
Shiprock, NM 87420
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
Anna Chavez
C. Date of Delivery
9/02/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)
7006 2760 0001 6377 7407
PS Form 3811, July 2013
Domestic Return Receipt

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MHF/WPX
NW LYBROOK

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OFFICIAL USE

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014

Sent To: Henry Frank
Street, Apt. No., or PO Box No.: P.O. Box 192
City, State, ZIP+4: Nageezi, NM 87037

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 7421

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 Frank
P.O. Box 192
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Henry Frank ☐ Agent ☐ Addressee

B. Received by (Printed Name): Henry FRANK
C. Date of Delivery: 9/2/14

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

H

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6377 7421

PS Form 3811, July 2013 — Domestic Return Receipt

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MHF/WPX
NW LYBROOK

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OFFICIAL USE

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014

Sent To: Ronnie Martinez
Street, Apt. No., or PO Box No.: P.O. Box 637
City, State, ZIP+4: Ignacio, CO 81137

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 7438

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:

Ronnie Martinez
P.O. Box 637
Ignacio, CO 81137

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ronnie Martinez ☐ Agent ☐ Addressee

B. Received by (Printed Name): Ronnie Martinez
C. Date of Delivery: 9/3/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6377 7438

PS Form 3811, July 2013 — Domestic Return Receipt

7006 2760 0001 6377 7445

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MHF/WPX
NW LYBROOK
OFFICE

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014

Sent To: Wesley Trujillo
Street, Apt. No., or PO Box No.: P.O. Box 1686
City, State, ZIP+4®: Wheat Ridge, CO 80034

PS Form

7006 2760 0001 6377 7452

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

MHF/WPX
NW LYBROOK
OFFICE

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Anna C. Martinez
Street, Apt. No., or PO Box No.: P.O. Box 1411
City, State, ZIP+4®: Cuba, NM 87013

PS Form

CERTIFIED MAIL

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:

Wesley Trujillo
P.O. Box 1686
Wheat Ridge, CO 80034

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Wesley Trujillo — C. Date of Delivery: 9-2-14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6377 7445

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL

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 C. Martinez
P.O. Box 1411
Cuba, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery: Sep. 5. 14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6377 7452

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8211

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

MHF/WPX
NW LYBROOK

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

AUG 29 2014
Postmark Here

Sent To: Betty W. Lafontaine
Street, Apt. No., or PO Box No.: 1706 Patricia LN
City, State, ZIP+4: Orange Park, FL 32073

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8228

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

MHF/WPX
NW LYBROOK

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

AUG 29 2014
Postmark Here

Sent To: Gloria Price
Street, Apt. No., or PO Box No.: P.O. Box 1851
City, State, ZIP+4: Page, AZ 86040

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 vis

OFFIC

MHF/WPX
NW LYBROOK

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Tota	

Postmark Here
AUG 29 2014

Sent
Stree
or PC
City,

Joan E. Chavez
P.O. Box 1133
Waterflow, NM 87421

PS Fo

See Reverse for Instructions

7014 1200 0001 1539 8235

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

For delivery information visit

OFFIC

MHF/WPX
NW LYBROOK

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Pos	

Postmark Here
AUG 29 2014

Sent To
Street, Apt
or PO Box
City, State

Evelyn C. Lopez
P.O. Box 1411
Cuba, NM 87013

PS Form 3800, August 2006

tions

7014 1200 0001 1539 8242

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:

Evelyn C. Lopez
P.O. Box 1411
Cuba, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Hernandez 9/2/14 C. Date of Delivery

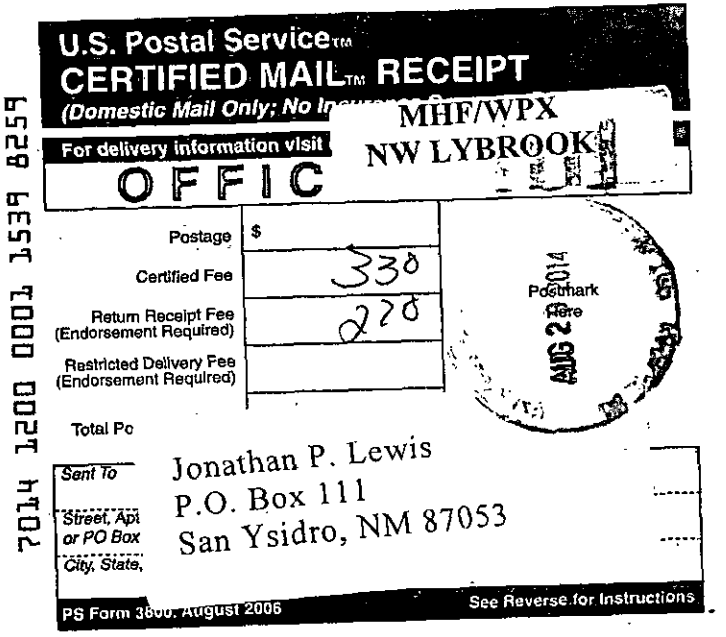
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8242

PS Form 3811, July 2013 Domestic Return Receipt



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

MHF/WPX
NW LYBROOK

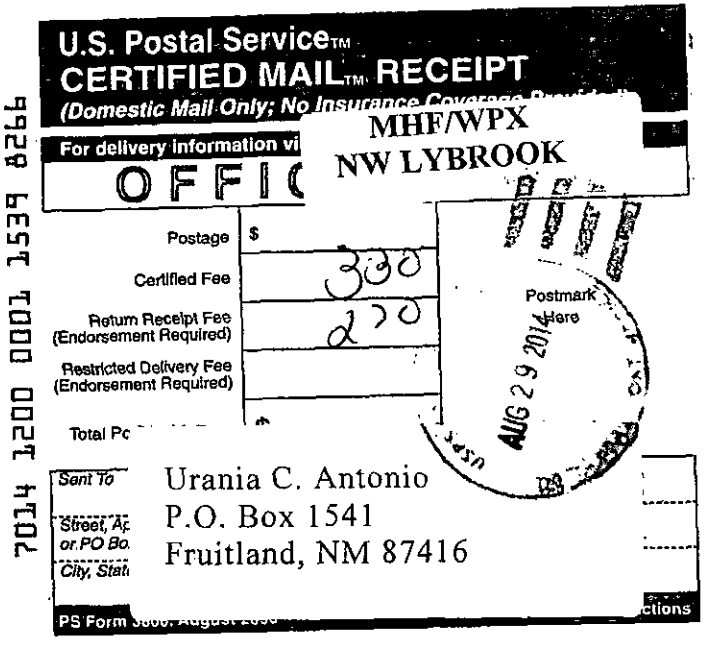
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Postmark Here
AUG 29 2014

Sent To Jonathan P. Lewis
Street, Apt. No., or PO Box P.O. Box 111
City, State, ZIP+4 San Ysidro, NM 87053

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8259



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

MHF/WPX
NW LYBROOK

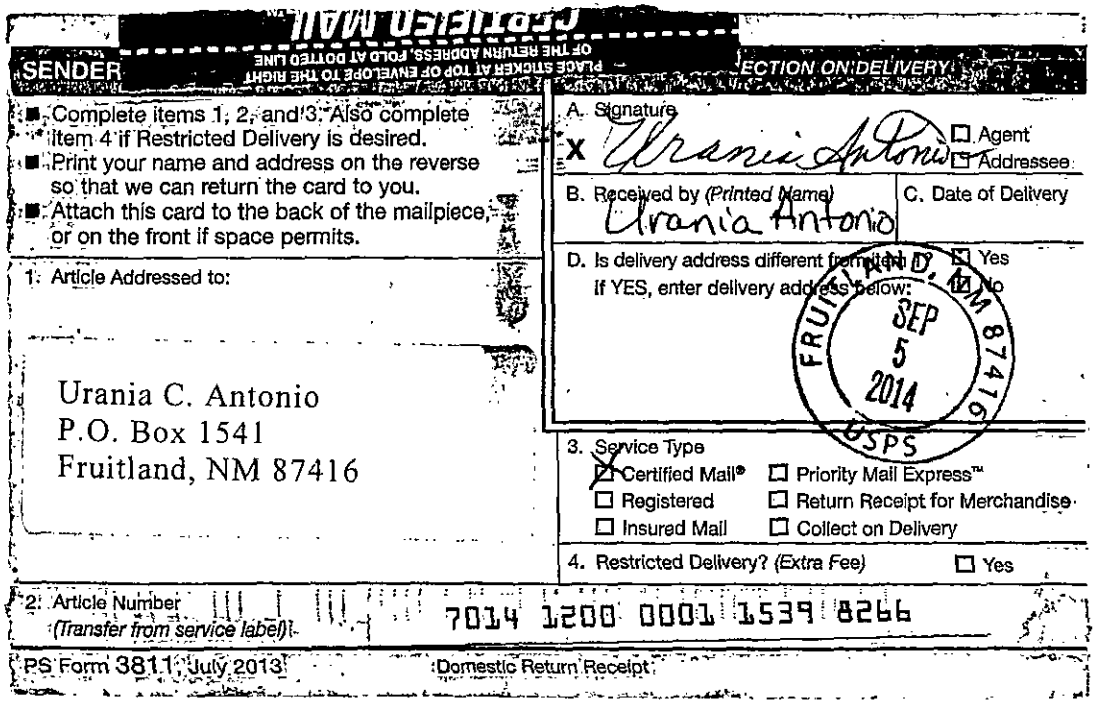
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Postmark Here
AUG 29 2014

Sent To Urania C. Antonio
Street, Apt. No., or PO Box P.O. Box 1541
City, State, ZIP+4 Fruitland, NM 87416

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8266



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:

Urania C. Antonio
P.O. Box 1541
Fruitland, NM 87416

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Urania Antonio ☐ Agent ☐ Addressee

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

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

FRUITLAND, NM 87416
SEP 5 2014
USPS

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8266

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit
OFFIC

MHE/WPX
NW LYBROOK

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

AUG 29 2014 Postmark Here

Sent To: Melvin Sam
Street, Apt. or PO Box: #14 County Road 4903
City, State: Bloomfield, NM 87413

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8273

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:

Melvin Sam
#14 County Road 4903
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Georgia Kayman — Agent — Addressee

B. Received by (Printed Name) Georgia Kayman — C. Date of Delivery 9-3-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8273

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit
OFFIC

MHF/WPX
NW LYBROOK

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

AUG 29 2014 Postmark Here

Sent To: Harry Vigil
Street, A
or PO B
City, Sta: P.O. Box 6805 Farmington, NM 87499

PS Form — See Reverse for Instructions

7014 1200 0001 1539 8280

CERTIFIED MAIL

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:

Harry Vigil
P.O. Box 6805
Farmington, NM 87499

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Harry Vigil — ☐ Agent — ☐ Addressee

B. Received by (Printed Name) Harry Vigil — C. Date of Delivery 9-2-14

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

FARMINGTON, NM 87499 SEP 2014 USPS

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8280

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
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MHF/WPX
NW LYBROOK

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OFFICI

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

Postmark Here
AUG 2 9 2014
USPS

Sent To: Joanne Ignacio
Street, or PO: P.O. Box 813
City, St: Sanders, AZ 86512

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8297

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

MHF/WPX
NW LYBROOK

For delivery information visit

OFFIC

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

Postmark Here
AUG 29 2014

Sent To: Janine L. Garcia
Street, Apt. or PO Box: 2705 White Oak DR
City, State: Plano, TX 75074

PS Form 3

7014 1200 0001 1539 8303

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:

Joanne Ignacio
P.O. Box 813
Sanders, AZ 86512

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Joanne Ignacio C. Date of Delivery SEP 05 2014

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8297

PS Form 3811, July 2013 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:

Janine L. Garcia
2705 White Oak DR
Plano, TX 75074

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) JANINE GARCIA C. Date of Delivery 9/6/14

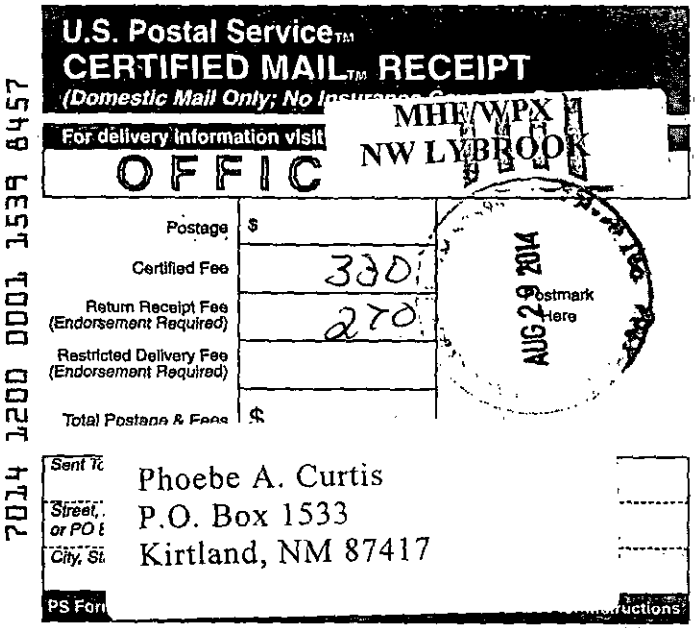
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8303

PS Form 3811, July 2013 Domestic Return Receipt



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

MHF/WPX
NW LYBROOK

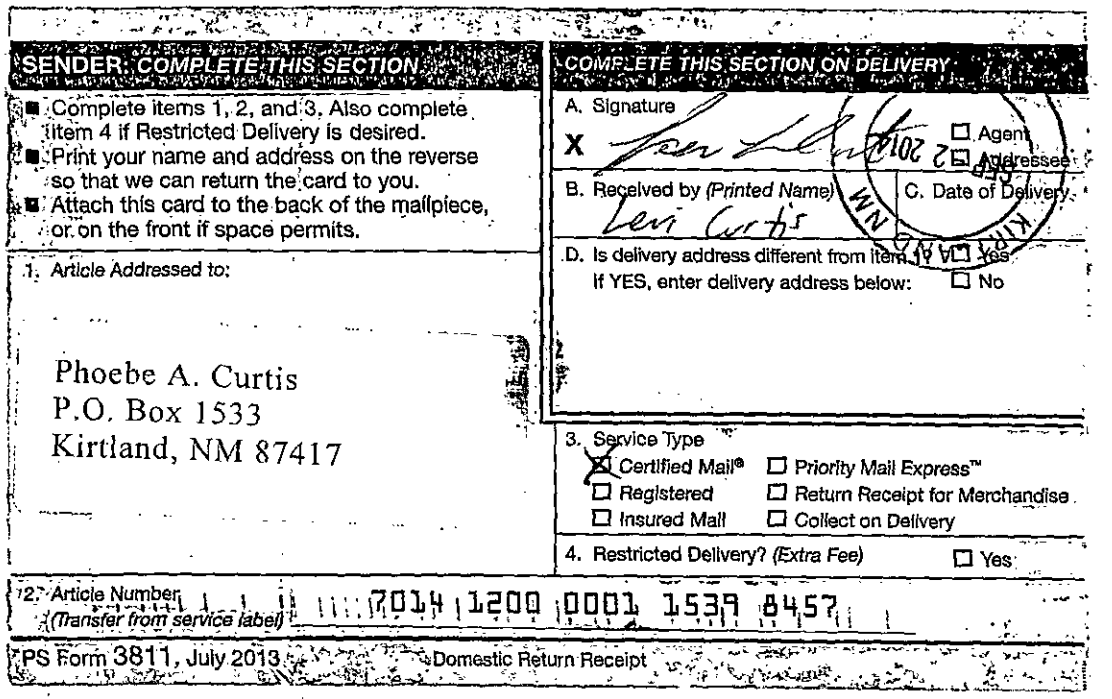
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
AUG 29 2014

Sent To
Phoebe A. Curtis
Street, Apt. No., or PO Box No. P.O. Box 1533
City, State, ZIP+4 Kirtland, NM 87417

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8457



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 A. Curtis
P.O. Box 1533
Kirtland, NM 87417

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Levi Curtis C. Date of Delivery 8-29-14

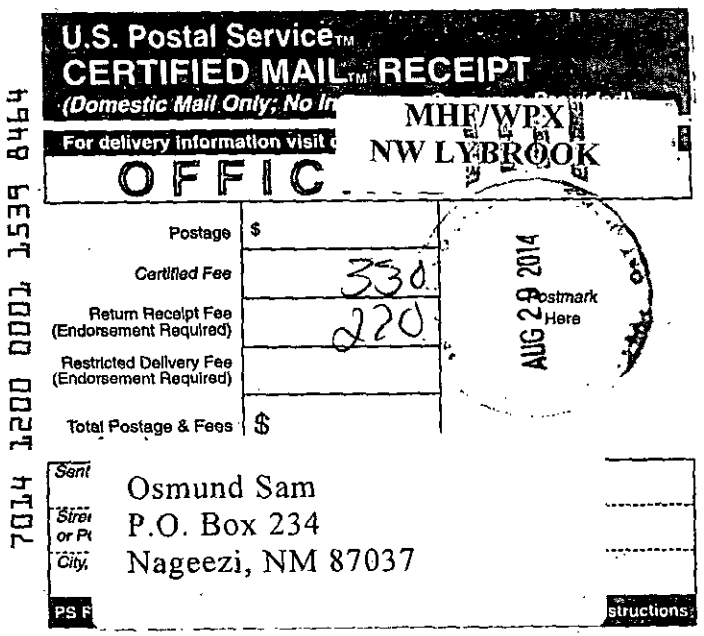
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8457

PS Form 3811, July 2013 Domestic Return Receipt



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NW LYBROOK

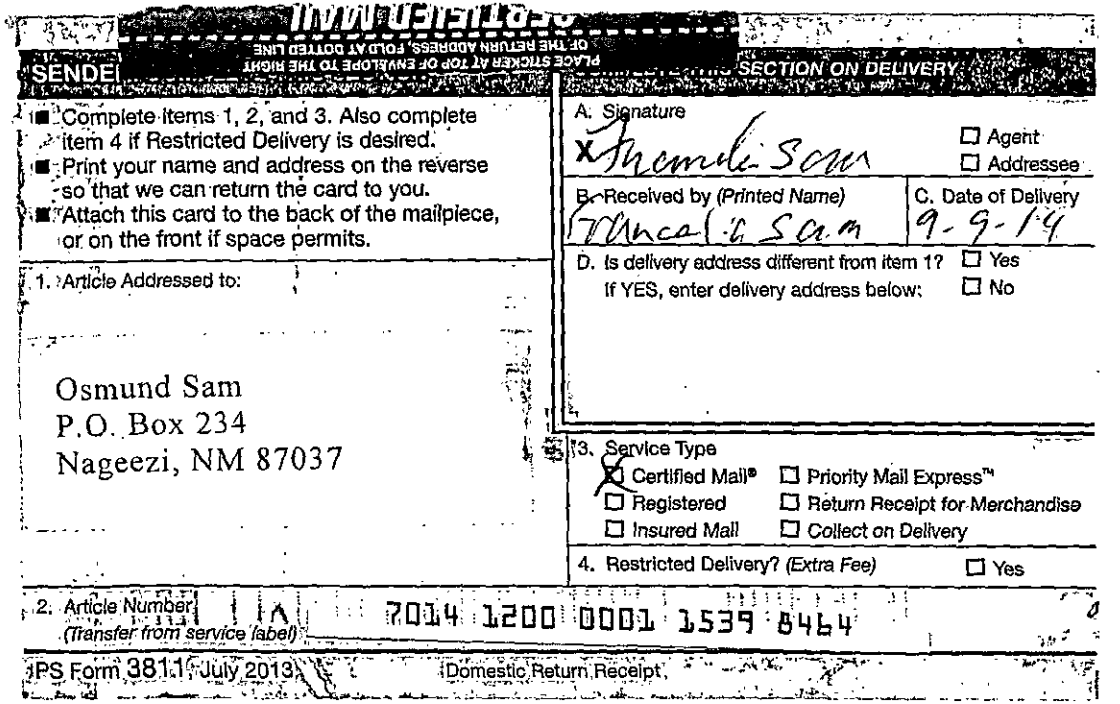
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
AUG 29 2014

Sent To
Osmund Sam
Street, Apt. No., or PO Box No. P.O. Box 234
City, State, ZIP+4 Nageezi, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8464



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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Osmund Sam C. Date of Delivery 9-9-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8464

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8471

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NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Bernice Boone
Street, Apt. No., or PO Box No.
P.O. Box 3824
City, State, ZIP+4
Window Rock, AZ 86515

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8488

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NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Brenda White
Street, Apt. No., or PO Box No.
P.O. Box 414
City, State, ZIP+4
Crownpoint, NM 87313

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Brenda White
P.O. Box 414
Crownpoint, NM 87313

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Brenda White ☐ Agent ☐ Addressee

B. Received by (Printed Name) Brenda White C. Date of Delivery 9-1-15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8488

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8495

U.S. Postal Service™
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MHF/WPX
NW LYBROOK
OFFIC

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014

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

Maxine Larvingo
P.O. Box 2026
Bloomfield, NM 87413

PS Form 380

7014 1200 0001 1539 8501

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Cover
For delivery information visi
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NW LYBROOK
OFFIC

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here
AUG 29 2014

Sent To
Street,
or PO
City, St

Susie Ignacio
2309 Honey Creek LN
Arlington, TX 76006

PS Form 3800, August 2006 ructions

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:

Maxine Larvingo
P.O. Box 2026
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Maxine Larvingo ☐ Agent ☒ Addressee

B. Received by (Printed Name) Maxine Larvingo C. Date of Delivery 9-2-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8495

PS Form 3811, July 2013 Domestic Return Receipt

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

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.

1. Article Addressed to:

Susie Ignacio
2309 Honey Creek LN
Arlington, TX 76006

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (Printed Name) Susie Ignacio C. Date of Delivery 9/2/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8501

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/WPX
NW LYBROOK

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OFFIC...

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

AUG 29 2014 Postmark Here

Sent T
Street, or PO
City, St

Michael J. Kelly
5582 Clay RD
Spencer, WV 25276

PS For

7014 1200 0001 1539 8518

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

MHF/WPX
NW LYBROOK

For delivery information

OFFI...

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

AUG 29 2014 Postmark Here

Sent To
Street, Apt. I or PO Box N
City, State, Z

Raymond JR N. White
P.O. Box 1913
Crownpoint, NM 87313

PS Form 380

7014 1200 0001 1539 8525

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:

Michael J. Kelly
5582 Clay RD
Spencer, WV 25276

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X June Keaton ☐ Agent ☐ Addressee

B. Received by (Printed Name) June Keaton
C. Date of Delivery 9-4-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8518

PS Form 3811, July 2013 Domestic Return Receipt

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:

Raymond JR N. White
P.O. Box 1913
Crownpoint, NM 87313

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
9/2/14

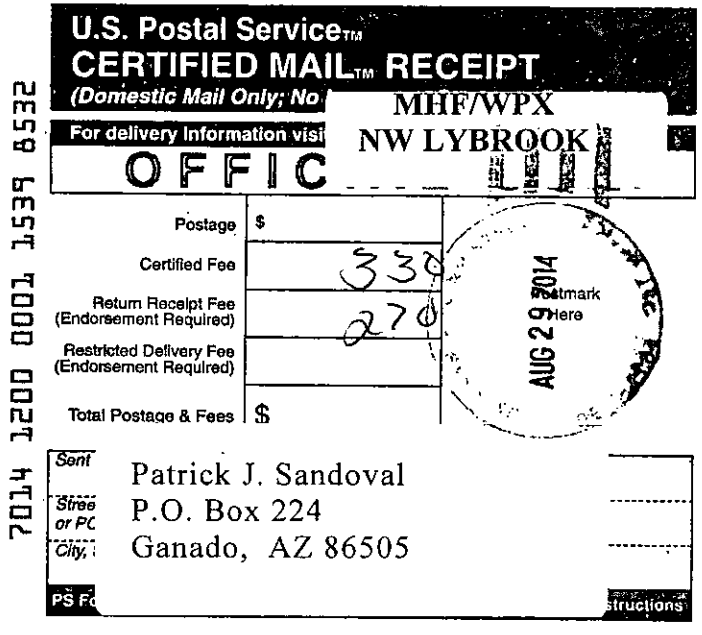
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8525

PS Form 3811, July 2013 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information visi
OFFIC
MHF/WPX
NW LYBROOK
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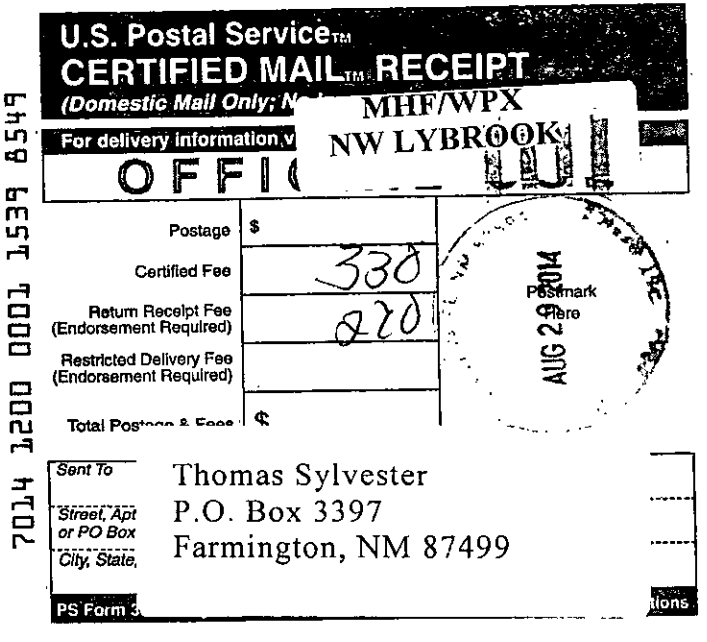
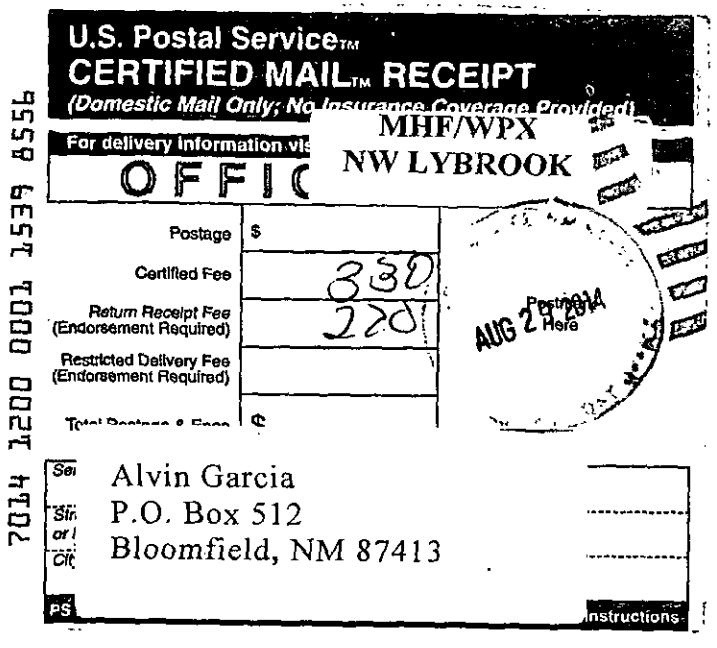
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
AUG 29 2014
Postmark Here
7014 1200 0001 1539 8532
Sent
Stree
or PC
City,
Patrick J. Sandoval
P.O. Box 224
Ganado, AZ 86505
PS Fo
structions



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N
For delivery information v
OFFI(
MHF/WPX
NW LYBROOK
LUL
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
AUG 29 2014
Postmark Here
7014 1200 0001 1539 8549
Sent To
Street, Apt or PO Box
City, State,
Thomas Sylvester
P.O. Box 3397
Farmington, NM 87499
PS Form 3
ions



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

For delivery information vis

OFFIC

MHF/WPX
NW LYBROOK

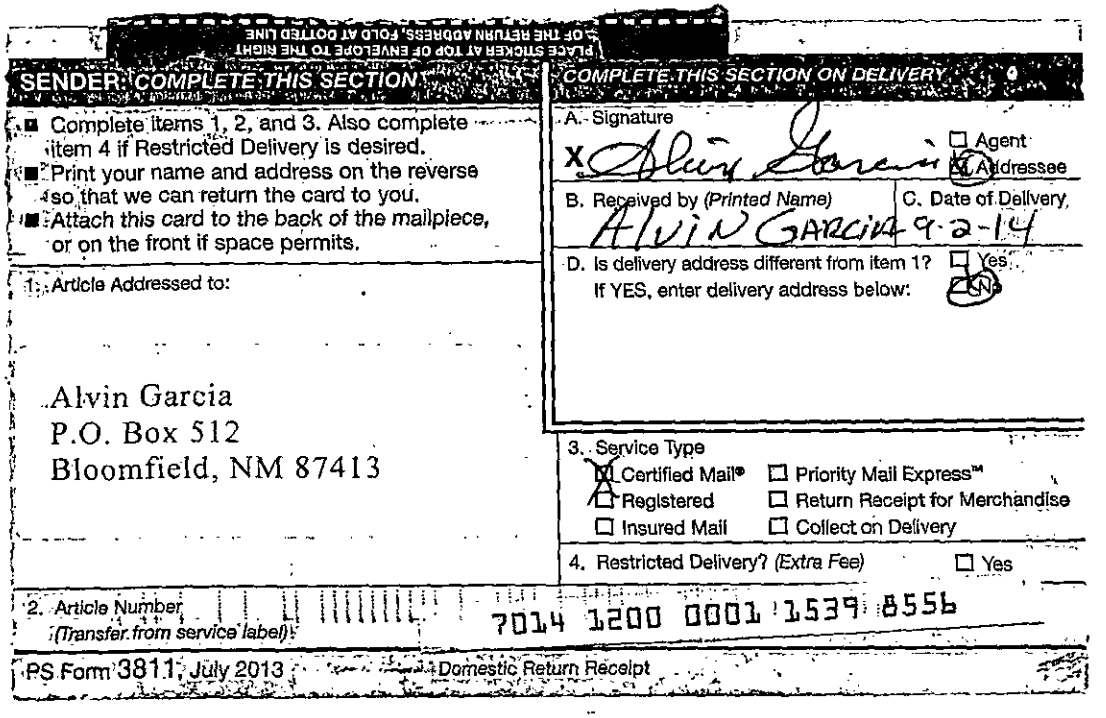
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 1.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees ¢

AUG 2 Postmark Here 2014

Sent To Alvin Garcia
Street, Apt. or PO Box P.O. Box 512
City, State Bloomfield, NM 87413

PS Form Instructions

7014 1200 0001 1539 8556



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:

Alvin Garcia
P.O. Box 512
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alvin Garcia ☐ Agent ☒ Addressee

B. Received by (Printed Name) Alvin Garcia C. Date of Delivery 9-2-14

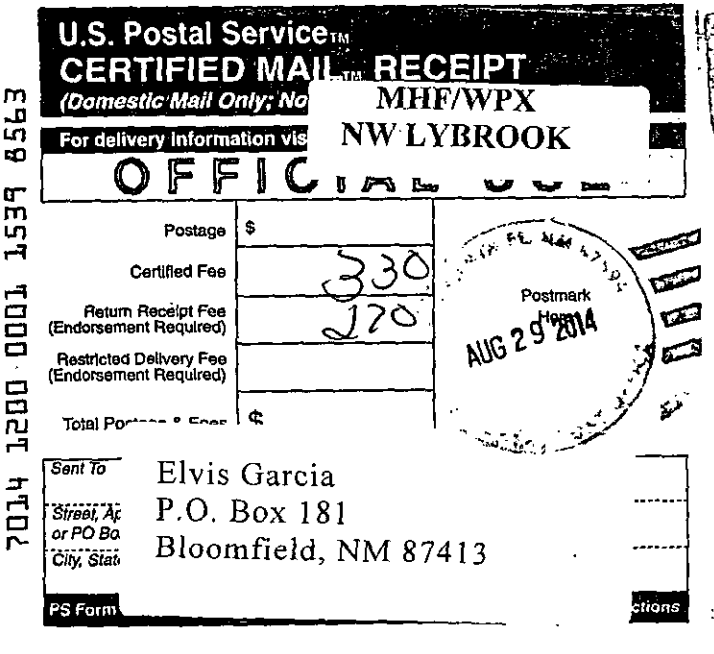
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8556

PS Form 3811, July 2013 Domestic Return Receipt



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

For delivery information vis

OFFIC

MHF/WPX
NW LYBROOK

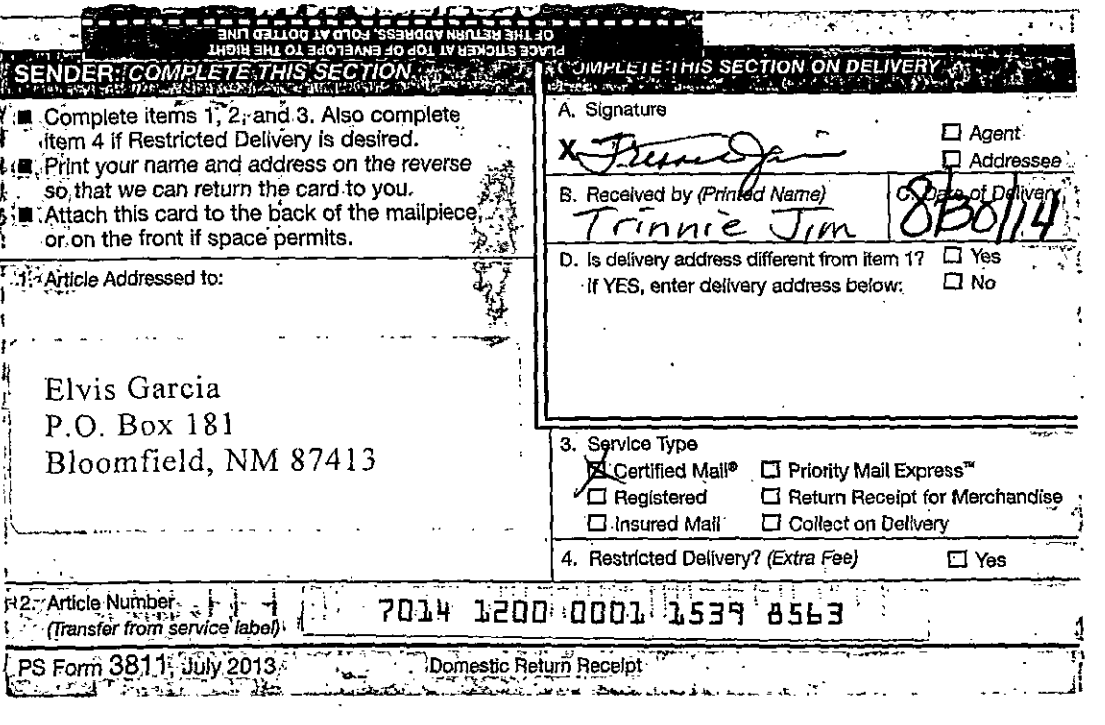
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 1.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees ¢

Postmark Here AUG 29 2014

Sent To Elvis Garcia
Street, Apt. or PO Box P.O. Box 181
City, State Bloomfield, NM 87413

PS Form ctions

7014 1200 0001 1539 8563



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:

Elvis Garcia
P.O. Box 181
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Trinnie Jim C. Date of Delivery 8/30/14

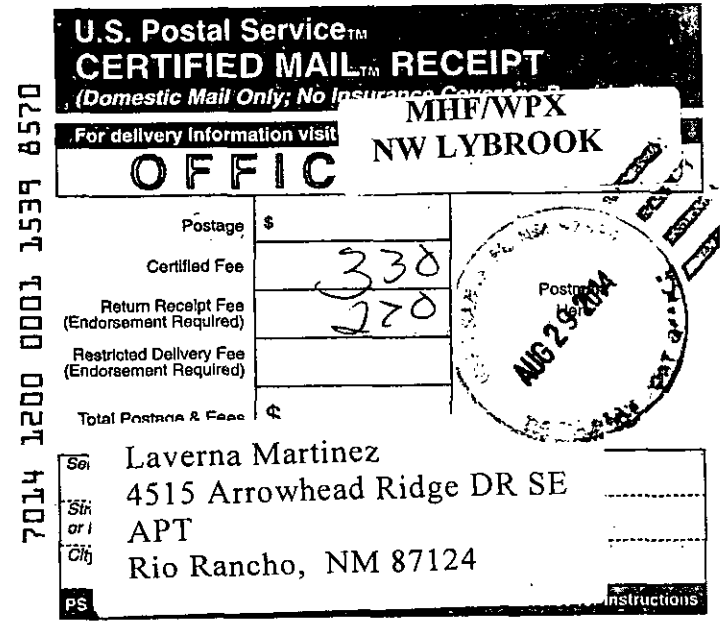
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8563

PS Form 3811, July 2013 Domestic Return Receipt



U.S. Postal Service™
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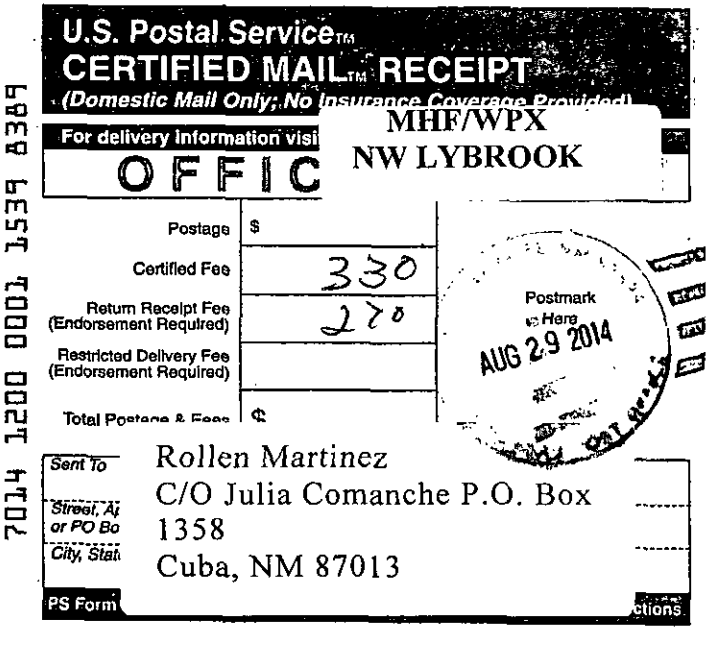
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees ¢
Postmark Here AUG 29 2014
Sent To Laverna Martinez
Street, Apt. or PO Box 4515 Arrowhead Ridge DR SE APT
City, State Rio Rancho, NM 87124
PS Form ... Instructions
7014 1200 0001 1539 8570



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NW LYBROOK
Postage $
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Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees ¢
Postmark Here AUG 29 2014
Sent To Rollen Martinez
Street, Ap or PO Bo C/O Julia Comanche P.O. Box 1358
City, Stat Cuba, NM 87013
PS Form ... ctions
7014 1200 0001 1539 8387

Return

7014 1200 0001 1539 8396

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

MHF/WPX
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For delivery information visit

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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014

Sent To: Eddie Garcia JR.
Street, Apt. No., or PO Box: P.O. Box 1424
City, State, ZIP+4: Bloomfield, NM 87413

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:

Eddie Garcia JR.
P.O. Box 1424
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name): EDDIE GARCIA JR. C. Date of Delivery: 9-2-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8396

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8402

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OFFIC

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total	$

Postmark Here
AUG 29 2014

Sent To: Phoebe Anderson
Street, Apt. No., or PO Box: P.O. Box 1782
City, State, ZIP+4: Bloomfield, NM 87413

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:

Phoebe Anderson
P.O. Box 1782
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Phoebe Anderson ☐ Agent ☐ Addressee

B. Received by (Printed Name): Phoebe Anderson 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8402

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8419

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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NW LYBROOK

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014

Sent To
Street, ... or PO ...
City, St...

Kee Vigil
County RD 5109 #8
Bloomfield, NM 87413

PS Form ... uctions

7014 1200 0001 1539 8426

U.S. Postal Service™
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(Domestic Mail Only; No...

For delivery information vis...
OFFIC...

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent ...
Street ... or PO ...
City, ...

Nasban Sam
P.O. Box 212
Counselor, NM 87018

PS Fo... tructions

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

SENDER: 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:

Kee Vigil
County RD 5109 #8
Bloomfield, NM 87413

A. Signature
x Kee Vigil ☐ Agent ☒ Addressee

B. Received by (Printed Name) Kee Vigil Jr
C. Date of Delivery 9/9/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8419

PS Form 3811, July 2013 Domestic Return Receipt

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:

Nasban Sam
P.O. Box 212
Counselor, NM 87018

A. Signature
x ... ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ted Martinez
C. Date of Delivery 8-30-14

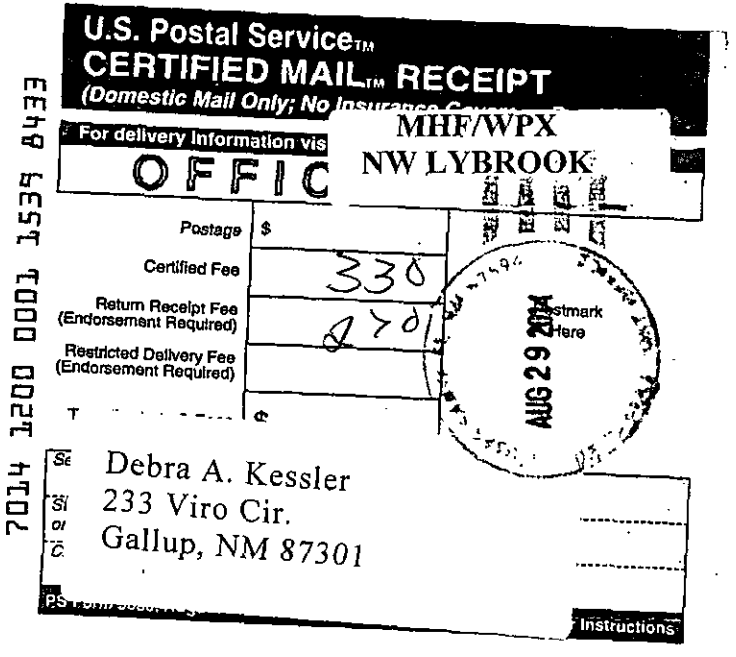
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8426

PS Form 3811, July 2013 Domestic Return Receipt



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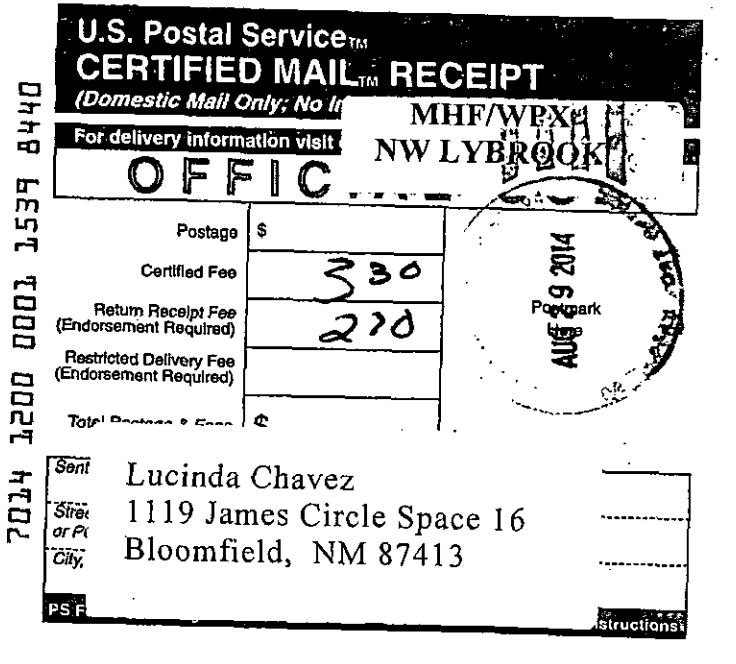
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
AUG 29 2014

Sent To Debra A. Kessler
Street, Apt. No., or PO Box No. 233 Viro Cir.
City, State, ZIP+4® Gallup, NM 87301

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8433



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

Postmark
AUG 29 2014

Sent To Lucinda Chavez
Street, Apt. No., or PO Box No. 1119 James Circle Space 16
City, State, ZIP+4® Bloomfield, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8440

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:

Debra A. Kessler
233 Viro Cir.
Gallup, NM 87301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/30/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8433

PS Form 3811, July 2013 Domestic Return Receipt

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:

Lucinda Chavez
1119 James Circle Space 16
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Lucinda Chavez C. Date of Delivery 9-3-14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8440

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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014
USPS

Sent To: Darrell Chavez
Street, Apt. No., or PO Box No.: 525 N. 1st ST TRLR 36
City, State, ZIP+4®: Bloomfield, NM 87413

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8891

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:

Darrell Chavez
525 N. 1st ST TRLR 36
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Darrell Chavez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Darrell Chavez C. Date of Delivery 8/30/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8891

PS Form 3811, July 2013 Domestic Return Receipt

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NW LYBROOK
OFFICIAL

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE, NM 87504
AUG 29 2014
Postmark Here

Sent To: Henderson Chavez
Street, Apt. No., or PO Box No.: P.O. Box 17
City, State, ZIP+4®: Nageezi, NM 87037

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8907

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:

Henderson Chavez
P.O. Box 17
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Matilda Henry C. Date of Delivery 9/3/14

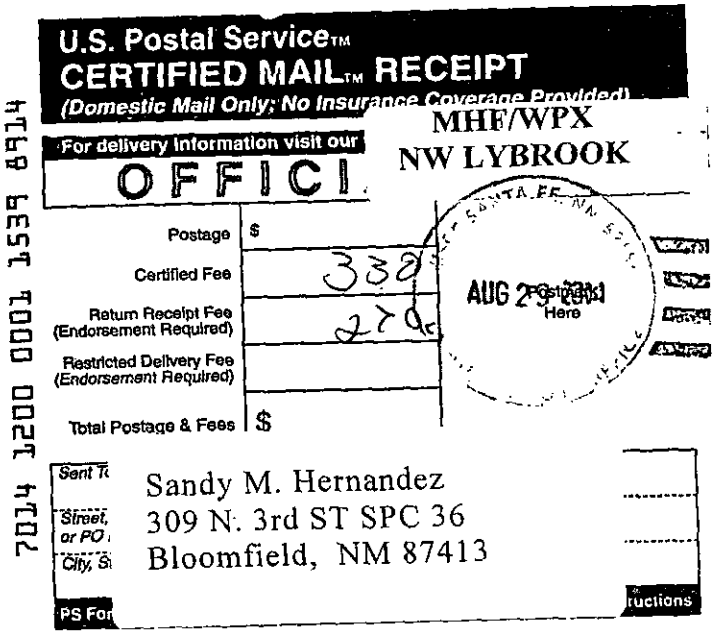
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☒ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8907

PS Form 3811, July 2013 Domestic Return Receipt



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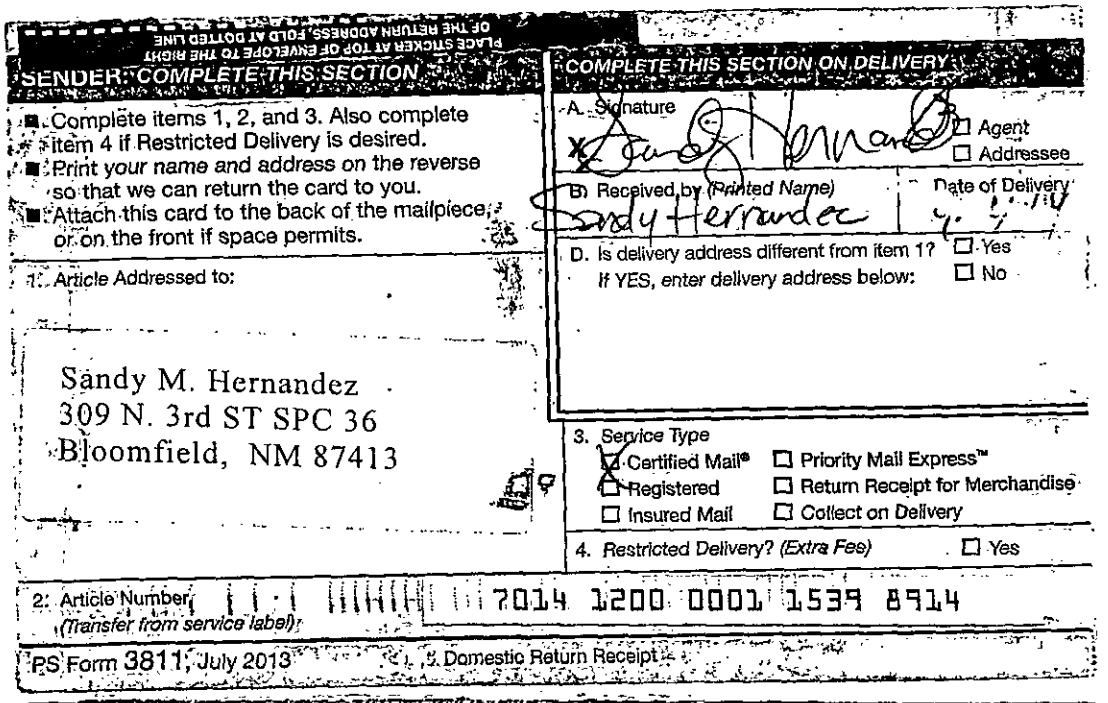
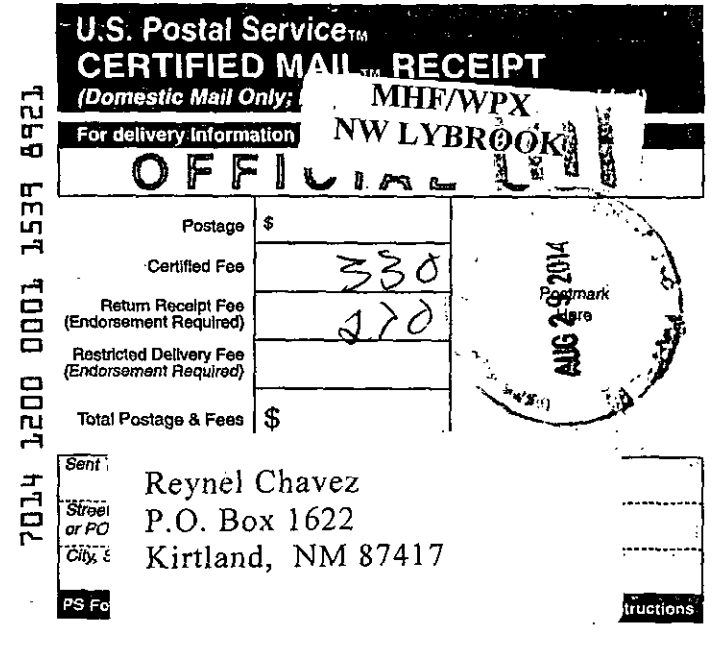
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
AUG 2 2014
Postmark Here
Sent To
Street, Apt. No., or PO Box
City, State, ZIP+4
Sandy M. Hernandez
309 N. 3rd ST SPC 36
Bloomfield, NM 87413
PS Form 3800, August 2006 See Reverse for Instructions
7014 1200 0001 1539 8914



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:
Sandy M. Hernandez
309 N. 3rd ST SPC 36
Bloomfield, NM 87413
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Sandy Hernandez
☐ Agent
☐ Addressee
B. Received by (Printed Name) Sandy Hernandez
C. Date of Delivery 8-7-14
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 1200 0001 1539 8914
PS Form 3811, July 2013 Domestic Return Receipt



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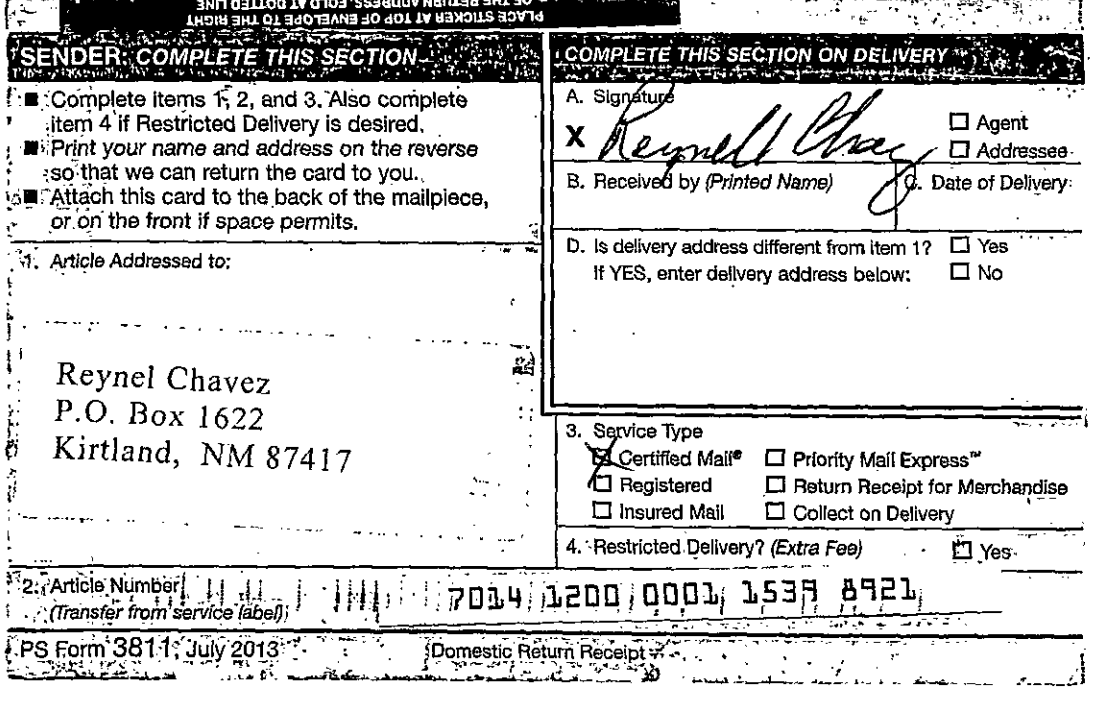
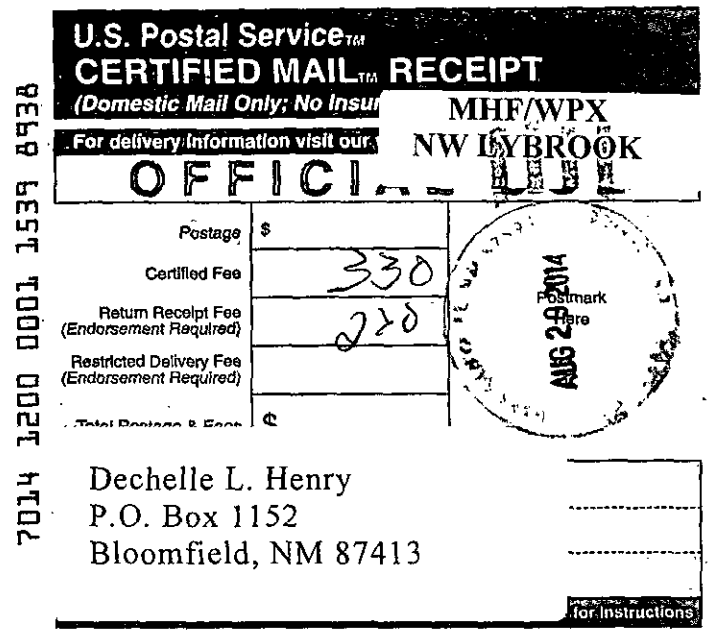
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
AUG 2 2014
Postmark Here
Sent To
Street, Apt. No., or PO Box
City, State, ZIP+4
Reynel Chavez
P.O. Box 1622
Kirtland, NM 87417
PS Form 3800, August 2006 See Reverse for Instructions
7014 1200 0001 1539 8921



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:
Reynel Chavez
P.O. Box 1622
Kirtland, NM 87417
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Reynel Chavez
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery 8-7-14
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 1200 0001 1539 8921
PS Form 3811, July 2013 Domestic Return Receipt



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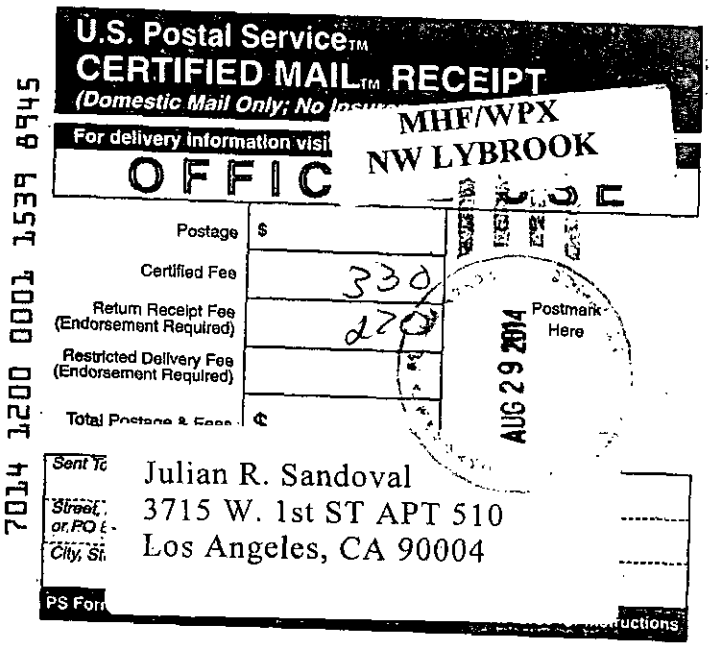
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Postmark Here
AUG 29 2014
7014 1200 0001 1539 8938
Dechelle L. Henry
P.O. Box 1152
Bloomfield, NM 87413
for Instructions



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For delivery information visi
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Postmark Here
AUG 29 2014
7014 1200 0001 1539 8945
Sent To Julian R. Sandoval
Street, or PO B 3715 W. 1st ST APT 510
City, St Los Angeles, CA 90004
PS Form
structions

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:

Dechelle L. Henry
P.O. Box 1152
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kilroy Henry ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kilroy Henry C. Date of Delivery 8/30/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8938

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8952

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MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To: Cheryl Lynn Rarrick
Street, Apt. No., or PO Box No.: 28 RD 3142
City, State, ZIP+4®: Aztec, NM 87410

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8969

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MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To: Gerald A. Dietrich JR
Street, Apt. No., or PO Box No.: 986 N. Stolle Way
City, State, ZIP+4®: Meridian, ID 83642

PS Form ... — ...structions

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:

Cheryl Lynn Rarrick
28 RD 3142
Aztec, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Richard D Rarick C. Date of Delivery 9/2/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8952

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8976

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

MHF/WPX
NW LYBROOK

For delivery information visit

OFFIC

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Tot	$

Postmark Here
AUG 29 2014

Se
St
or
Cit

April J. Brown
3903 Wellington ST
Farmington, NM 87402

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8983

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

MHF/WPX
NW LYBROOK

For delivery information vis

OFFIC

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total P	$

Postmark Here
AUG 2014

Sent To
Street, or PO I
City, St

Marc K. Sandoval
950 Woodland AVE SPC 118
Ojai, CA 93023

PS For — ructions

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:

Marc K. Sandoval
950 Woodland AVE SPC 118
Ojai, CA 93023

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X GERARDO BALTAZAR — ☐ Agent ☐ Addressee

B. Received by (Printed Name) GERARDO BALTAZAR — 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8983

PS Form 3811, July 2013 — Domestic Return Receipt

7014 1200 0001 1539 8990

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MHF/WPX
NW LYBROOK

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total F	$

Postmark Here
AUG 2 9 2014

Sent To: Johnny R. Ignacio
Street, or PO E: 2111 Broadway BLVD NE
City, St: Albuquerque, NM 87102

PS Form ... uctions

7014 1200 0001 1539 8730

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

For delivery information v

OFFI(

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To: Theresa A. Morgan
Street, or PO E: P.O. Box 864
City, St: Crownpoint, NM 87313

PS Form ... uctions

Return

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

For delivery information

MHF/WPX
NW LYBROOK

OFFI

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

Postmark Here
AUG 29 2014

Sent To: Vincent D. Sylvester
Street, Apt. or PO Box: P.O. Box 1654
City, State: Bloomfield, NM 87413

PS Form ... Instructions

7014 1200 0001 1539 8747

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:

Vincent D. Sylvester
P.O. Box 1654
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharon A. Yazzie ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sharon A. Yazzie | C. Date of Delivery 8/30/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8747

PS Form 3811, July 2013 Domestic Return Receipt

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OFFIC

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

Postmark Here
AUG 29 2014

Sent To: Vinston D. Sylvester
Street, Apt. or PO Box: 1309 Griffin Ave APT 10
City, State: Farmington, NM 87401

PS Form ... tions

7014 1200 0001 1539 8754

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:

Vinston D. Sylvester
1309 Griffin Ave APT 10
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Juanita Sy ☐ Agent ☑ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8/30/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8754

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8761

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark Here
AUG 29 2014

Sent To: Adrian M. Chavez
Street, Apt. No., or PO Box No.: 1119 James Circle SP 16
City, State, ZIP+4®: 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:

Adrian M. Chavez
1119 James Circle SP 16
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name): Jacinta Chavez
C. Date of Delivery: 9-3-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8761

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8778

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NW LYBROOK

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

Postmark
AUG 29 2014

Sent To: Terry L. Lewis
Street, Apt. No., or PO Box No.: P.O. Box 318
City, State, ZIP+4®: Fort Defiance, AZ 86504

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Terry L. Lewis
P.O. Box 318
Fort Defiance, AZ 86504

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Terry Lewis
C. Date of Delivery: SEP 3 2014

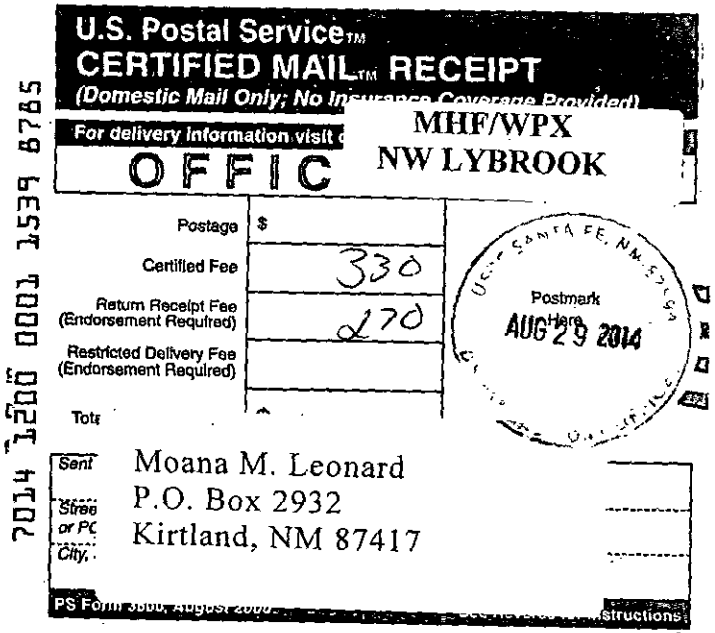
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8778

PS Form 3811, July 2013 Domestic Return Receipt



U.S. Postal Service™
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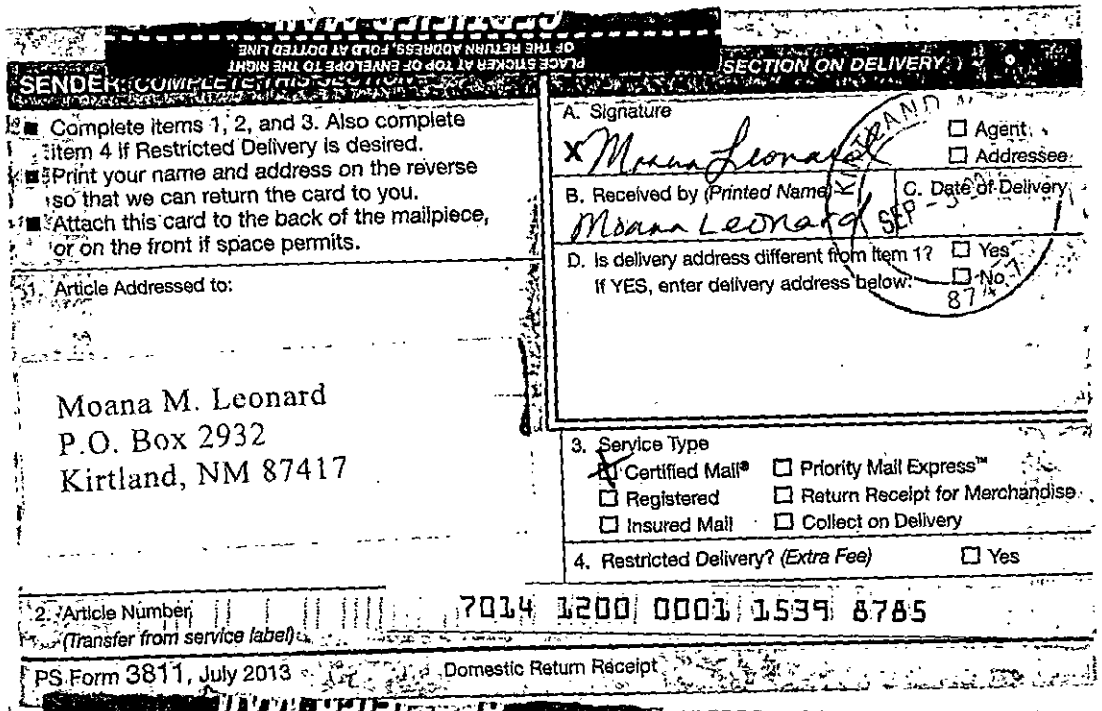
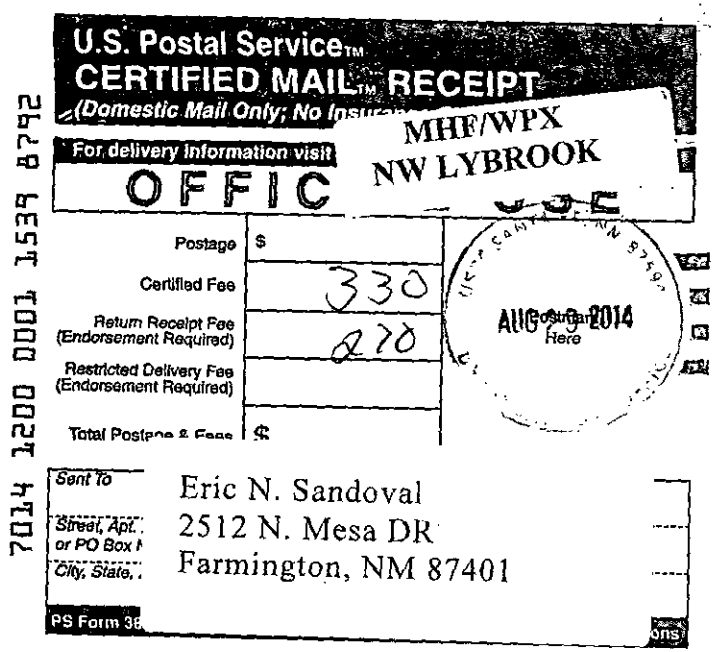
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total
Postmark Here AUG 29 2014
Sent To Moana M. Leonard
Street or PO P.O. Box 2932
City, Kirtland, NM 87417
PS Form 3800, August 2006 Instructions
7014 1200 0001 1539 8785



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:
Moana M. Leonard
P.O. Box 2932
Kirtland, NM 87417
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Moana Leonard ☐ Agent ☐ Addressee
B. Received by (Printed Name) Moana Leonard C. Date of Delivery SEP 5
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 1200 0001 1539 8785
PS Form 3811, July 2013 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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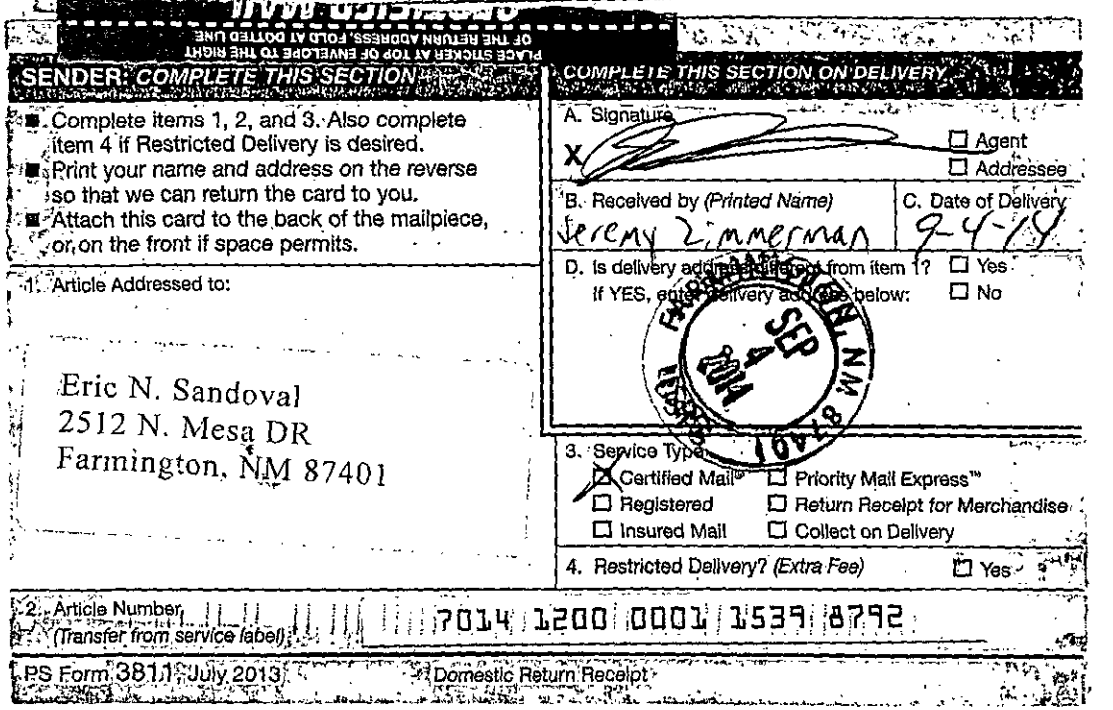
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here AUG 29 2014
Sent To Eric N. Sandoval
Street, Apt. or PO Box 2512 N. Mesa DR
City, State, Farmington, NM 87401
PS Form 38 Instructions
7014 1200 0001 1539 8792



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:
Eric N. Sandoval
2512 N. Mesa DR
Farmington, NM 87401
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X ☐ Agent ☐ Addressee
B. Received by (Printed Name) Jeremy Zimmerman C. Date of Delivery 9-4-14
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 1200 0001 1539 8792
PS Form 3811, July 2013 Domestic Return Receipt

Return

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NW LYBROOK

For delivery info... OFFICIAL USE

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total P...	

SANTA FE, NM 87501
AUG 29 2014
Here

Sent To: Michelle L. Sandoval
Street, ... or PO B...: 1226 Prairie Ave
City, Sta...: Lawrence, KS 66044

PS Form ... ...ictions

7014 1200 0001 1539 9003

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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MHF/WPX
NW LYBROOK

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OFFICI...

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

SANTA FE, NM 87501
Postmark Here
AUG 29 2014

Sent ...: Melissa M. Thomas
Street ... or PO ...: 2403 N. Gonzales ST
City, ...: Las Vegas, NM 87701

PS Fo... ...structions

7014 1200 0001 1539 8815

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:

Melissa M. Thomas
2403 N. Gonzales ST
Las Vegas, NM 87701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Melissa Thomas ☐ Agent ☑ Addressee

B. Received by (Printed Name): Melissa Thomas
C. Date of Delivery: 09-08-14

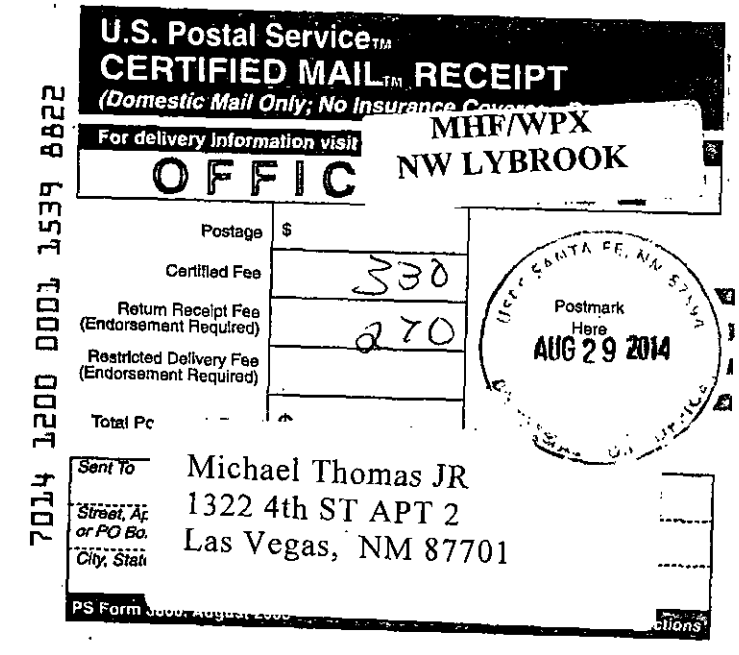
D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No
PO Box 146
Anton Chico NM 87711

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8815

PS Form 3811, July 2013 Domestic Return Receipt



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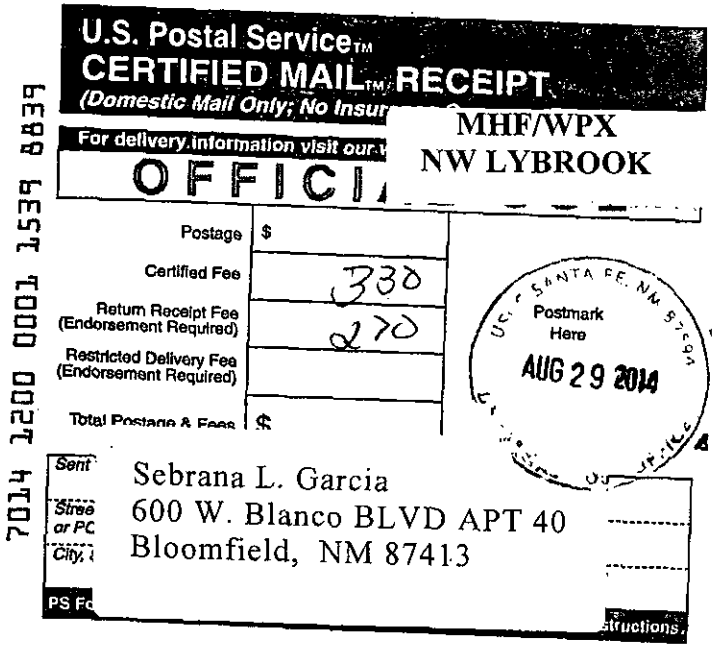
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
AUG 29 2014

Sent To Michael Thomas JR
Street, Apt. No., or PO Box No. 1322 4th ST APT 2
City, State, ZIP+4® Las Vegas, NM 87701

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8822



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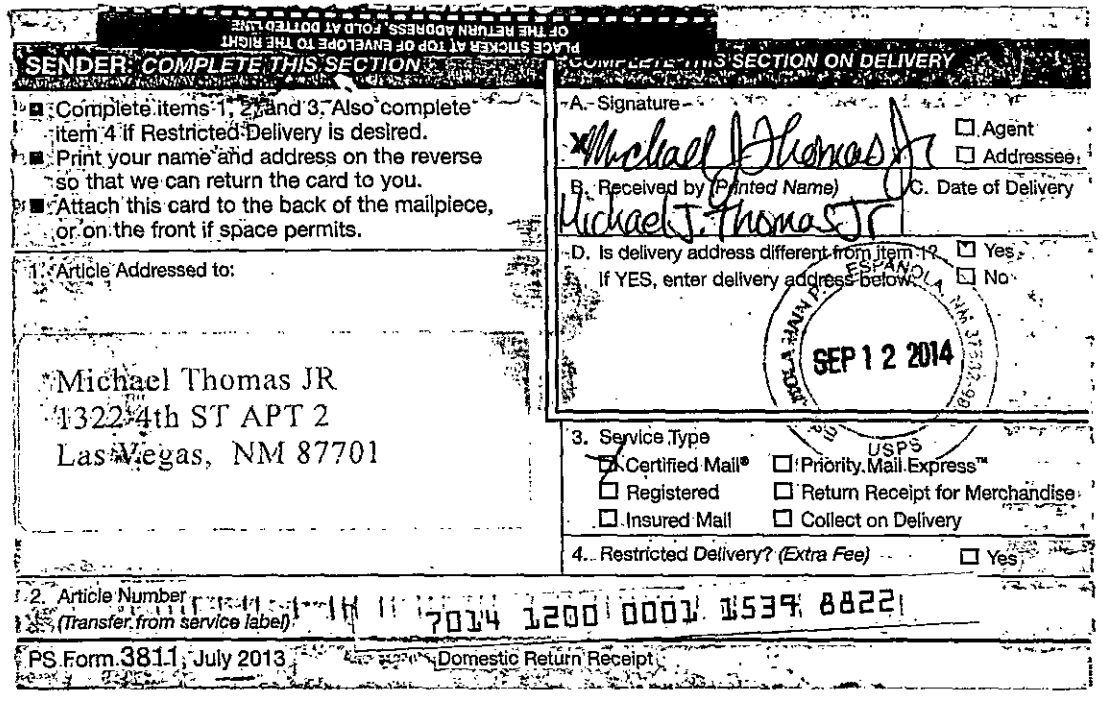
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
AUG 29 2014

Sent To Sebrana L. Garcia
Street, Apt. No., or PO Box No. 600 W. Blanco BLVD APT 40
City, State, ZIP+4® Bloomfield, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8839



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:

Michael Thomas JR
1322 4th ST APT 2
Las Vegas, NM 87701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Michael J. Thomas JR
☐ Agent
☐ Addressee

B. Received by (Printed Name) Michael J. Thomas JR
C. Date of Delivery

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

SEP 12 2014

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8822

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
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MHF/WPX
NW LYBROOK

For delivery information visit
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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014

Sent To
Street, /
or PO B
City, Sta

Carol L. Ohse
4640 Oak Hill RD
Stockport, OH 43787

PS Form

7014 1200 0001 1539 8846

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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NW LYBROOK

For delivery information
OFFI

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total F	

Postmark Here
AUG 29 2014

Sent To
Street, /
or PO B
City, Sta

John L. Pierson
72 Caldwell DR
Looneyville, WV 25259

PS Form 3800, August 2006

7014 1200 0001 1539 8853

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:

Carol L. Ohse
4640 Oak Hill RD
Stockport, OH 43787

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol Ohse ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carol Ohse
C. Date of Delivery 9-6-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8846

PS Form 3811, July 2013 Domestic Return Receipt

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:

John L. Pierson
72 Caldwell DR
Looneyville, WV 25259

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wanda Chapman ☒ Agent ☐ Addressee

B. Received by (Printed Name) Wanda Chapman
C. Date of Delivery 9-1-2014

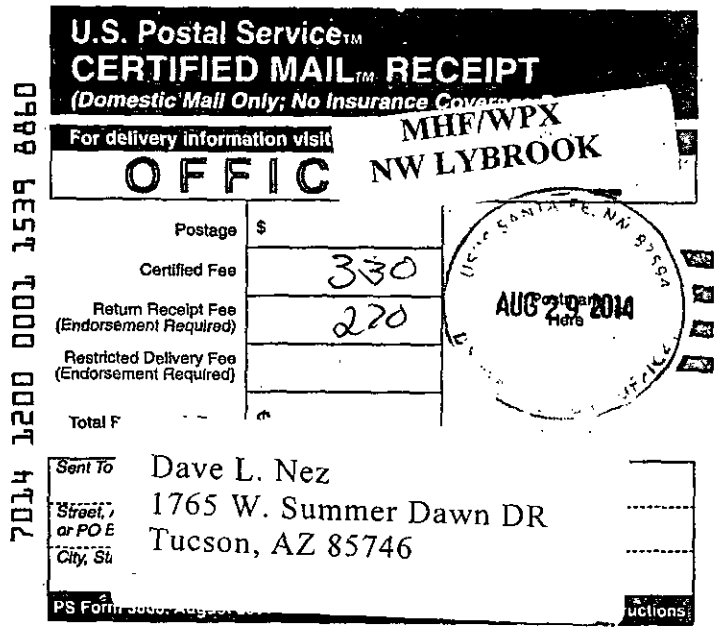
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☑ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8853

PS Form 3811, July 2013 Domestic Return Receipt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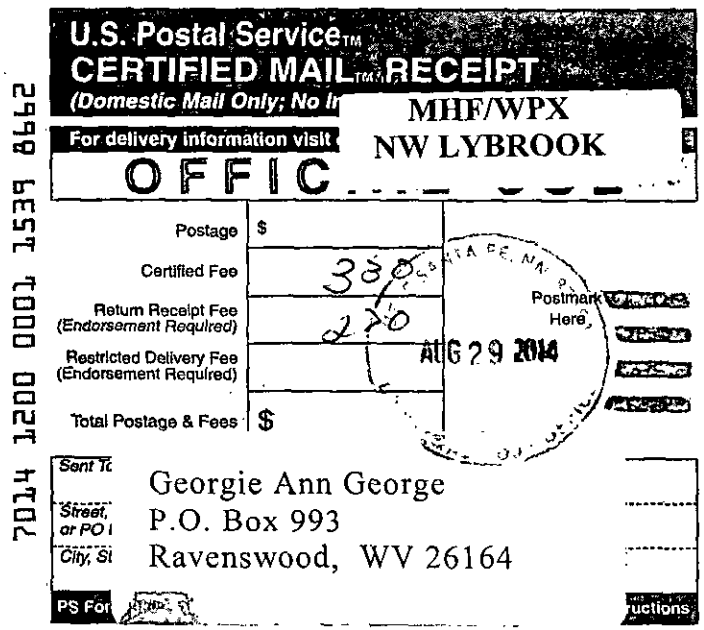
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total F
AUG 29 2014
Postmark Here
Sent To Dave L. Nez
Street, or PO E 1765 W. Summer Dawn DR
City, St Tucson, AZ 85746
7014 1200 0001 1539 8860


U.S. Postal Service™
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For delivery information visit
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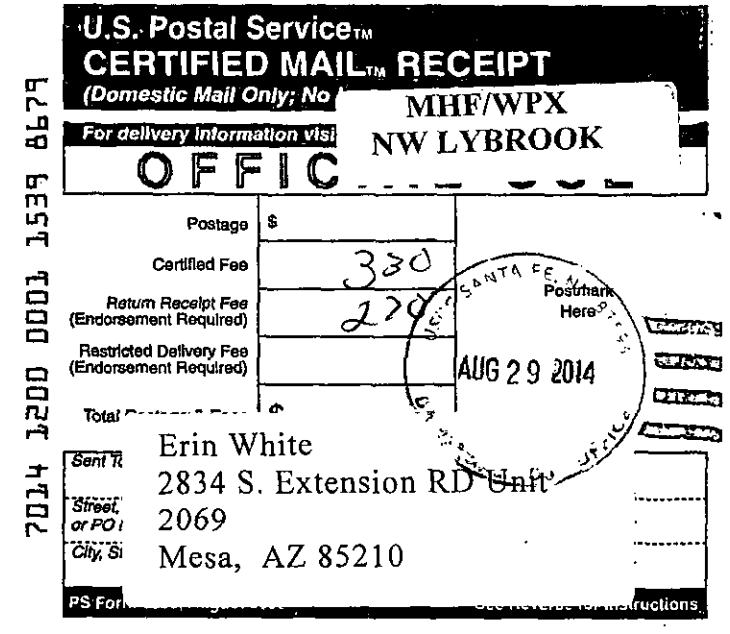
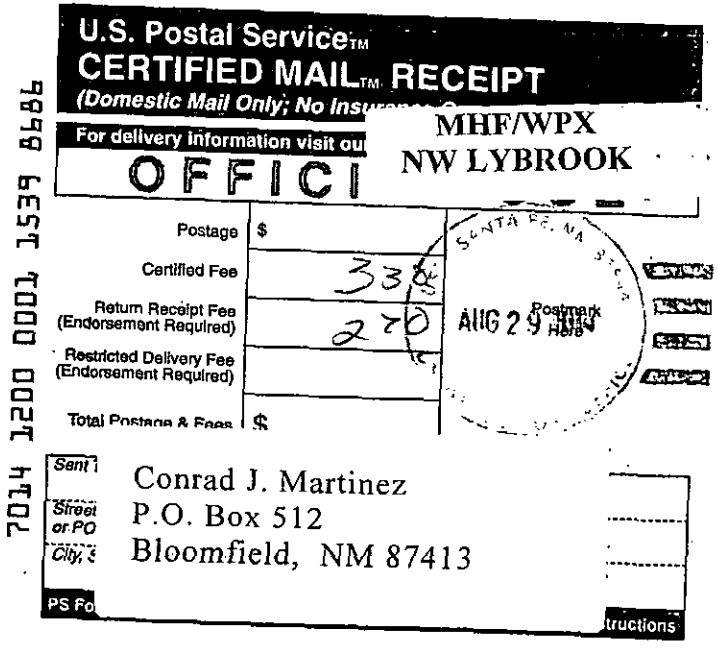
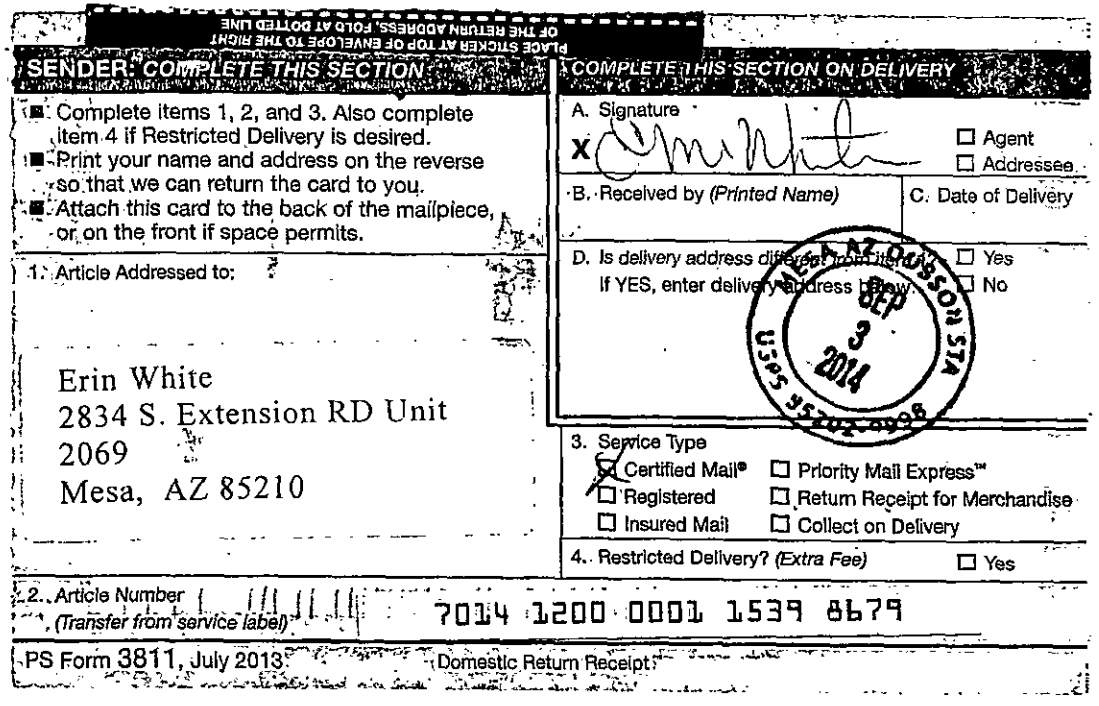
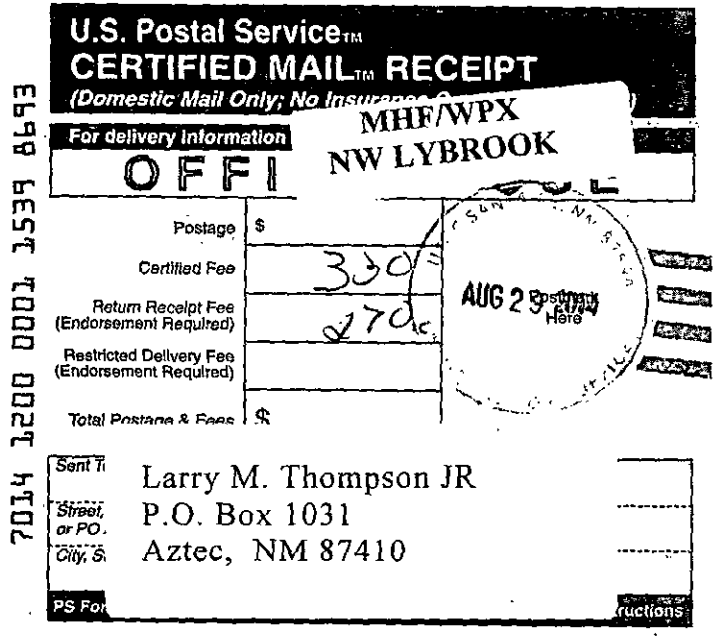
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
AUG 29 2014
Postmark Here
Sent To Georgie Ann George
Street, or PO I P.O. Box 993
City, St Ravenswood, WV 26164
7014 1200 0001 1539 8862

Return


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information visi
OFFIC
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total
Postmark Here
AUG 29 2014
Erin White
2834 S. Extension RD Unit
2069
Mesa, AZ 85210
7014 1200 0001 1539 8679


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insu
For delivery information visit ou
OFFICI
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29
Conrad J. Martinez
P.O. Box 512
Bloomfield, NM 87413
7014 1200 0001 1539 8686


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.
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
1. Article Addressed to:
Erin White
2834 S. Extension RD Unit
2069
Mesa, AZ 85210
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7014 1200 0001 1539 8679
PS Form 3811, July 2013 Domestic Return Receipt



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

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

MHF/WPX
NW LYBROOK

OFFICIAL

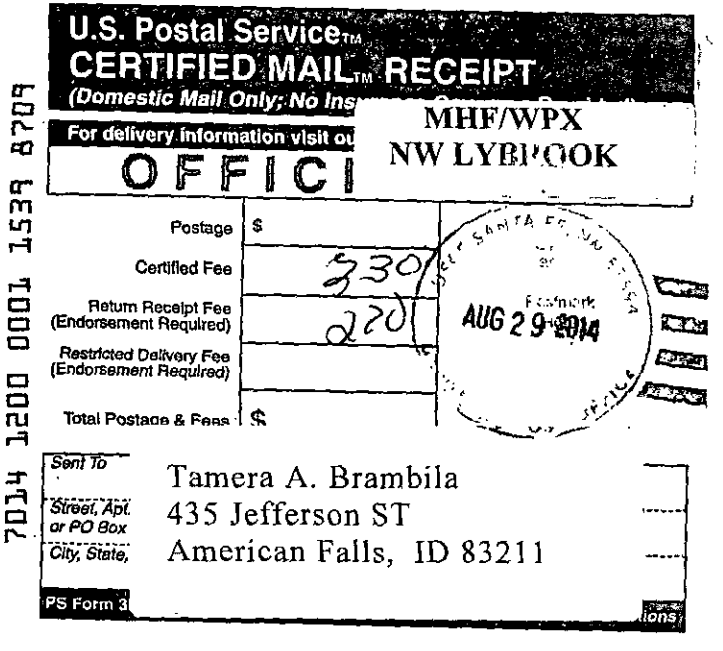
Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

AUG 29 2014 Postmark Here

Sent To
Larry M. Thompson JR
Street, Apt. No., or PO Box
P.O. Box 1031
City, State, ZIP+4
Aztec, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8693



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NW LYBROOK

OFFICIAL

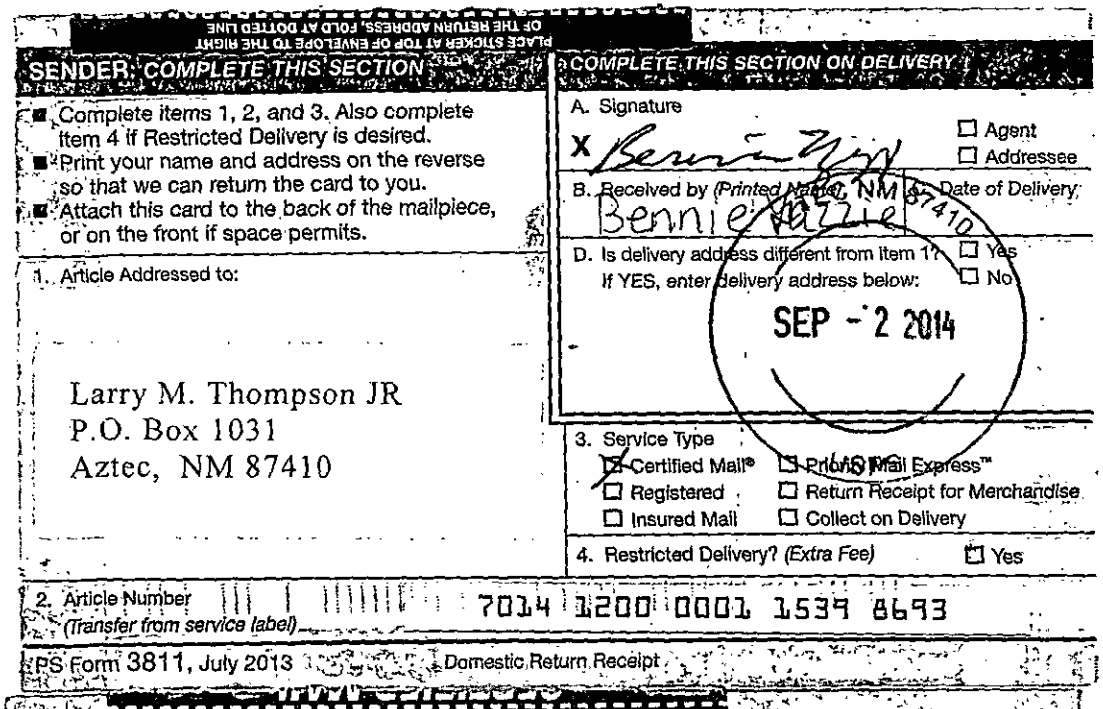
Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

AUG 29 2014 Postmark Here

Sent To
Tamera A. Brambila
Street, Apt. No., or PO Box
435 Jefferson ST
City, State, ZIP+4
American Falls, ID 83211

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8709



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:

Larry M. Thompson JR
P.O. Box 1031
Aztec, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bennie Mazzie ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bennie Mazzie C. Date of Delivery NM 87410

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

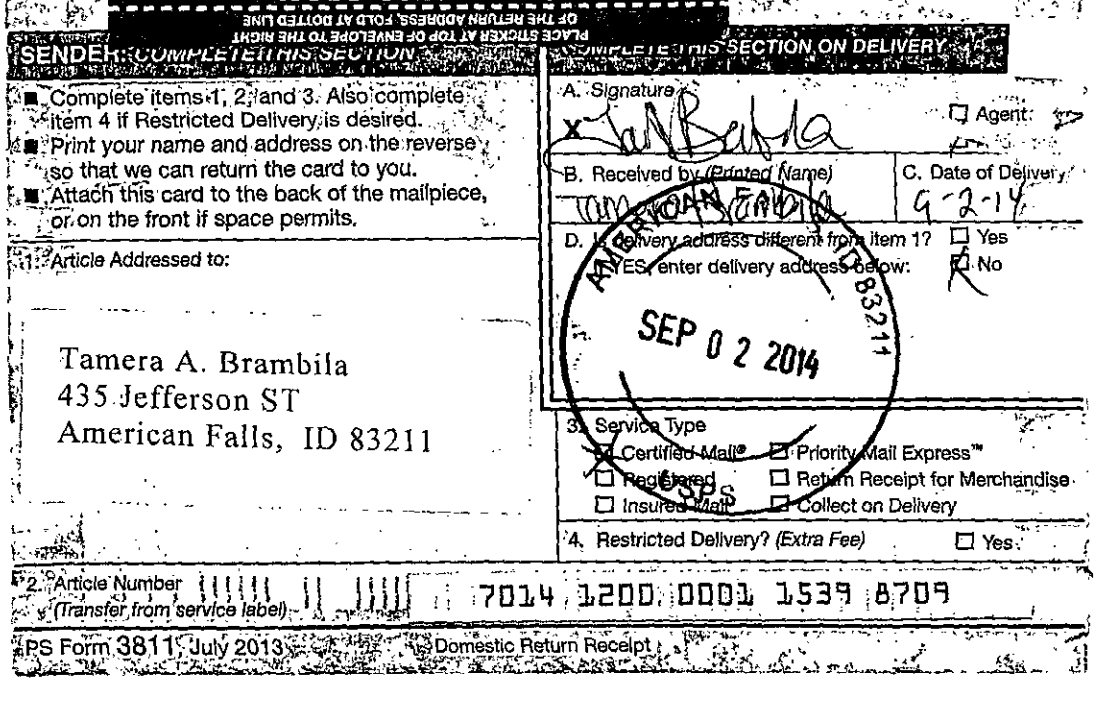
SEP - 2 2014

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8693

PS Form 3811, July 2013 Domestic Return Receipt



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:

Tamera A. Brambila
435 Jefferson ST
American Falls, ID 83211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tamera Brambila ☐ Agent

B. Received by (Printed Name) C. Date of Delivery
9-2-14

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

AMERICAN FALLS ID 83211
SEP 02 2014

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8709

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/WPX
NW LYBROOK

For delivery information vis

OFFIC

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark Here
SANTA FE, NM 87508
AUG 29 2014

Sent To
Conrad C. Martinez
Street, Apt. No., or PO Box
30117 Hwy 160 TRLR 11
City, State, ZIP+4
Durango, CO 81301

PS Form

See Reverse for Instructions

7006 2760 0001 6376 7279

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

MHF/WPX
NW LYBROOK

For delivery information vis

OFFIC

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark
SANTA FE, NM 87508
AUG 29 2014

Sent To
Jerad I. Laughlin
Street, Apt. No., or PO Box
P.O. Box 963
City, State, ZIP+4
Fort Defiance, AZ 86504

PS Form

See Reverse for Instructions

7006 2760 0001 6376 7286

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:

Conrad C. Martinez
30117 Hwy 160 TRLR 11
Durango, CO 81301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Conrad C Martinez ☐ Agent ☑ Addressee

B. Received by (Printed Name) Conrad C Martinez C. Date of Delivery 9/2/14

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

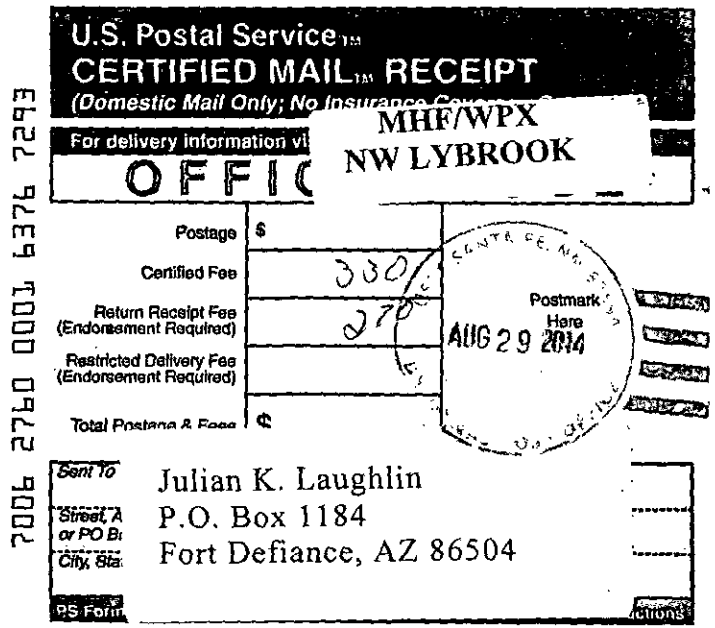
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7279

PS Form 3811, July 2013 Domestic Return Receipt

Return



U.S. Postal Service™
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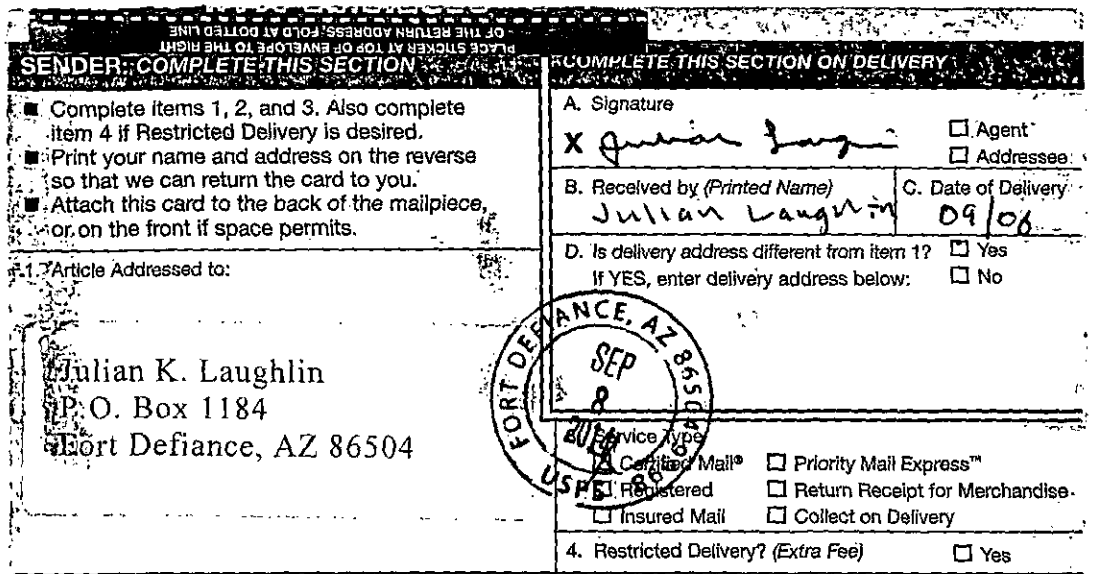
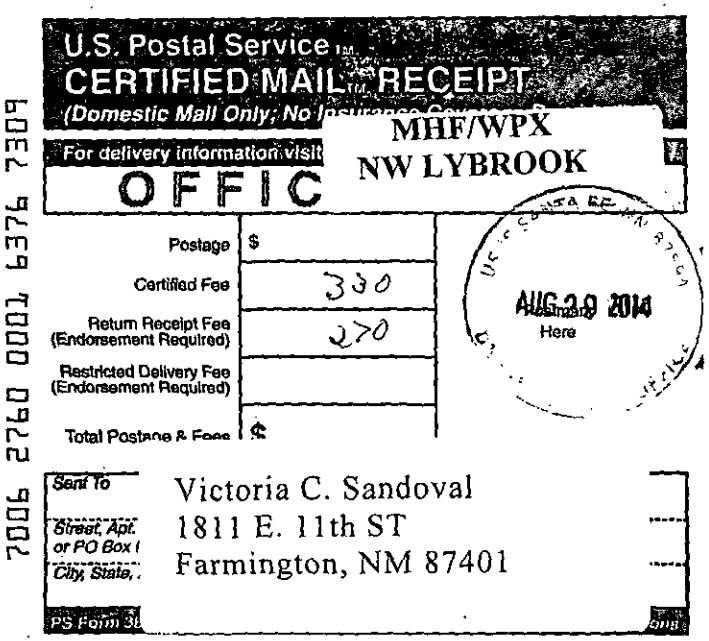
OFFICIAL USE
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
Sent To
Julian K. Laughlin
Street, Apt. No., or PO Box No. P.O. Box 1184
City, State, ZIP+4 Fort Defiance, AZ 86504
PS Form 3800, August 2006 See Reverse for Instructions
7006 2760 0001 6376 7293



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 K. Laughlin
P.O. Box 1184
Fort Defiance, AZ 86504

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Julian Laughlin ☐ Agent ☐ Addressee
B. Received by (Printed Name) Julian Laughlin C. Date of Delivery 09/06
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
FORT DEFIANCE, AZ 86504 SEP 8 2014 USPS
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6376 7293
PS Form 3811, July 2013 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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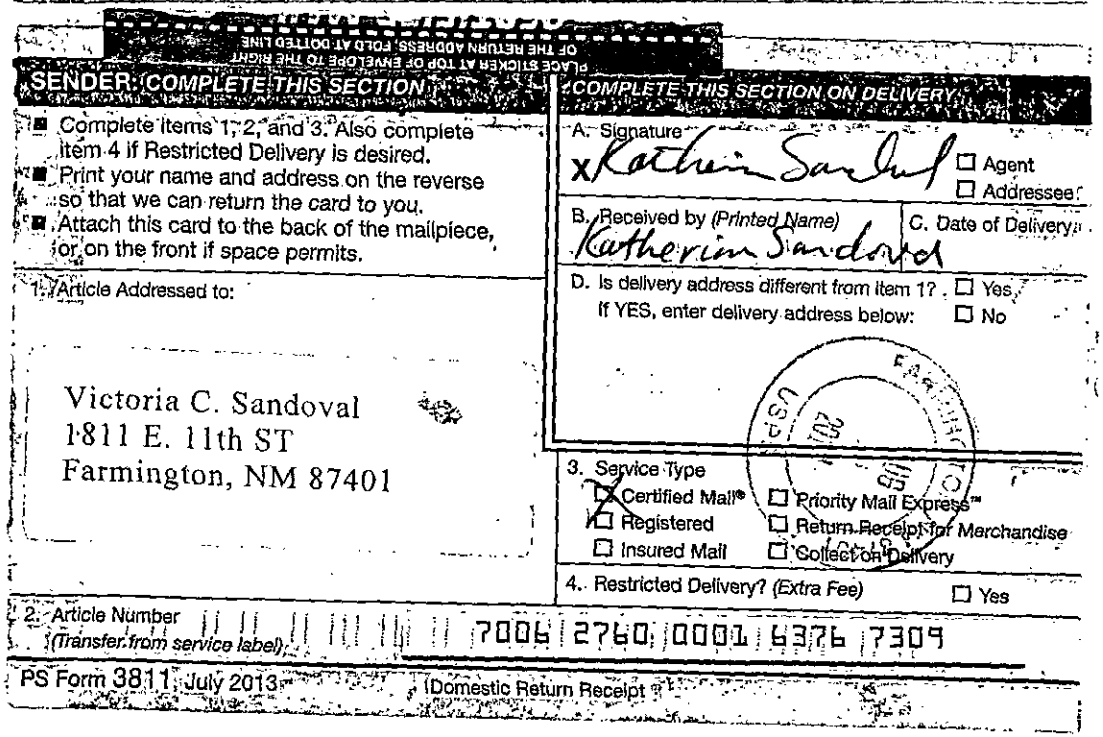
OFFICIAL USE
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
Sent To
Victoria C. Sandoval
Street, Apt. No., or PO Box No. 1811 E. 11th ST
City, State, ZIP+4 Farmington, NM 87401
PS Form 3800, August 2006 See Reverse for Instructions
7006 2760 0001 6376 7309



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 C. Sandoval
1811 E. 11th ST
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Katherin Sandoval ☐ Agent ☐ Addressee
B. Received by (Printed Name) Katherin Sandoval C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
FARMINGTON, NM 87401 SEP 2014 USPS
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6376 7309
PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information vis
OFFIC

MHF/WPX
NW LYBROOK

Postage	$
Certified Fee	3 00
Return Receipt Fee (Endorsement Required)	2 70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014

Sent To
Street, /
or PO B
City, Sta

Katherine A. Sandoval
2808 Parque De Oeste Dr Apt 4
Farmington, NM 87401

PS Form

7006 2760 0001 6376 7316

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information vis
OFFIC

MHF/WPX
NW LYBROOK

Postage	$
Certified Fee	3 00
Return Receipt Fee (Endorsement Required)	2 70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark Here
AUG 29 2014

Sent To
Street, Ap
or PO Bo
City, Stat

Robert H. Sandoval
10250 Hasket Ave
Granada Hill, CA 91344

PS Form

7006 2760 0001 6376 7323

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:

Robert H. Sandoval
10250 Hasket Ave
Granada Hill, CA 91344

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Sandoval ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery: 9/2/14

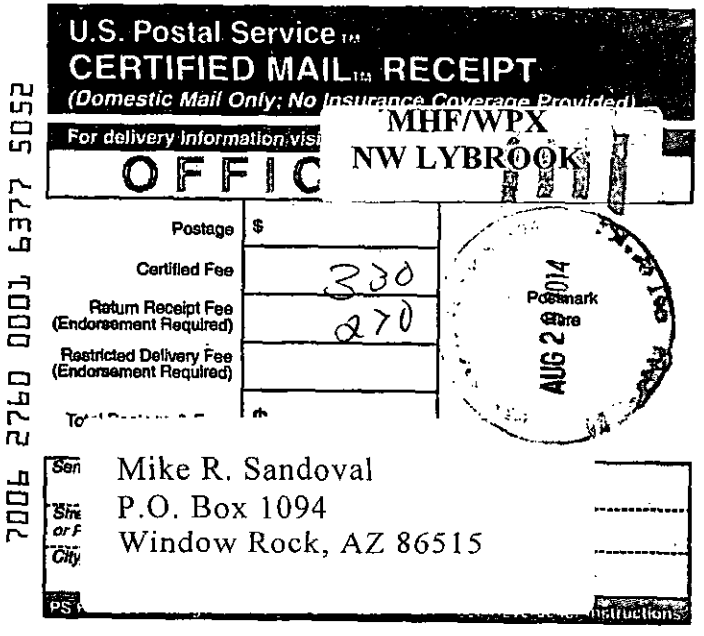
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7323

PS Form 3811, July 2013 Domestic Return Receipt



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

For delivery information visit

MHF/WPX
NW LYBROOK

OFFIC

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
To	$

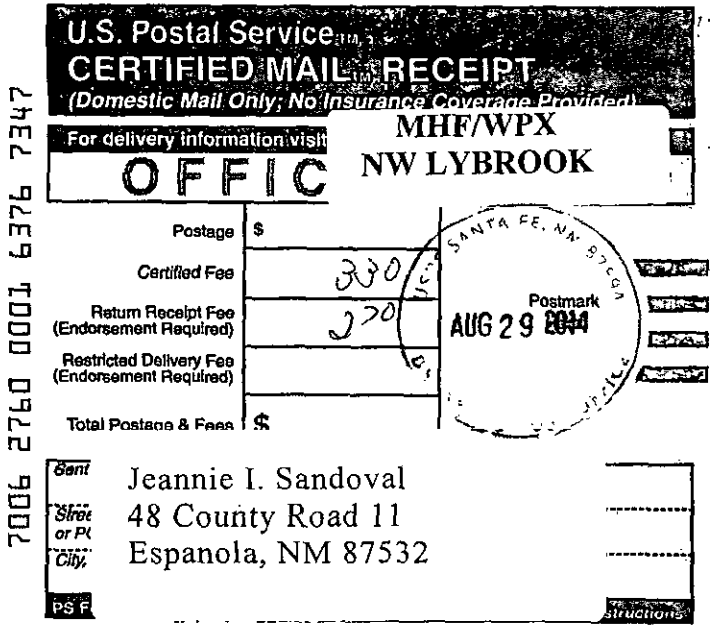
Postmark Here
AUG 2 9 2014

Sent
Street or P
City

Mike R. Sandoval
P.O. Box 1094
Window Rock, AZ 86515

PS

7006 2760 0001 6377 5052



U.S. Postal Service™
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For delivery information visit

MHF/WPX
NW LYBROOK

OFFIC

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

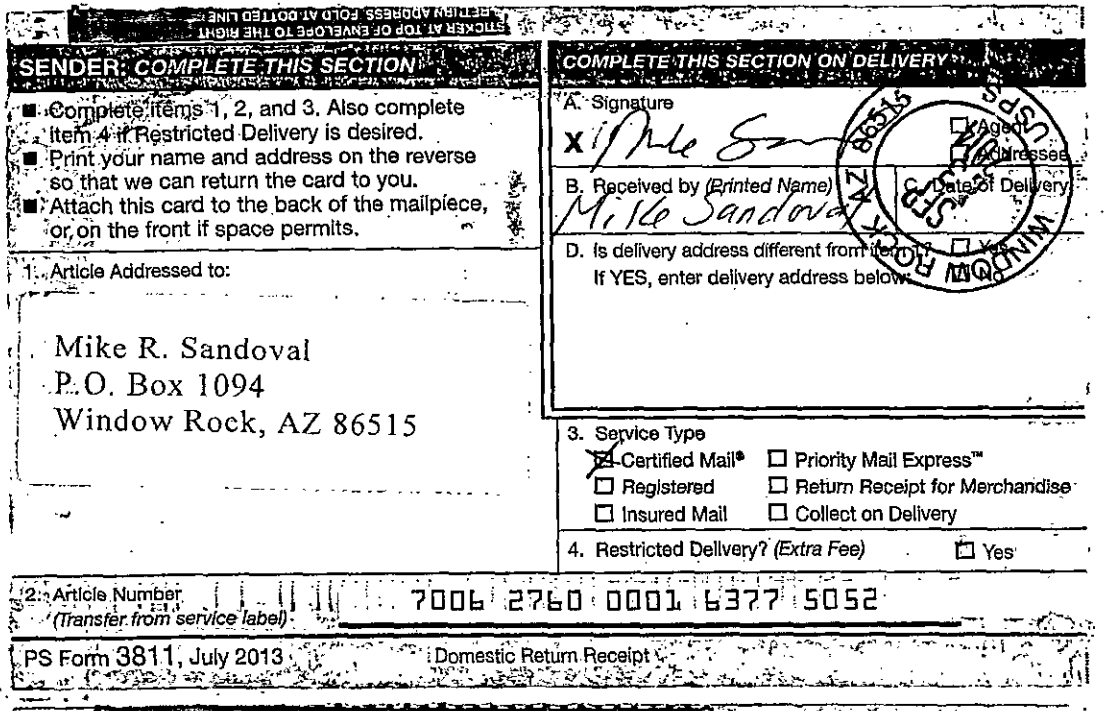
SANTA FE, NM 87501
Postmark
AUG 29 2014

Sent
Street or P
City

Jeannie I. Sandoval
48 County Road 11
Espanola, NM 87532

PS F

7006 2760 0001 6376 7347



STICKER AT TOP OF ENVELOPE TO THE RIGHT
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:

Mike R. Sandoval
P.O. Box 1094
Window Rock, AZ 86515

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

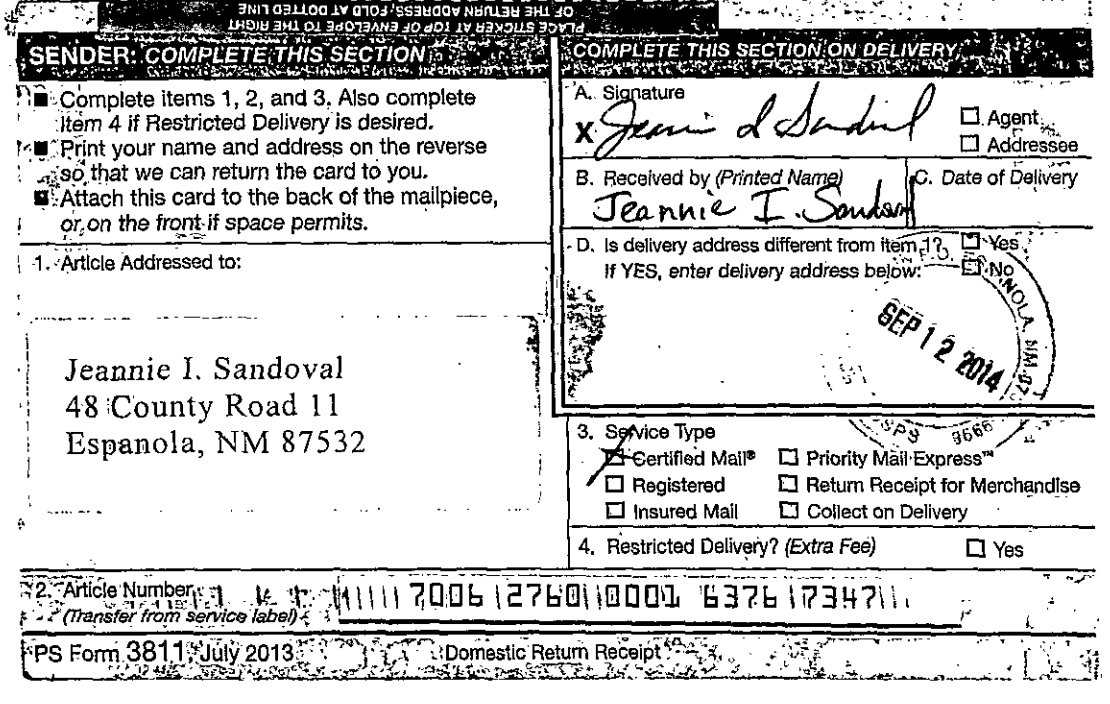
WINDOW ROCK, AZ 86515
AUG 29 2014
USPS

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 5052

PS Form 3811, July 2013 Domestic Return Receipt



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:

Jeannie I. Sandoval
48 County Road 11
Espanola, NM 87532

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

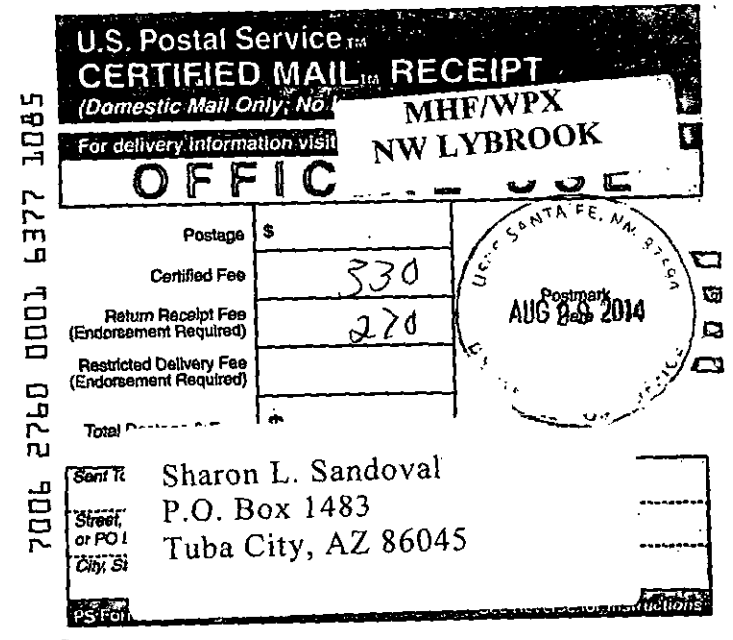
ESPANOLA, NM 87532
SEP 12 2014

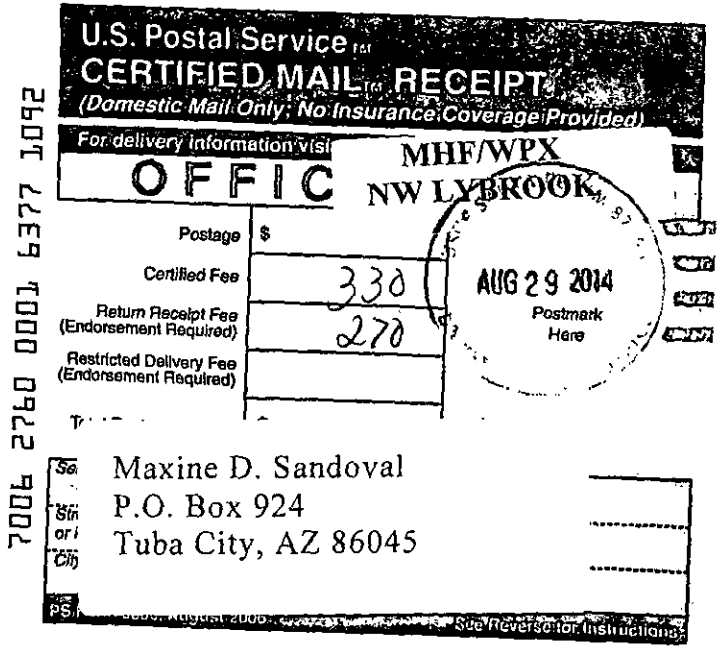
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

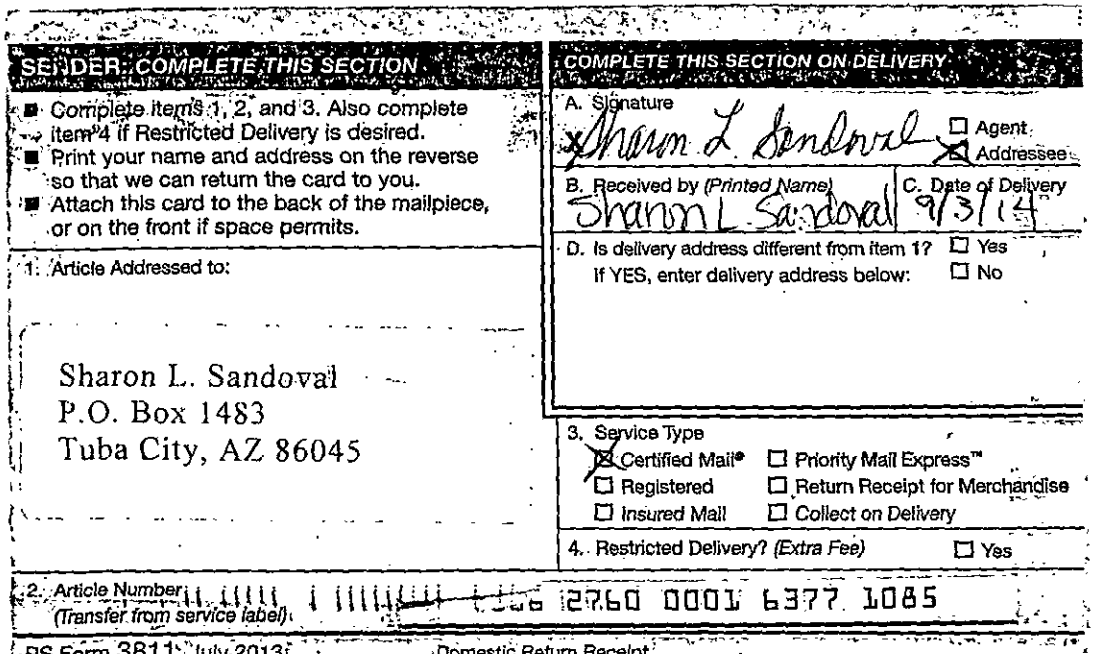
4. Restricted Delivery? (Extra Fee) ☐ Yes

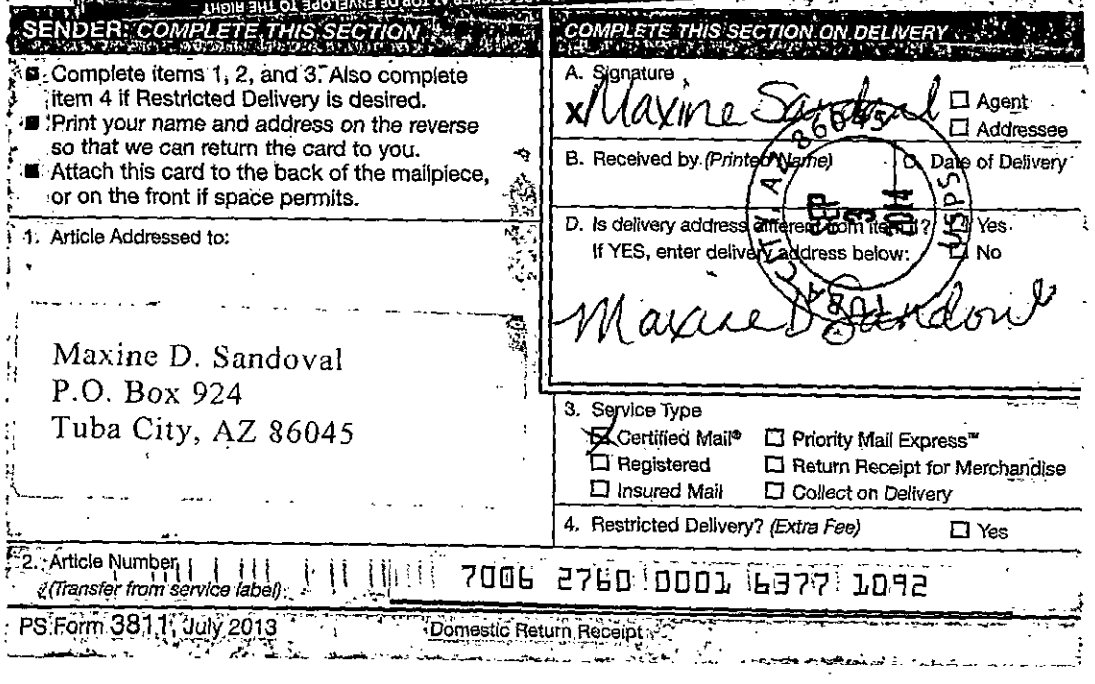
2. Article Number (Transfer from service label) 7006 2760 0001 6376 7347

PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC
Postage $
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Postmark AUG 29 2014
Sharon L. Sandoval
P.O. Box 1483
Tuba City, AZ 86045
7006 2760 0001 6377 1085


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visi
MHF/WPX
NW LYBROOK
OFFIC
Postage $
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
AUG 29 2014
Postmark Here
Maxine D. Sandoval
P.O. Box 924
Tuba City, AZ 86045
7006 2760 0001 6377 1092


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:
Sharon L. Sandoval
P.O. Box 1483
Tuba City, AZ 86045
COMPLETE THIS SECTION ON DELIVERY
A. Signature
x Sharon L Sandoval
Agent
Addressee
B. Received by (Printed Name)
Sharon L Sandoval
C. Date of Delivery
9/3/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 1085
PS Form 3811, July 2013 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:
Maxine D. Sandoval
P.O. Box 924
Tuba City, AZ 86045
COMPLETE THIS SECTION ON DELIVERY
A. Signature
x Maxine Sandoval
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
Maxine D Sandoval
3. Service Type
Certified Mail®
Priority Mail Express™
Registered
Return Receipt for Merchandise
Insured Mail
Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 1092
PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Ins
For delivery information visit o
MHF/WPX
NW LYBROOK
OFFIC...

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

Postmark AUG 29 2014

Sent To: Jerrod M. Sandoval
Street or PO: 3424 S. 3rd Ave Apt. 4
City: Phoenix, AZ 85041

PS Form ... Instructions

7006 2760 0001 6377 1108

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No In
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC...

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

Postmark AUG 29 2014

Sent To: Karen M. Sandoval
Street or PO B: 5250 North Highway 89 #121
City, Sta: Flagstaff, AZ 86004

PS Form ... See Reverse for Instructions

7006 2760 0001 6377 1115

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.

Article Addressed to:

Karen M. Sandoval
5250 North Highway 89 #121
Flagstaff, AZ 86004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X L. Butler
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
9-2-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 1115

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/WPX
NW LYBROOK

For delivery information vi

OFFIC

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

Postmark Here
AUG 29 2014

Sent
Stree
or P
City,

Trina K. Sandoval
5250 North Highway 89 #121
Flagstaff, AZ 86004

PS F

structions

7006 2760 0001 6376 8009

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

MHF/WPX
NW LYBROOK

For delivery information visi

OFFIC

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Tota	$

Postmark Here
AUG 29 2014

Sent
Stree
or PC
City,

Daniel Sandoval II
P.O. Box 417
Fort Washakie, WY 82514

PS Fo

structions

7006 2760 0001 6376 7996

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:

Trina K. Sandoval
5250 North Highway 89 #121
Flagstaff, AZ 86004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X L. Bull
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
9-2-14

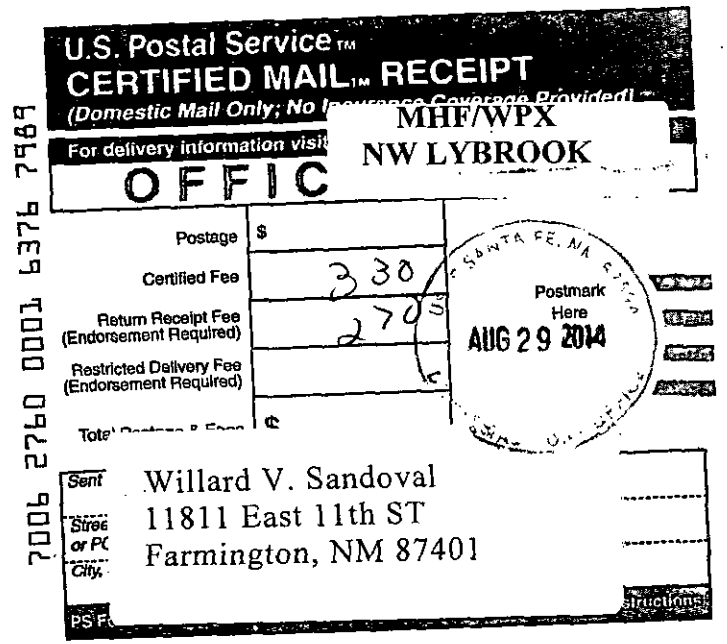
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 8009

PS Form 3811, July 2013 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC

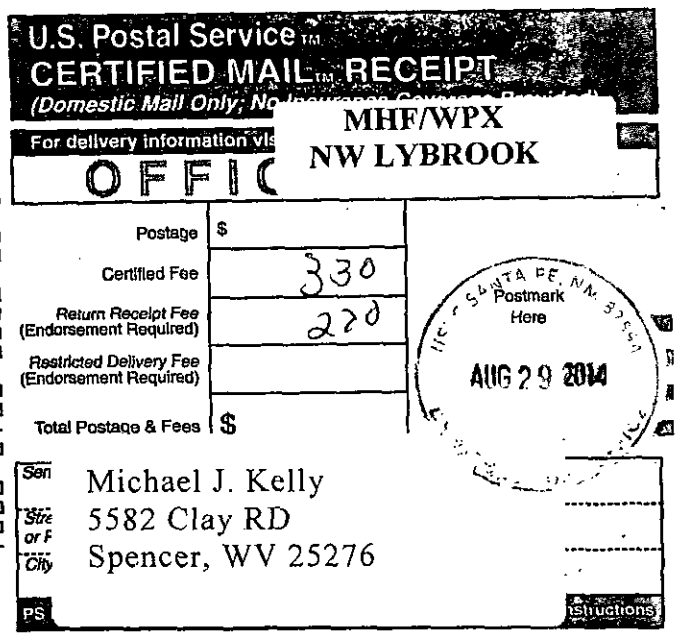
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
AUG 29 2014

Sent To Willard V. Sandoval
Street, Apt. No., or PO Box 11811 East 11th ST
City, State, ZIP+4 Farmington, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 7989



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
MHF/WPX
NW LYBROOK
OFFIC

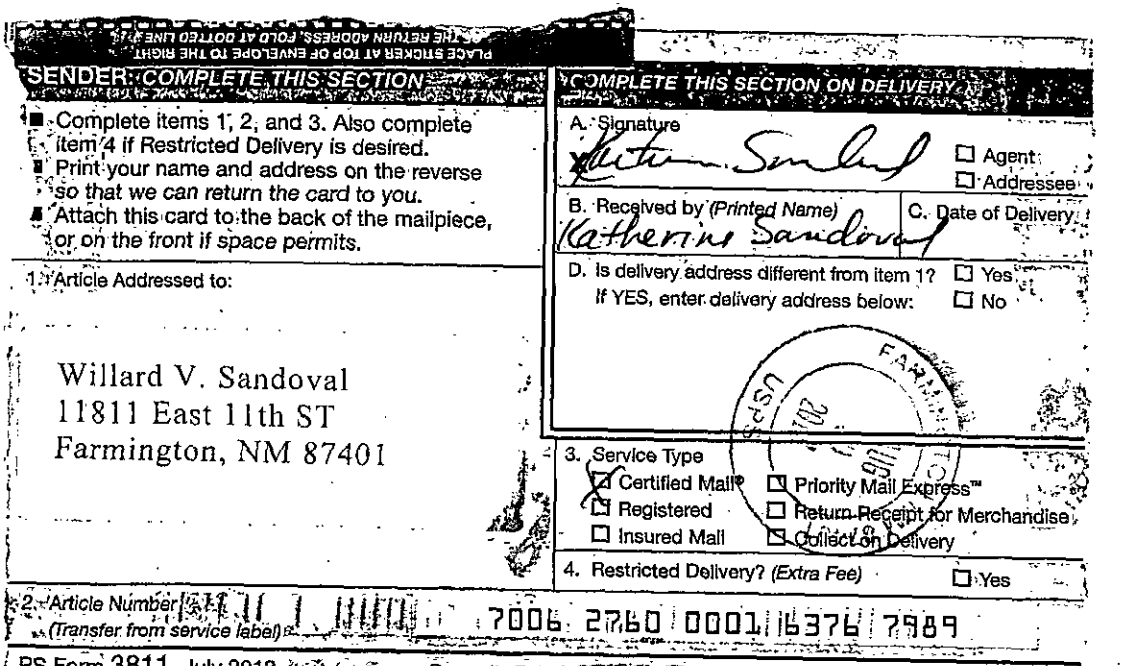
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
AUG 29 2014

Sent To Michael J. Kelly
Street, Apt. No., or PO Box 5582 Clay RD
City, State, ZIP+4 Spencer, WV 25276

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 7972



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:

Willard V. Sandoval
11811 East 11th ST
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

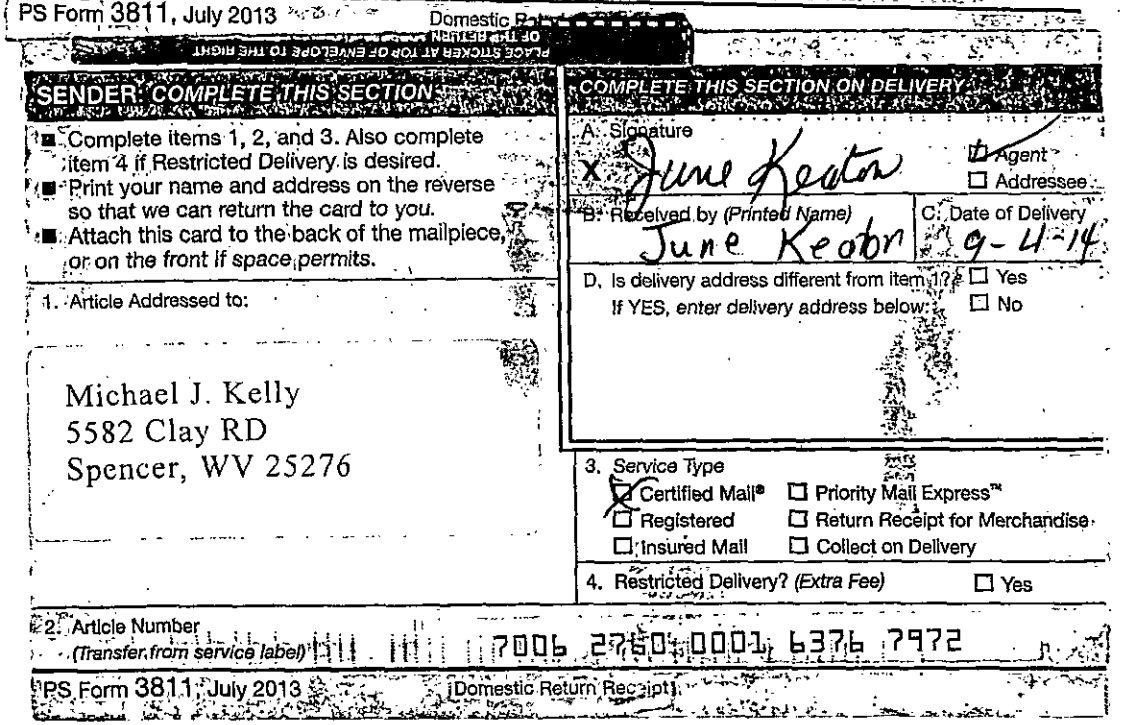
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7989

PS Form 3811, July 2013 Domestic Return Receipt



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN

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:

Michael J. Kelly
5582 Clay RD
Spencer, WV 25276

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) June Keaton C. Date of Delivery 9-4-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7972

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/WPX
NW LYBROOK

For delivery information visi

OFFIC

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

Postmark Here
AUG 29 2014

Sent To
Patrick J. Sandoval
Street, A or PO B
P.O. Box 224
City, Sta
Ganado, AZ 86505

PS Form

ctions

7006 2760 0001 6376 7965

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

MHF/WPX
NW LYBROOK

For delivery information visit

OFFIC

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

Postmark Here
AUG 29 2014

Sent
Maurice W. Sandoval
Stree
1811 E. 11th ST
City,
Farmington, NM 87401

PS F

structions

7006 2760 0001 6376 7958

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:

Maurice W. Sandoval
1811 E. 11th ST
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

AUG 30 2014
FARMINGTON

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7958

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit
OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To
Michael W. Sandoval II
Street, Apt. No., or PO Box
5003 Largo ST
City, State, ZIP+4
Farmington, NM 87402

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 7941

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:

Michael W. Sandoval II
5003 Largo ST
Farmington, NM 87402

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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7941

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information vis
OFFIC

MHF/WPX
NW LYBROOK

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

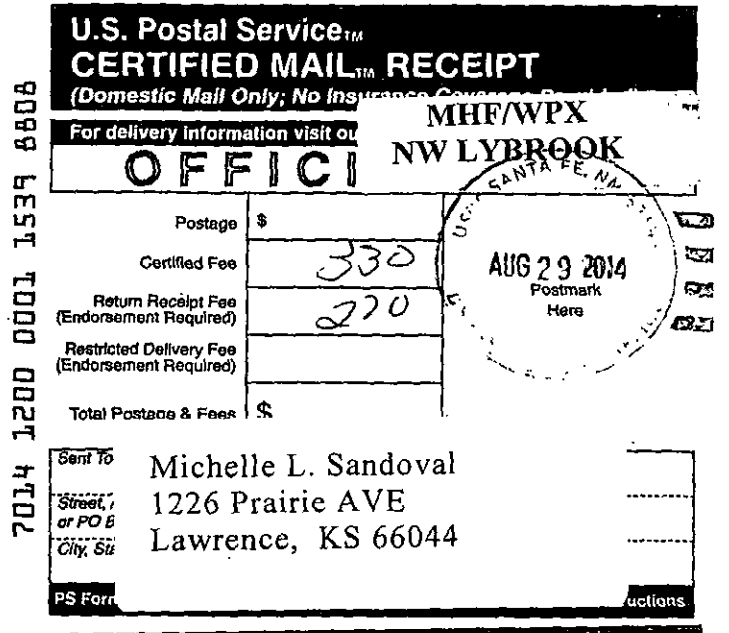
Postmark Here
AUG 29 2014

Sent To
Christopher B. Sandoval
Street, Apt. No., or PO Box
5003 B. Sandoval
City, State, ZIP+4
Farmington, NM 87402

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 7934

Return



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

For delivery information visit ou

OFFICI

MHF/WPX
NW LYBROOK

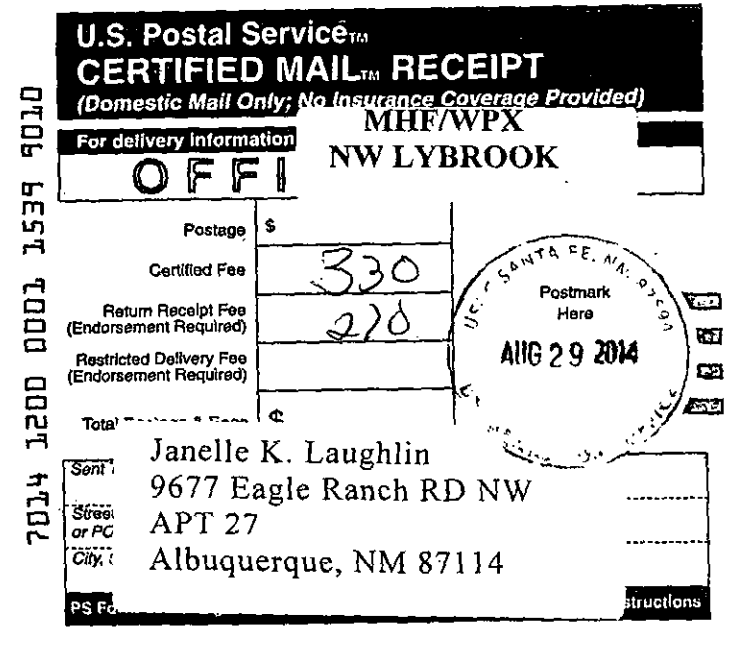
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

AUG 29 2014
Postmark Here

Sent To Michelle L. Sandoval
Street, or PO B 1226 Prairie AVE
City, St Lawrence, KS 66044

PS Form ...uctions

7014 1200 0001 1539 8808



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

For delivery information

OFFI

MHF/WPX
NW LYBROOK

Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total ...

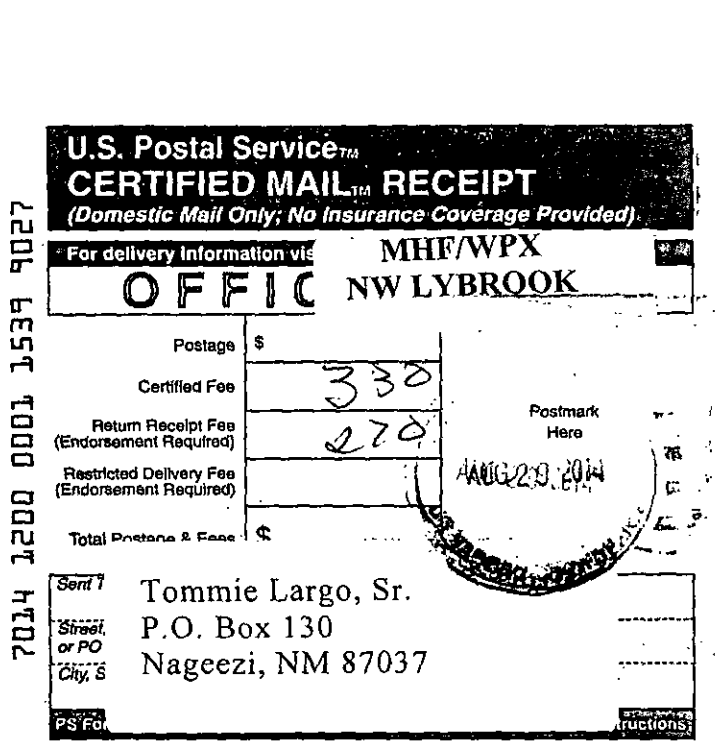
Postmark Here
AUG 29 2014

Sent ...
Stree... or PO
City, ...
Janelle K. Laughlin
9677 Eagle Ranch RD NW
APT 27
Albuquerque, NM 87114

PS Fo... ...tructions

7014 1200 0001 1539 9010

Return



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

For delivery information vis
OFFIC

MHF/WPX
NW LYBROOK

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

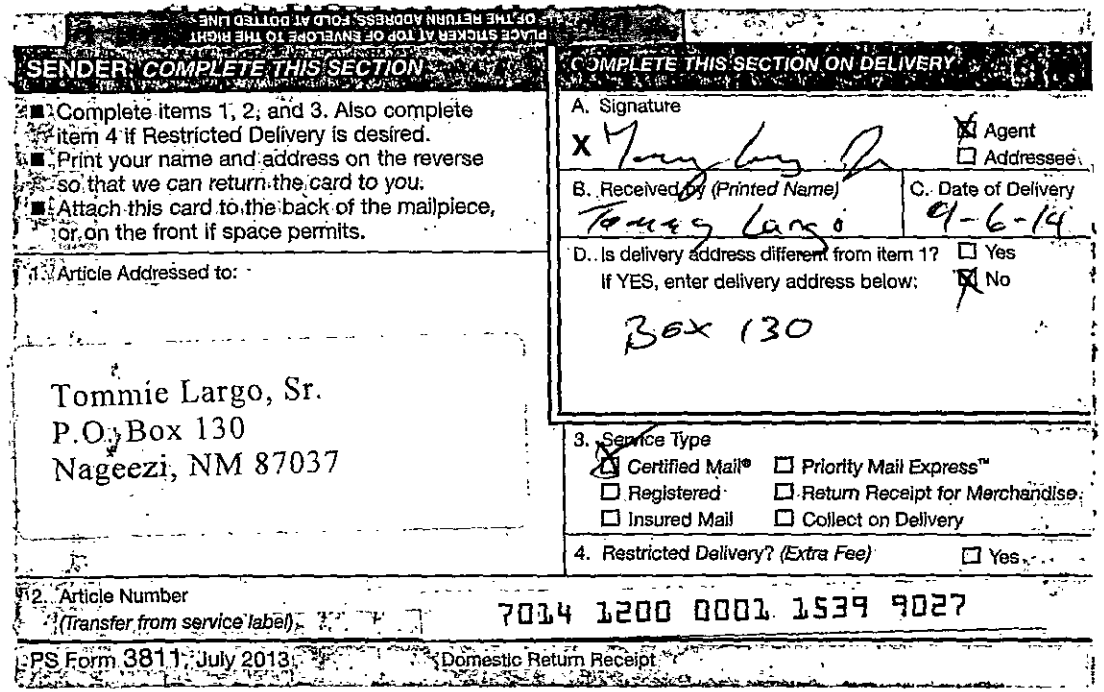
Postmark Here
AUG 29 2014

Sent T
Street, or PO
City, S

Tommie Largo, Sr.
P.O. Box 130
Nageezi, NM 87037

PS Fo
Instructions

7014 1200 0001 1539 9027



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:

Tommie Largo, Sr.
P.O. Box 130
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Tommy Largo C. Date of Delivery 9-6-14

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

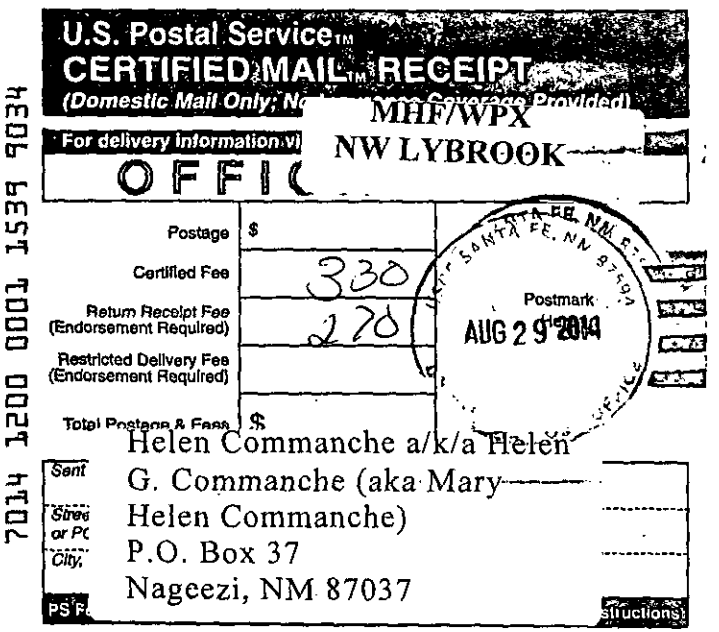
Box 130

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 9027

PS Form 3811, July 2013 Domestic Return Receipt



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

For delivery information vi
OFFIC

MHF/WPX
NW LYBROOK

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

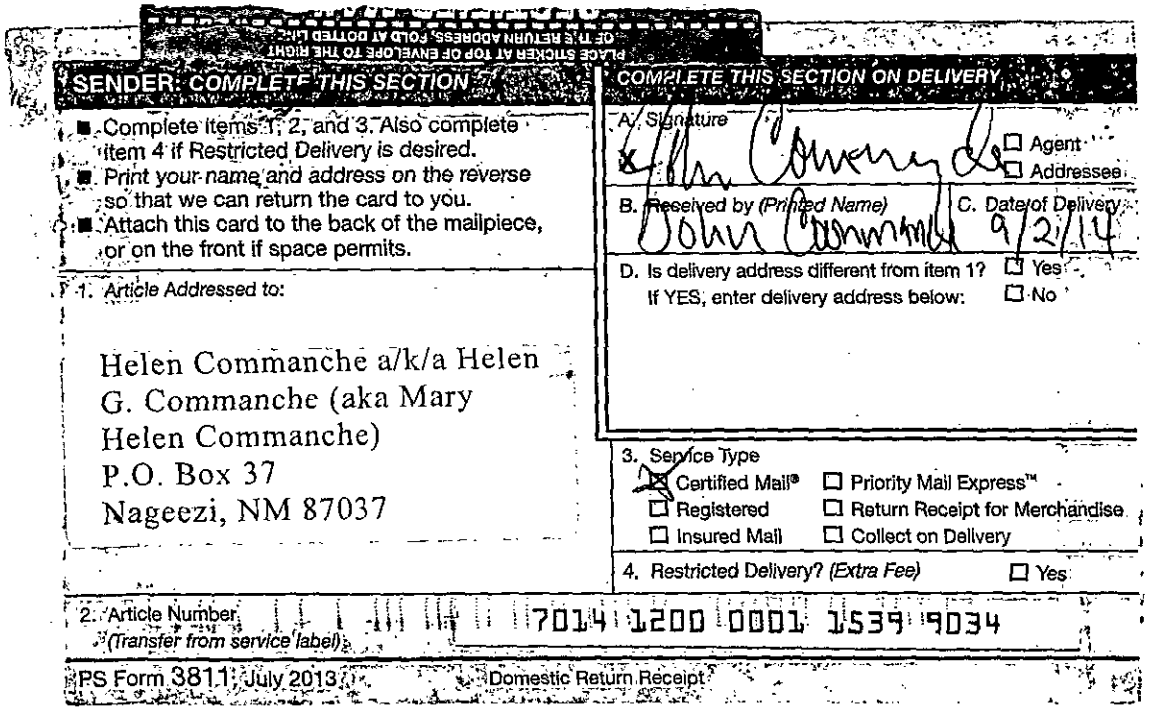
Postmark
AUG 29 2014

Sent
Stree
or PO
City,

Helen Commanche a/k/a Helen
G. Commanche (aka Mary
Helen Commanche)
P.O. Box 37
Nageezi, NM 87037

PS F
Instructions

7014 1200 0001 1539 9034



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:

Helen Commanche a/k/a Helen
G. Commanche (aka Mary
Helen Commanche)
P.O. Box 37
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 9/2/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 9034

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 9041

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

MHF/WPX
NW LYBROOK

For delivery information visit ou
OFFICI...

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

USPS SANTA FE, NM 87594
AUG 29 2014
Postmark Here

Sent T
Street, or PO
City, S
PS Fo ...tructions

Tom Commanche a/k/a Tomy Commanche (aka Tom Comanche)
P.O. Box 91
Nageezi, NM 87037

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:

Tom Commanche a/k/a Tomy Commanche (aka Tom Comanche)
P.O. Box 91
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Leta Harrison ☐ Agent ☐ Addressee

B. Received by (Printed Name) Leta Harrison C. Date of Delivery 9/3/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 9041

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 9058

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

MHF/WPX
NW LYBROOK

For delivery information visit
OFFIC...

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

USPS SANTA FE, NM 87594
AUG 29 2014
Postmark Here

Sent
Stree
or P
City,
PS F ...tructions

Mabel Commanche a/k/a Mabel C. Senger
916 S. 9th St.
Salina, KS 67401

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:

Mabel Commanche a/k/a Mabel C. Senger
916 S. 9th St.
Salina, KS 67401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mabel C. Senger ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mabel C. Senger C. Date of Delivery 9-3-14

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

USPS SALINA, KS 674 SEP - 3 2014

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 9058

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 9065

U.S. Postal Service™
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NW LYBROOK

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87504

Sent To: Lily Commanche (aka Lilly Commanche)
Street, Apt. No., or PO Box: HC 17, Box 1999
City, State: Cuba, NM 87013

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:

Lily Commanche (aka Lilly Commanche)
HC 17, Box 1999
Cuba, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Lorenzo Rotsel C. Date of Delivery 9/4/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 9065

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 9072

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87504

Sent To: Cora Charley
Street, Apt. No., or PO Box: P.O. Box 1414
City, State: Bloomfield, NM 87413

PS Form

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:

Cora Charley
P.O. Box 1414
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature Cora Charley
X Cora Charley ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/20/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 9072

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8877

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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

USPS SANTA FE, NM 87504
AUG 29 2014
Postmark Here

Sent To: Roger Largo
Street, Apt. No., or PO Box No.: HC 17, Box 405
City, State, ZIP+4®: 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:

Roger Largo
HC 17, Box 405
Cuba, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Roger T Largo
☐ Agent
☒ Addressee

B. Received by (Printed Name): Roger T Largo
C. Date of Delivery: 9/8/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8877

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 8884

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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

USPS SANTA FE, NM 87504
AUG 29 2014
Postmark Here

Sent To: Lucy Largo
Street, Apt. No., or PO Box No.: P.O. Box 428
City, State, ZIP+4®: Nageezi, NM 87037

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Lucy Largo
P.O. Box 428
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lucy Largo
☐ Agent
☐ Addressee

B. Received by (Printed Name): Lucy Largo
C. Date of Delivery: 9/5/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8884

PS Form 3811, July 2013 Domestic Return Receipt

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

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NW LYBROOK
OFFIC

Postage	$
Certified Fee	3.20
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 29 2014
USPS - SANTA FE, NM 87501

Sent To: Raymond Largo, Sr.
Street, Apt. No., or PO Box No.: P.O. Box 441
City, State, ZIP+4: Jemez Pueblo, NM 87024

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8716

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

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

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NW LYBROOK
OFFI

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

Postmark Here
AUG 29 2014
USPS - SANTA FE, NM 87501

Sent To: Jim Carol
Street, Apt. No., or PO Box No.: P.O. Box 1203
City, State, ZIP+4: Cuba, NM 87013

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8723

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:

Raymond Largo, Sr.
P.O. Box 441
Jemez Pueblo, NM 87024

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rochelle Largo ☐ Agent ☐ Addressee

B. Received by (Printed Name): ROCHELLE LARGO — C. Date of Delivery: 09/08/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8716

PS Form 3811, July 2013 — 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:

Jim Carol
P.O. Box 1203
Cuba, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jim Carol ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery: 9-3-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8723

PS Form 3811, July 2013 — Domestic Return Receipt

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OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To: Steven Largo
Street, Apt. No., or PO Box No.: P.O. Box 168
City, State, ZIP+4: Nageezi, NM 87037

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8631

U.S. Postal Service™
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OFFIC

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014

Sent To: Susan Harrison
Street, Apt. No., or PO Box No.: P.O. Box 714
City, State, ZIP+4: Fruitland, NM 87416

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 8648

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:

Steven Largo
P.O. Box 168
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Steven Largo ☐ Agent ☐ Addressee

B. Received by (Printed Name): Steve Largo — C. Date of Delivery: 9/5/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8631

PS Form 3811, July 2013 — Domestic Return Receipt

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

SE ... **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:

Susan Harrison
P.O. Box 714
Fruitland, NM 87416

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

FRUITLAND, NM 87416 SEP 2 2014 USPS

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8648

PS Form 3811, July 2013 — Domestic Return Receipt

7014 1200 0001 1539 8655

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NW LYBROOK

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

Postmark Here
SANTA FE, NM 87504
AUG 29 2014

Sent To: Elvira Largo
Street, Apt. No., or PO Box No.: P.O. Box 698
City, State, ZIP+4: Dulce, NM 87528

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Elvira Largo
P.O. Box 698
Dulce, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kyle Baltazar ☐ Agent ☐ Addressee

B. Received by (Printed Name): Kyle Baltazar
C. Date of Delivery: 9/2/14

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8655

PS Form 3811, July 2013 — Domestic Return Receipt

7014 1200 0001 1539 8587

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NW LYBROOK

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

Postmark
SANTA FE, NM 87504
AUG 29 2014

Sent To: Danny Largo
Street, Apt. No., or PO Box No.: P.O. Box 130
City, State, ZIP+4: Nageezi, NM 87037

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Danny Largo
P.O. Box 130
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tommy Largo ☒ Agent ☐ Addressee

B. Received by (Printed Name): Tommy Largo
C. Date of Delivery: 9-6-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No
Box 130

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 8587

PS Form 3811, July 2013 — Domestic Return Receipt

7014 1200 0001 1539 8594

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NW LYBROOK
OFFIC

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

Postmark Here
AUG 29 2014

Sent To
Street, Ap
or PO Bo
City, Stat

Dolly Commanche
P.O. Box 464
Nageezi, NM 87037

PS Form

7014 1200 0001 1539 8600

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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NW LYBROOK
OFFIC

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

Postmark Here
AUG 29 2014

Se
St
or
Cit

Delora A. Hesuse
P.O. Box 191
Nageezi, NM 87037

Instructions
PS

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:

Delora A. Hesuse
P.O. Box 191
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Delora Hesuse ☐ Agent ☐ Addressee

B. Received by (Printed Name) Delora Hesuse C. Date of Delivery 9/2/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8600

PS Form 3811, July 2013 Domestic Return Receipt

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87594

Sent To Ophelia Castiano
Street, Apt. No., or PO Box No. P.O. Box 445
City, State, ZIP+4 Nageezi, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8617

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:

Ophelia Castiano
P.O. Box 445
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ophelia Castiano ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ophelia Castiano C. Date of Delivery 9.3.14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8617

PS Form 3811, July 2013 Domestic Return Receipt

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NW LYBROOK

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87594

Sent To Martin Largo, Sr.
Street, Apt. No., or PO Box No. P.O. Box 1565
City, State, ZIP+4 Bloomfield, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 8624

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:

Martin Largo, Sr.
P.O. Box 1565
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rena Largo ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rena LARGO C. Date of Delivery 8/30/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 8624

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit

MHF/WPX
NW LYBROOK

OFFIC

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

Postmark Here
AUG 29 2014
U.S. POSTAGE SANTA FE, NM 87504

Sent To
Werline Herrera
Street, or PO B
P.O. Box 233
City, St
Nageezi, NM 87037

PS For

7006 2760 0001 6377 2778

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

For delivery information v

MHF/WPX
NW LYBROOK

OFFI

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

Postmark Here
AUG 29 2014
U.S. POSTAGE SANTA FE, NM 87504

Sent To
Corlina Largo a/k/a Corlina L.
Street, or PO B
Escobedo
15 Road 4906
City, St
Bloomfield, NM 87413

PS For

7006 2760 0001 6377 2785

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

SE 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:

Corlina Largo a/k/a Corlina L. Escobedo
15 Road 4906
Bloomfield, NM 87413

A. Signature
Corlina L Escobedo
☐ Agent
☐ Addressee

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

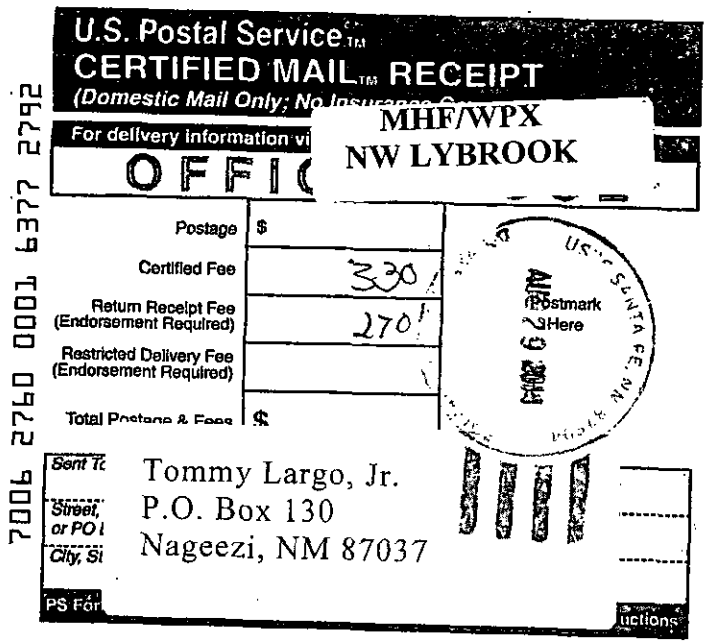
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

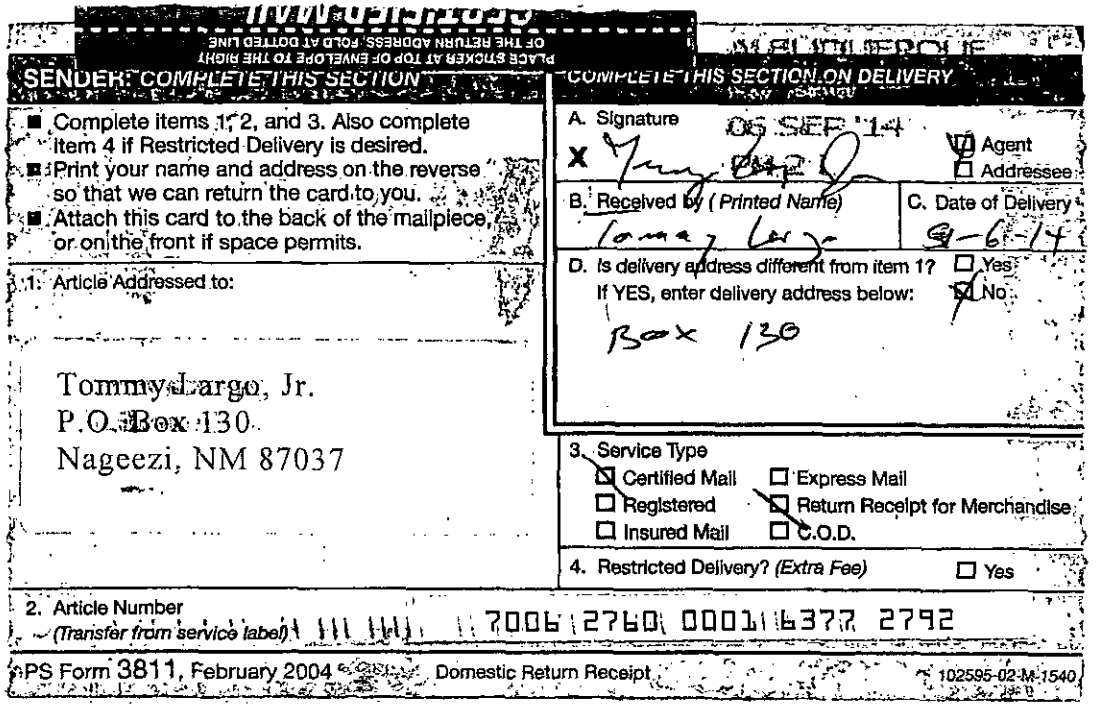
3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

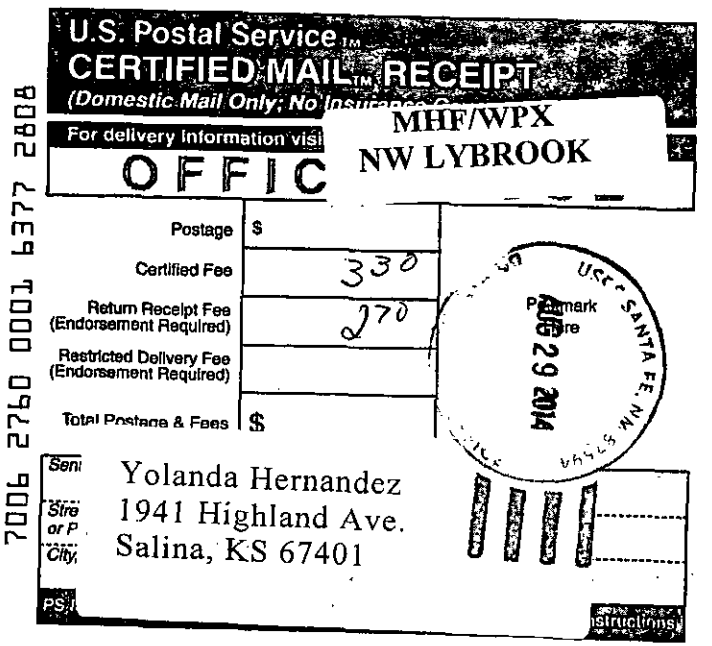
4. Restricted Delivery? (Extra Fee) ☐ Yes

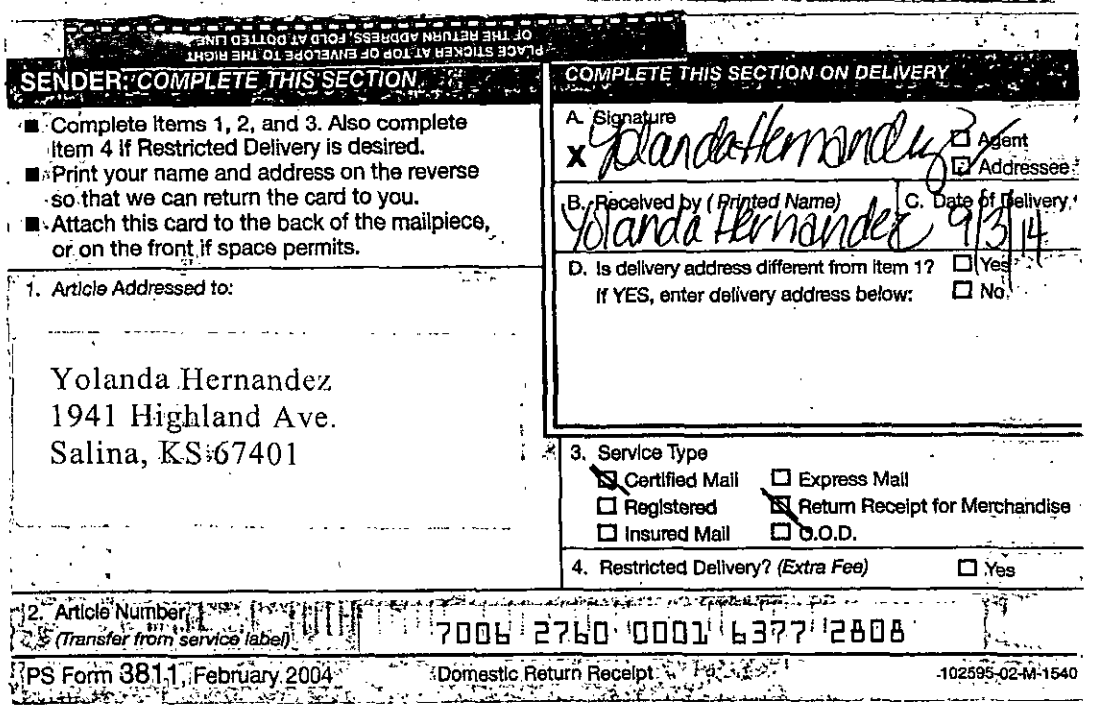
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2785

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
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
Tommy Largo, Jr.
P.O. Box 130
Nageezi, NM 87037
7006 2760 0001 6377 2792


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
Box 130
1. Article Addressed to:
Tommy Largo, Jr.
P.O. Box 130
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 6377 2792
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
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
Yolanda Hernandez
1941 Highland Ave.
Salina, KS 67401
7006 2760 0001 6377 2808


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) Yolanda Hernandez
C. Date of Delivery 9/3/14
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
1. Article Addressed to:
Yolanda Hernandez
1941 Highland Ave.
Salina, KS 67401
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 2808
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)

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OFFICIAL USE

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87594

Sent To
John Junior Commanche aka
John Jr. Commanche
Street, Apt. No., or PO Box No.
P.O. Box 37
City, State, ZIP+4
Nageezi, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 2815

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:

John Junior Commanche aka
John Jr. Commanche
P.O. Box 37
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Helen Commanche ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Helen Commanche 9/2/14

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

2. Article Number (Transfer from service label) 7006 2760 0001 6377 2815

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

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OFFICIAL USE

MHF/WPX
NW LYBROOK

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

Postmark Here
AUG 29 2014
USPS SANTA FE, NM 87594

Sent To
Jonathan Commanche
Street, Apt. No., or PO Box No.
P.O. Box 201
City, State, ZIP+4
Nageezi, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 2822

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:

Jonathan Commanche
P.O. Box 201
Nageezi, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Renita Commanche ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Renita Commanche 9-4-14

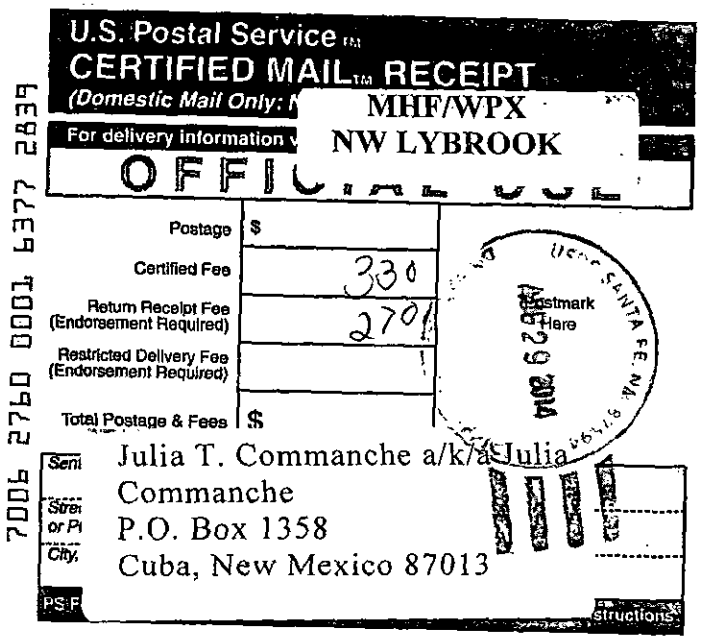
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

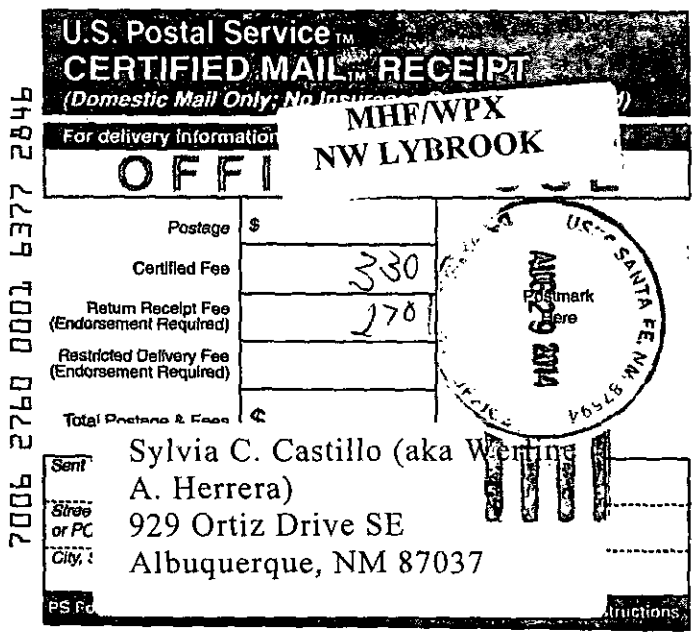
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

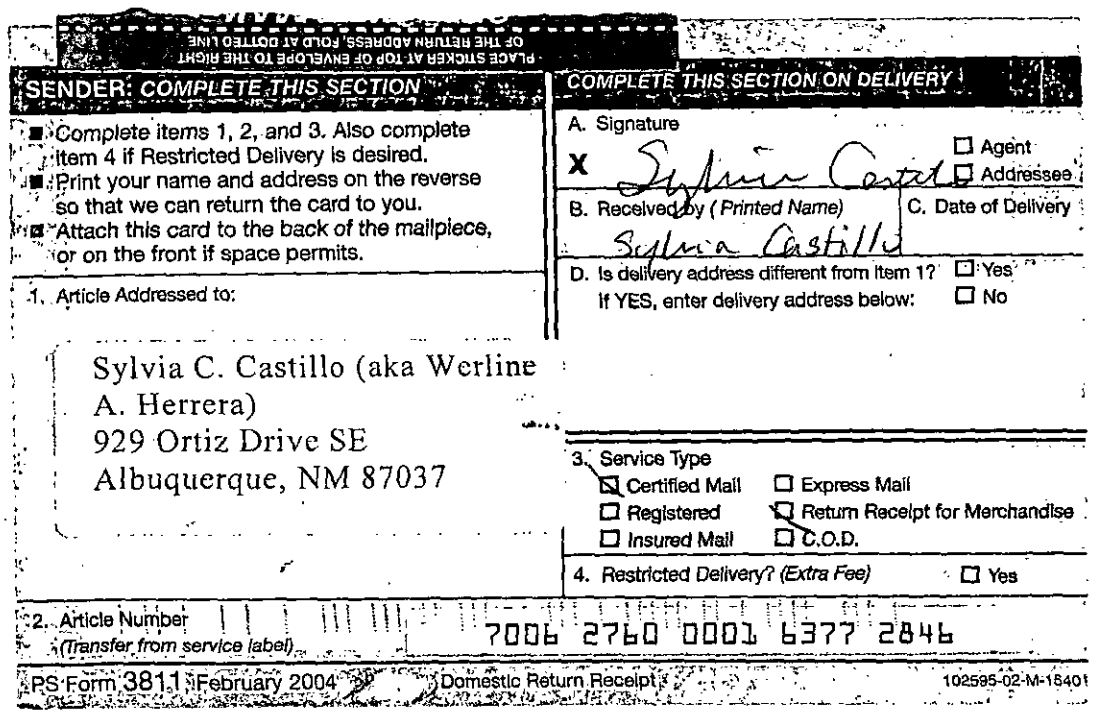
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 2822

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


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only:
For delivery information
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 29 2014
SANTA FE, NM 87594
Julia T. Commanche a/k/a Julia Commanche
P.O. Box 1358
Cuba, New Mexico 87013
7006 2760 0001 6377 2839


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only;
For delivery information
MHF/WPX
NW LYBROOK
Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Postmark Here
AUG 29 2014
SANTA FE, NM 87594
Sylvia C. Castillo (aka Werline A. Herrera)
929 Ortiz Drive SE
Albuquerque, NM 87037
7006 2760 0001 6377 2846


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:
Sylvia C. Castillo (aka Werline A. Herrera)
929 Ortiz Drive SE
Albuquerque, NM 87037
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Sylvia Castillo
Agent
Addressee
B. Received by (Printed Name) Sylvia Castillo
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2846
PS Form 3811, February 2004 Domestic Return Receipt
102595-02-M-1540

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NW LYBROOK

OFFICIAL USE

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87594

Sent To: Sophie Chavez a/k/a Sophie C. Sandoval (aka Sophie Sandoval)
Street, Apt. or PO Box: 574 Dolores Drive NW
City, State: Albuquerque, NM 87105

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 2853

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MHF/WPX
NW LYBROOK

OFFICIAL USE

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

Postmark Here
AUG 29 2014
SANTA FE, NM 87594

Sent To: Cheryle Chavez a/k/a Cheryl Chavez
Street, Apt. or PO Box: P.O. Box 1623
City, State: Cuba, NM 87013

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 2860

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:

Sophie Chavez a/k/a Sophie C. Sandoval (aka Sophie Sandoval)
574 Dolores Drive NW
Albuquerque, NM 87105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
8-22-14

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 6377 2853

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

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:

Cheryle Chavez a/k/a Cheryl Chavez
P.O. Box 1623
Cuba, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cheryl Chavez | C. Date of Delivery 9-2-14

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

2. Article Number (Transfer from service label) 7006 2760 0001 6377 2860

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