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

APPLICATION OF MEWBOURNE OIL COMPANY FOR A NONSTANDARD SPACING AND PRORATION UNIT AND COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.

Case No. 15,513

AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Mewbourne Oil Company.

3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the offset by certified mail. Copies of the notice letter and certified return receipt are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

James Bruce

SUBSCRIBED AND SWORN TO before me this 28th day of September, 2016 by James Bruce.

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-22-18

My Commission Expires:

Notary Public

EXHIBIT 13

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

August 11, 2016

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard oil and spacing and proration unit, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Bone Spring well in the E/2E/2 of Section 34, Township 23 South, Range 28 East, NMPM, Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 1, 2016, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **As an offset operator or lessee to the well unit** you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, August 25, 2016 if you intend to participate in the hearing.

Very truly yours,

James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Chevron Midcontinent, L.P.
15 Smith Road
Midland, Texas 79705

Southwest Royalties, Inc.
Site 3000
6 Desta Drive
Midland, Texas 79705

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Southwest Royalties, Inc.
Site 3000
6 Desta Drive
Midland, Texas 79705

9590 9402 1676 6053 6391 07

2. Article Number *(Transfer from service label)*
7014 0510 0000 9535 0626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Stark ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Kathy Stark
C. Date of Delivery 8/16/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ed Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 YB 34 PA Domestic Return Receipt

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

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

Postmark Here

7014 0510 0000 9535 0619

Sent To: Chevron Midcontinent, L.P.
Street, Apt. No.; or PO Box No.: 15 Smith Road
City, State, ZIP+4: Midland, Texas 79705

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

7014 0510 0000 9535 0626

Sent To: Southwest Royalties, Inc.
Street, Apt. No.; or PO Box No.: Site 3000, 6 Desta Drive
City, State, ZIP+4: Midland, Texas 79705

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chevron Midcontinent, L.P.
15 Smith Road
Midland, Texas 79705

9590 9402 1676 6053 6391 14

2. Article Number *(Transfer from service label)*
7014 0510 0000 9535 0619

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Laurence
C. Date of Delivery 8.17.16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 YB 34 PA Domestic Return Receipt

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

APPLICATION OF MEWBOURNE OIL COMPANY FOR A NONSTANDARD SPACING AND PRORATION UNIT AND COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.

Case No. 15,513

AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Mewbourne Oil Company.

3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

James Bruce

SUBSCRIBED AND SWORN TO before ~~me this~~ 28th day of September, 2016 by James Bruce.

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 12-23-16

My Commission Expires:

Notary Public

EXHIBIT 14

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

July 13, 2016

To: Mineral Interest Owners or Claimants

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard oil spacing and proration unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Bone Spring well in the E½E½ of Section 34, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 4, 2016, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, July 28, 2016. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

James Bruce

Attorney for Mewbourne Oil Company

ATTACHMENT A

Parties Being Notified

Beckmill Investments, LLC
P.O. Box 1158
Lexington, Virginia 24450

Borad Investments, LLC
820 Lake Park Drive
Oak Point, TX 75068

Gene A. & Brenda L. Adams, his wife
4315 Aledo Oaks Court
Ft. Worth, Texas 76126

Stephen J. Shook
4204 Tallowood Drive
Austin, Texas 78731

Terry L. Shook
5217 Old Spicewood Springs Rd., #802
Austin, Texas 78731

G. Michael Shook
4939 Oak Shadows Drive
Houston, Texas 77091

D&M Oil Investments, LLC
550 Forest Bluffs Road
Aiken, South Carolina 29803

Huntington Resources, LLC
P.O. Box 700093
Tulsa, Oklahoma 74170

JRM, LLC
152 Maury River Road
Lexington, Virginia 24450

Landcaster Resources, LLC
P.O. Box 700093
Tulsa, Oklahoma 74170

PBI, LLC
893 King William Drive
Charlottesville, Virginia 22901

Buckeye Creek Energy, LLC
45914 W. 51st Street S.
Jennings, Oklahoma 74038

Roden Participants, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

Roden Exploration Company, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

Roden Associates, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

Roden Oil Company
P.O. Box 10909
Midland, Texas 79702

H. Grady Payne, III
7100 Grapevine Hwy., Suite 204
Ft. Worth, Texas 76188

Robert B. Coleman and Nancy Coleman, husband and wife
P.O. Box 501
Midland, Texas 79702

United States Borax & Chemical Corp.
Address Unknown

Harold L. Hensley and Sandra Hensley, husband and wife
P.O. Box 3580
Midland, Texas 79702

Gary D. Reed and Gail Reed, husband and wife
5610 North Highway 97
Sand Springs, Oklahoma 74063

Retco Resources, Inc.
Wells Fargo Bank Building
800 West Airport Freeway, Suite 1100
Irving, Texas 75062

The Estate of Jennifer Enoch Hale
1113 Reeves Drive
Grand Forks, North Dakota 58201

The Estate of Coe McEwen Wilscan
12267 SW 81st Terrace
Andover, Kansas 67002

Kevin Beachy McEwen
409 Porth Avenue
Andover, Kansas 67002

Drew Matthew McEwen
9350 E. Wilson Estates Court
Wichita, Kansas 67026

Edwin Kitrell, III and Scott R. Kitrell, d/b/a K2 Properties

George O. Stribling, Personal Representative of the Estate of Martha Stribling, Deceased
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

The Trustee of a trust created by Martha Stribling dated 9-24-1996
P.O. Box 95557
Albuquerque, New Mexico 87199

T.B. Stribling, III as Successor Trustee of the Martha G. Stribling Irrevocable Trust
P.O. Box 95557
Albuquerque, New Mexico 87199

George O. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

Martha J. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

Thomas B. Stribling, Trustee for Thomas Luke Stribling Trust
75 Circle Drive NE
Albuquerque, New Mexico 87122

George O. Stribling, Trustee for Margaret Stribling, Robert Cain and Salem Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

John D. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

Chasity Garza
1410 E. Broadway
Brownfield, Texas 79316

Pamela Ray Cummings
P.O. Box 817
Panhandle, Texas 797068

Patricia Gae Stamps
P.O. Box 249
Panhandle, Texas 79068

The Heirs or Devisees of John W. Osborn, Deceased
P.O. Box 419
Tipton, Oklahoma 76570

Geneva Floyd Osborn
500 N. Broadway
Tipton, Oklahoma 73570

Joel W. Osborn
2420 South Joplin Avenue
Tulsa, Oklahoma 74114

Heather O. Ward
P.O. Box 538
Roscoe, Texas 79545

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, Texas 78620

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, Texas 78681

Irma J. Gregory
14 Cork Street
Alva, Florida 33920

Tommy W. Gregory
1705 Black Gold St., SE
Albuquerque, New Mexico 87123

Daniel Taschner
No. 2 Meadowlark Court
Artesia, New Mexico 88210

Arin Bratcher
No. 2 Meadowlark Court
Artesia, New Mexico 88210

William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, New Mexico 87123

Kathy Gregory
608 Lakeside Drive
Carlsbad, New Mexico 88220

Brian McGonagill
1612 Westridge Road
Carlsbad, New Mexico 88220

George P. McGonagill
2610 B Mountain View
Carlsbad, New Mexico 88220

Cara McGonagill
611 1/2 N. Mesa
Carlsbad, New Mexico 88220

Shirley C. McGonagill
1612 Westridge
Carlsbad, New Mexico 88220

Ralph V. Robinson
Address Unknown

Childs & Bishop Law Office, Inc.
Address Unknown

Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

James W. Klipstine, Jr.
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Latannia Klipstine
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Kevin J. Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Helen Beeman
6801 Beckett Road, #134R
Austin, Texas 78749

Mary Jo Dickerson
P.O. Box 642
Glenpool, Oklahoma 74033

Virginia Lee Davis
P.O. Box 1065
Carlsbad, New Mexico 88221

LBD, a Limited Partnership
P.O. Box 686
Hobbs, New Mexico 88240

Charles L. Reitenger
Address Unknown

John Edward Hall, III
Address Unknown

The Successor of United New Mexico Bank of Carlsbad,
Wells Fargo Bank, N.A.
2318 W. Pierce St.
Carlsbad, New Mexico 88220

First Federal Savings and Loan Association of Littlefield, Texas
P.O. Box 1390
Littlefield, Texas 79339

Jonathan D. Knoerdel
Address Unknown

Panagoppulos Enterprises, LLC
511 W. Reinken Ave.
Belen, New Mexico 87002

Clarence W. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

The Heirs of Devisees of Mary I. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

Louis M. (Mickey) Ratliff, Jr.
8 Firwood Court
The Hills, Texas 78738

Mary D. Ratliff
8 Firwood Court
The Hills, Texas 78738

Nevill Manning
2112 Indiana
Lubbock, Texas 79410

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, Texas 79424

Seminole Memorial Hospital
209 NW 8th Street
Seminole, Texas 79360

Andreas P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

Pavlos P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

Panagiota P. Panagopoulos Tendall
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

Magdalene (or Magdaline) P. Panagopoulos
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

Peter A. Panagopoulos
209 W. McKay
Carlsbad, New Mexico 88220

Tom Stribling, Trustee of the LTS Trust

P.O. Box 95557

Albuquerque, New Mexico 87199

M. Craig Beeman

6801 Beckett Road, #134R

Austin, Texas 78749

Bonnie R. Gregory

14 Cork Street

Carlsbad, New Mexico 88220

Estate of Stanley J. Gregory

608 Lakeside Dr.

Carlsbad, New Mexico 88220

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

G. Michael Shook
4939 Oak Shadows Drive
Houston, Texas 77091

9590 9402 1676 6053 7883 93

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1995

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

HOUSTON, TX 77088
JUL 25 2016
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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

Postmark Here

Sent To: Landcaster Resources, LLC
Street, Apt. No.; or PO Box No.: P.O. Box 700093
City, State, ZIP+4: Tulsa, Oklahoma 74170

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 1995

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

Postmark Here

Sent To: G. Michael Shook
Street, Apt. No.; or PO Box No.: 4939 Oak Shadows Drive
City, State, ZIP+4: Houston, Texas 77091

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Landcaster Resources, LLC
P.O. Box 700093
Tulsa, Oklahoma 74170

9590 9402 1676 6053 7884 30

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2039

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) J. Joe Starrett | C. Date of Delivery

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

HOUSTON, TX 77088
JUL 20 2016
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roden Participants, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

9590 9402 1676 6053 7877 23

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2060

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Roden ☐ 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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery
Delivery (over $500)

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

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

Postmark Here

7014 0510 0000 9539 5221

Sent To: Panagiota P. Panagopoulos Tendall
Street, Apt. No.; or PO Box No.: 10008 Ranch Hand Ave.
City, State, ZIP+4: Las Vegas, Nevada 89117

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

7014 0510 0000 9539 2060

Sent To: Roden Participants, Ltd.
Street, Apt. No.; or PO Box No.: 2603 Augusta, Suite 740
City, State, ZIP+4: Houston, Texas 77057

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Panagiota P. Panagopoulos Tendall
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

9590 9402 1676 6053 7881 33

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5221

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7/18/16

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery
Delivery (over $500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roden Associates, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

9590 9402 1676 6053 7775 19

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1872

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Kinney C. Date of Delivery 7-27-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7014 0510 0000 9539 1872

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

OFFICIAL USE

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

Postmark Here

Sent To: Robert B. Coleman and Nancy Coleman,
Street, Apt. No.; or PO Box No.: P.O. Box 501
City, State, ZIP+4: Midland, Texas 79702

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark Here

Sent To: Roden Associates, Ltd.
Street, Apt. No.; or PO Box No.: 2603 Augusta, Suite 740
City, State, ZIP+4: Houston, Texas 77057

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 B. Coleman and Nancy Coleman
P.O. Box 501
Midland, Texas 79702

9590 9402 1676 6053 7775 11

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1872

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lisa Roberts ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lisa Roberts C. Date of Delivery 7-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7014 0510 0000 9539 1872

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 L. Hensley and Sandra Hensley
P.O. Box 3580
Midland, Texas 79702

9590 9402 1676 6053 7775 57

Article Number (Transfer from service label)
7014 0510 0000 9539 1889

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rosie McDuffey ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rosie McDuffey C. Date of Delivery 7-22-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

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

Postmark Here

Sent To George O. Stribling, Trustee for Margaret Stribling
Street, Apt. No., or PO Box No. 6818 Academy Parkway West NE
City, State, ZIP+4 Albuquerque, New Mexico 87109

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1810

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

Postmark Here

Sent To Harold L. Hensley and Sandra Hensley,
Street, Apt. No., or PO Box No. P.O. Box 3580
City, State, ZIP+4 Midland, Texas 79702

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1889

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

[redacted]orge O. Stribling, Trustee for Margaret Stribling
[redacted]8 Academy Parkway West NE
[redacted]uquerque, New Mexico 87109

9590 9402 1676 6053 7876 86

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1810

COMPLETE THIS SECTION ON DELIVERY

A. Signature UCC 1-207 UCC-1 / NM UCC-1-207 all rights reserved w/o prejudice
X non assumpsit [redacted] Agent ☐ Addressee

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

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

ALBUQUERQUE NM 87114 STATION

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Geneva Floyd Osborn
500 N. Broadway
Tipton, Oklahoma 73570

9590 9402 1676 6053 7877 78

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1667

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Geneva Osborn ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7

Domestic Return Receipt

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OFFICIAL USE

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

Postmark Here

Sent To: Joel W. Osborn
Street, Apt. No.; or PO Box No.: 2420 South Joplin Avenue
City, State, ZIP+4: Tulsa, Oklahoma 74114

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 1674

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Geneva Floyd Osborn
Street, Apt. No.; or PO Box No.: 500 N. Broadway
City, State, ZIP+4: Tipton, Oklahoma 73570

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 1667

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joel W. Osborn
2420 South Joplin Avenue
Tulsa, Oklahoma 74114

9590 9402 1676 6053 7877 85

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1674

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rhonda Osborn ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rhonda Osborn
C. Date of Delivery
Jul 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

1

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Latannia Klipstine
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7880 10

2. Article Number (Transfer from service label)

7012 3050 0001 2947 6526

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cynthia Muñoz C. Date of Delivery 7-28-16

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

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

Postmark Here

Sent To Kevin J. Hanratty
Street, Apt. No.; or PO Box No. 1601 N. Turner, Suite 400
City, State, ZIP+4 Hobbs, New Mexico 88240

7012 3050 0001 2947 6519

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

Sent To Latannia Klipstine
Street, Apt. No.; or PO Box No. 1601 N. Turner, Suite 400
City, State, ZIP+4 Hobbs, New Mexico 88240

7012 3050 0001 2947 6526

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin J. Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7880 03

2. Article Number (Transfer from service label)

7012 3050 0001 2947 6519

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cynthia Muñoz C. Date of Delivery 7-28-16

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

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Borad Investments, LLC
820 Lake Park Drive
Oak Point, TX 75068

9590 9402 1676 6053 7883 55

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1957

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) John T. Rademacher C. Date of Delivery 07/19/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

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

Postmark Here

Sent To: Gene A. & Brenda L. Adams, his wife
Street, Apt. No., or PO Box No.: 4315 Aledo Oaks Court
City, State, ZIP+4: Ft. Worth, Texas 76126

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1964

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

Postmark Here

Sent To: Borad Investments, LLC
Street, Apt. No., or PO Box No.: 820 Lake Park Drive
City, State, ZIP+4: Oak Point, TX 75068

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1957

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gene A. & Brenda L. Adams, his wife
4315 Aledo Oaks Court
Ft. Worth, Texas 76126

9590 9402 1676 6053 7883 62

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1964

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Kathrine Anthony C. Date of Delivery 7-18-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chasity Garza
1410 E. Broadway
Brownfield, Texas 79316

9590 9402 1676 6053 7877 09

2. Article Number (Transfer from service label)

7012 3050 0001 2947 6687

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Garza ☐ Agent ☑ Addressee

B. Received by (Printed Name) Chasity Garza | C. Date of Delivery 7/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

/ Restricted Delivery
icted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

Postmark Here

7014 0510 0000 9539 1636

Sent To: Pamela Ray Cummings
Street, Apt. No.; or PO Box No.: P.O. Box 817
City, State, ZIP+4: Panhandle, Texas 797068

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

7012 3050 0001 2947 6687

Sent To: Chasity Garza
Street, Apt. No.; or PO Box No.: 1410 E. Broadway
City, State, ZIP+4: Brownfield, Texas 79316

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pamela Ray Cummings
P.O. Box 817
Panhandle, Texas 797068

9590 9402 1676 6053 7877 47

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1636

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pamela Ray Cummings ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pamela Ray Cummings | C. Date of Delivery 7-19-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Patricia Gae Stamps
P.O. Box 249
Panhandle, Texas 79068

9590 9402 1676 6053 7877 54

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1643

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7-20-16

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

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

Postmark Here

Sent To: Mary Camille Hall
Street, Apt. No.; or PO Box No.: 3812 Tailfeather Drive
City, State, ZIP+4: Round Rock, Texas 78681

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1704

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

Postmark Here

Sent To: Patricia Gae Stamps
Street, Apt. No.; or PO Box No.: P.O. Box 249
City, State, ZIP+4: Panhandle, Texas 79068

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1643

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, Texas 78681

9590 9402 1676 6053 7878 15

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1704

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Camille Hall C. Date of Delivery 7-19-16

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

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

PS Form 3811, July 2015 PSN 7530-02-000-9053

ENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so 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:

Arin Bratcher
No. 2 Meadowlark Court
Artesia, New Mexico 88210

9590 9402 1676 6053 7878 53

Article Number (Transfer from service label)
7012 3050 0001 2947 6557

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 2008

Sent To: D&M Oil Investments, LLC
Street, Apt. No., or PO Box No.: 550 Forest Bluffs Road
City, State, ZIP+4: Aiken, South Carolina 29803

PS Form 3800, August 2006 — See Reverse for Instructions

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

Postmark Here

Sent To: Arin Bratcher
Street, Apt. No., or PO Box No.: No. 2 Meadowlark Court
City, State, ZIP+4: Artesia, New Mexico 88210

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

D&M Oil Investments, LLC
550 Forest Bluffs Road
Aiken, South Carolina 29803

9590 9402 1676 6053 7884 09

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7/15/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Buckeye Creek Energy, LLC
45914 W. 51st Street S.
Jennings, Oklahoma 74038

9590 9402 1676 6053 7877 30

2. 7014 0510 0000 9539 2053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Gary Reed
C. Date of Delivery 7-19-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Louis M. (Mickey) Ratliff, Jr.
Street, Apt. No.; or PO Box No.: 8 Firwood Court
City, State, ZIP+4: The Hills, Texas 78738

7014 0510 0000 9539 5092

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Buckeye Creek Energy, LLC
Street, Apt. No.; or PO Box No.: 45914 W. 51st Street S.
City, State, ZIP+4: Jennings, Oklahoma 74038

7014 0510 0000 9539 2053

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Louis M. (Mickey) Ratliff, Jr.
8 Firwood Court
The Hills, Texas 78738

9590 9402 1676 6053 7880 65

2. Article 7014 0510 0000 9539 5092

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 7-19-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary D. Ratliff
8 Firwood Court
The Hills, Texas 78738

9590 9402 1676 6053 7880 72

Article Number (Transfer from service label)
7014 0510 0000 9539 5108

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7-16

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

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

cted Delivery
Insured Mail Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Beckmill Investments, LLC
Street, Apt. No.; or PO Box No.: P.O. Box 1158
City, State, ZIP+4: Lexington, Virginia 24450

7014 0510 0000 9539 5108

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Mary D. Ratliff
Street, Apt. No.; or PO Box No.: 8 Firwood Court
City, State, ZIP+4: The Hills, Texas 78738

7014 0510 0000 9539 5108

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Beckmill Investments, LLC
P.O. Box 1158
Lexington, Virginia 24450

9590 9402 1676 6053 7883 48

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1940

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Warren Miller C. Date of Delivery 7/30/16

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

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

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

OFFICIAL USE

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

Postmark Here

Sent To: Beckmill Investments, LLC
Street, Apt. No.; or PO Box No.: P.O. Box 1158
City, State, ZIP+4: Lexington, Virginia 24450

7014 0510 0000 9539 1940

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

K2 Properties
141 So. Broadway, Ste 528
Tyler, TX 75702

9590 9402 1676 6053 7876 17

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1742

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lynn Hammett ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lynn Hammett C. Date of Delivery 11/19/16

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

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

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

Postmark Here

Sent To Daniel Taschner
Street, Apt. No., or PO Box No. No. 2 Meadowlark Court
City, State, ZIP+4 Artesia, New Mexico 88210

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2947 6540

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To K2 Properties
Street, Apt. No., or PO Box No. 141 So. Broadway, Suite 528
City, State, ZIP+4 Tyler, TX 75702

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1742

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Daniel Taschner
No. 2 Meadowlark Court
Artesia, New Mexico 88210

9590 9402 1676 6053 7878 46

2. Article Number (Transfer from service label)
7012 3050 0001 2947 6540

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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

ER: COMPLETE THIS SECTION

plete items 1, 2, and 3.
your name and address on the reverse
hat we can return the card to you.
ch this card to the back of the mailpiece,
n the front if space permits.

Addressed to:

William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, New Mexico 87123

9590 9402 1676 6053 7878 60

7012 3050 0001 2947 6564

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William E Gregory ☐ Agent ☑ Addressee

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

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

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

(over $500)

3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

Postmark Here

Sent To Brian McGonagill
Street, Apt. No.; or PO Box No. 1612 Westridge Road
City, State, ZIP+4 Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2947 6588

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

Postmark Here

Sent To William E. Gregory
Street, Apt. No.; or PO Box No. 11910 Central Ave., SE, Suite B
City, State, ZIP+4 Albuquerque, New Mexico 87123

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2947 6564

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brian McGonagill
1612 Westridge Road
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7878 84

2. Article Number (Transfer from service label) 7012 3050 0001 2947 6588

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-9-16

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

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Successor of United New Mexico Bank of Carlsbad,
Wells Fargo Bank, N.A.
2318 W. Pierce St.
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7879 45

2. Arti 7014 0510 0000 9539 5047

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lisa Rodriguez ☐ Agent ☒ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
cted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7014 0510 0000 9539 5054

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

Postmark Here

Sent To First Federal Savings and Loan Association of Littlefield, Texas
Street, Apt. No., or PO Box No. P.O. Box 1390
City, State, ZIP+4 Littlefield, Texas 79339

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5047

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

Postmark Here

Sent To The Successor of United New Mexico Bank of Carlsbad,
Street, Apt. No., or PO Box No. Wells Fargo Bank, N.A.
City, State, ZIP+4 2318 W. Pierce St.
Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

First Federal Savings and Loan Association of Littlefield, Texas
P.O. Box 1390
Littlefield, Texas 79339

9590 9402 1676 6053 7879 38

2. Artic 7014 0510 0000 9539 5054

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lisa Muller ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lisa Muller C. Date of Delivery 7/19

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
ted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 W. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7880 41

Article Number (Transfer from service label)
7014 0510 0000 9539 5078

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C W ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
7-19

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

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

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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

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

Postmark Here

Sent To: The Heirs of Devisees of Mary I. Ervin
Street, Apt. No.; or PO Box No.: 4016 Jones Street
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5085

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

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

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

Postmark Here

Sent To: Clarence W. Ervin
Street, Apt. No.; or PO Box No.: 4016 Jones Street
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5078

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Heirs of Devisees of Mary I. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7880 58

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5085

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C W ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
7-19

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

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

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nevill Manning
2112 Indiana
Lubbock, Texas 79410

9590 9402 1676 6053 7880 89

2. Article 7014 0510 0000 9539 5115

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D.Kemp ☒ Agent ☐ Addressee

B. Received by (Printed Name) D. Kemp C. Date of Delivery 7/6/17

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

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

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To Nolan Greak
Street, Apt. No.; or PO Box No. 8008 Slide Road, Suite #33
City, State, ZIP+4 Lubbock, Texas 79424

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5122

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

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OFFICIAL USE

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

Postmark Here

Sent To Nevill Manning
Street, Apt. No.; or PO Box No. 2112 Indiana
City, State, ZIP+4 Lubbock, Texas 79410

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5115

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, Texas 79424

9590 9402 1676 6053 7880 96

2. Article 7014 0510 0000 9539 5122

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Michelle Spearman ☐ Agent ☐ Addressee

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

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

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

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Seminole Memorial Hospital
209 NW 8th Street
Seminole, Texas 79360

9590 9402 1676 6053 7881 02

2. Article 7014 0510 0000 9539 5139

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brenda Kolen ☐ Agent ☐ Addressee

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

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

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

Postmark Here

Sent To Huntington Resources, LLC
Street, Apt. No.; or PO Box No. P.O. Box 700093
City, State, ZIP+4 Tulsa, Oklahoma 74170

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 2015

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

Postmark Here

Sent To Seminole Memorial Hospital
Street, Apt. No.; or PO Box No. 209 NW 8th Street
City, State, ZIP+4 Seminole, Texas 79360

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5139

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Huntington Resources, LLC
P.O. Box 700093
Tulsa, Oklahoma 74170

9590 9402 1676 6053 7884 16

2. Article Number (Transfer from service label) 7014 0510 0000 9539 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

JUL 20 2015

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roden Oil Company
P.O. Box 10909
Midland, Texas 79702

9590 9402 1676 6053 7875 63

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1858

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dan Jefferson C. Date of Delivery 7-22-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

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

Postmark Here

Sent To: The Estate of Jennifer Enoch Hale
Street, Apt. No., or PO Box No.: 1113 Reeves Drive
City, State, ZIP+4: Grand Forks, North Dakota 58201

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1858

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Estate of Jennifer Enoch Hale
1113 Reeves Drive
Grand Forks, North Dakota 58201

9590 9402 1676 6053 7775 26

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1919

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-19-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

Postmark Here

Sent To: Roden Oil Company
Street, Apt. No., or PO Box No.: P.O. Box 10909
City, State, ZIP+4: Midland, Texas 79702

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1919

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Drew Matthew McEwen
~~9350 E. Wilson Estates Court~~
~~Wichita, Kansas 67026~~
2764 W Brookfield Way
Vero Beach FL 32966

9590 9402 1676 6053 7876 00

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1735

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) ERIN MCEWEN C. Date of Delivery 7-25-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ tricted Delivery
☐ Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 1766

Sent To: The Trustee of a trust created by Martha Stribling
Street, Apt. or PO Box No.: P.O. Box 95557
City, State, ZIP+4: Albuquerque, New Mexico 87199

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

7014 0510 0000 9539 1735

Sent To: Drew Matthew McEwen
Street, Apt. No., or PO Box No.: 9350 E. Wilson Estates Court
City, State, ZIP+4: Wichita, Kansas 67026

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Trustee of a trust created by Martha Stribling
P.O. Box 95557
Albuquerque, New Mexico 87199

9590 9402 1676 6053 7876 31

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1766

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☑ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

Domestic Return Receipt

DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

T.B. Stribling, III as Successor Trustee c
P.O. Box 95557
Albuquerque, New Mexico 87199

9590 9402 1676 6053 7876 48

2. Article

7014 0510 0000 9539 1773

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

d Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 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

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

Postmark Here

Sent To: Thomas B. Stribling, Trustee for Thomas Luke
Street, Apt. No. or PO Box No.: 75 Circle Drive NE
City, State, ZIP+4: Albuquerque, New Mexico 87122

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1803

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

OFFICIAL USE

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

Postmark Here

Sent To: T.B. Stribling, III as Successor Trustee c
Street, Apt. No. or PO Box No.: P.O. Box 95557
City, State, ZIP+4: Albuquerque, New Mexico 87199

PS Form 3800, August 2006 See Reverse for In

7014 0510 0000 9539 1773

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Thomas B. Stribling, Trustee for Thomas Luke
75 Circle Drive NE
Albuquerque, New Mexico 87122

9590 9402 1676 6053 7876 79

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1803

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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
Restricted Delivery
(over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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 Geneva J. Osborn ☐ Agent ☒ Addressee

B. Received by (Printed Name): Geneva Osborn

C. Date of Delivery: 7-21-16

1. Article Addressed to:

The Heirs or Devisees of John W. Osborn
P.O. Box 419
Tipton, Oklahoma 76570

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

9590 9402 1676 6053 7877 61

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1650

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7014 0510 0000 9539 1650

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

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

Postmark Here

Sent To: The Heirs or Devisees of John W. Osborn
Street, Apt. No., or PO Box No.: P.O. Box 419
City, State, ZIP+4: Tipton, Oklahoma 76570

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1681

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

Postmark Here

Sent To: Heather O. Ward
Street, Apt. No., or PO Box No.: P.O. Box 538
City, State, ZIP+4: Roscoe, Texas 79545

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Heather O. Ward
P.O. Box 538
Roscoe, Texas 79545

9590 9402 1676 6053 7877 92

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1681

(over $500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Curtis Ward ☐ Agent ☐ Addressee

B. Received by (Printed Name): Curtis Ward

C. Date of Delivery: 7/19/16

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, Texas 78620

9590 9402 1676 6053 7878 08

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1698

A. Signature
X Bill Powell ☑ Agent ☐ Addressee

B. Received by (Printed Name) Bill Powell
C. Date of Delivery 7/20/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7014 0510 0000 9539 1711

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

Postmark Here

Sent To Irma J. Gregory
Street, Apt. No.; or PO Box No. 14 Cork Street
City, State, ZIP+4 Alva, Florida 33920

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 1698

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

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

Postmark Here

Sent To Sue Osborn Powell
Street, Apt. No.; or PO Box No. 899 Hedgewood Drive
City, State, ZIP+4 Georgetown, Texas 78620

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Irma J. Gregory
14 Cork Street
Alva, Florida 33920

9590 9402 1676 6053 7878 22

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1711

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Irma Gregory ☐ Agent ☑ Addressee

B. Received by (Printed Name) Irma Gregory
C. Date of Delivery 7/20/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
very Restricted Delivery
Mail Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shirley C. McGonagill
1612 Westridge
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7879 14

2. Article Number (Transfer from service label)
7012 3050 0001 2947 6618

PS Form 3811, July 2015 PSN 7530-02-000-9053

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7-9-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

Domestic Return Receipt

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

Postmark Here

Sent To: Klipstine & Hanratty
Street, Apt. No., or PO Box No.: 1601 N. Turner, Suite 400
City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0001 2947 6625

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7879 21

2. Article Number (Transfer from service label)
7012 3050 0001 2947 6625

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] | C. Date of Delivery 8/5/16

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
1327 E Bender

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

Domestic Return Receipt

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James W. Klipstine, Jr.
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7880 27

2. Article N 7012 3050 0001 2947 6533

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7-22-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Expr
☐ Registered Mail™
☐ Registered Mail Delivery
☐ Return Receipt Merchandise
☐ Signature Confirm
☐ Signature Confirma Restricted Delivery

(over $500)

Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7014 0510 0000 9539 5214

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

OFFICIAL USE

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

Postmark Here

Sent To: Magdalene (or Magdaline) P. Panagopoulos
Street, Apt. No.; or PO Box No.: 10008 Ranch Hand Ave.
City, State, ZIP+4: Las Vegas, Nevada 89117

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2947 6533

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

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

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

Postmark Here

Sent To: James W. Klipstine, Jr.
Street, Apt. No.; or PO Box No.: 1601 N. Turner, Suite 400
City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Magdalene (or Magdaline) P. Panagopoulos
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

9590 9402 1676 6053 7881 40

2. Article Number (Transfer from service label) 7014 0510 0000 9539 5214

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7/18/16

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

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

estricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Panagoppulos Enterprises, LLC
511 W. Reinken Ave.
Belen, New Mexico 87002

9590 9402 1676 6053 7880 34

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5061

A. Signature
X [signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

tricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Service
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

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

Postmark Here

Sent To: Andreas P. Panagopoulos
Street, Apt. No.; or PO Box No.: 511 West Reinken Ave.
City, State, ZIP+4: Belen, New Mexico 87002

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5146

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Panagoppulos Enterprises, LLC
Street, Apt. No.; or PO Box No.: 511 W. Reinken Ave.
City, State, ZIP+4: Belen, New Mexico 87002

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5061

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Andreas P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

9590 9402 1676 6053 7881 19

2. Article Numb
7014 0510 0000 9539 5146

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

! Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Stribling, Trustee of the LTS Trust

P.O. Box 95557

Albuquerque, New Mexico 87199

9590 9402 1676 6053 7881 64

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5191

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

JUL 2

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 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

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

Postmark Here

Sent To: Pavlos P. Panagopoulos
Street, Apt. No.; or PO Box No.: 511 West Reinken Ave.
City, State, ZIP+4: Belen, New Mexico 87002

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5153

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

Postmark Here

Sent To: P.O. Box 95557
Street, Apt. No.; or PO Box No.:
City, State, ZIP+4: Albuquerque, New Mexico 87199

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5191

SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pavlos P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

9590 9402 1676 6053 7881 26

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5153

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roden Exploration Company, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

9590 9402 1676 6053 7877 16

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1834

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☑ Agent
☐ Addressee

B. Received by (Printed Name) Kinney

C. Date of Delivery 7-21-16

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7014 0510 0000 9539 1834

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

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

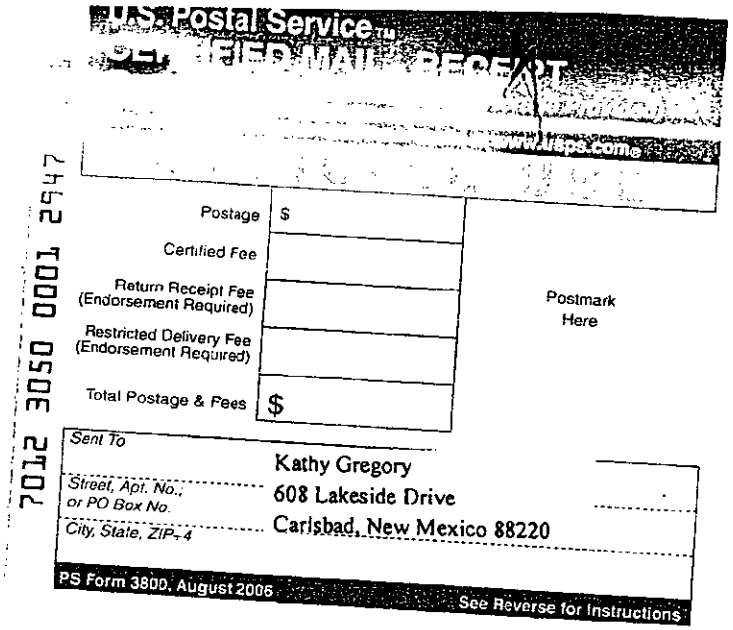
OFFICIAL USE

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

Postmark Here

Sent To: Roden Exploration Company, Ltd.
Street, Apt. No., or PO Box No.: 2603 Augusta, Suite 740
City, State, ZIP+4: Houston, Texas 77057

PS Form 3800, August 2006 See Reverse for Instructions



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

PLACE STICKER AT TOP OF ENVELOPE TO
OF THE RETURN ADDRESS, FOLD AT DOT
CERTIFIED MA TM

NIXIE 750 DE 1 0008/11/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *0968-02471-16-43

47¢
POSTAGE
ST-CLASS
V00607931
01
87793

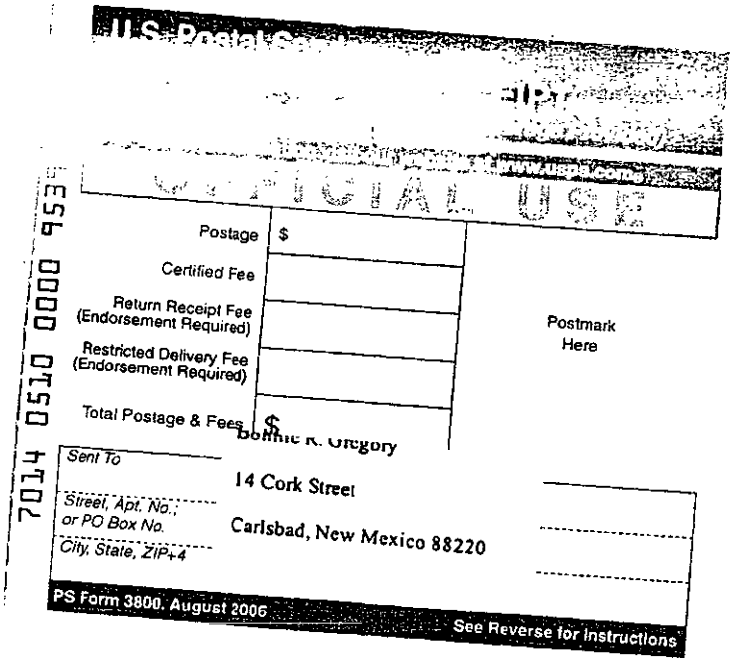
7012 3050 0001 2947 6571

Kathy Gregory
608 Lakeside Drive
Carlsbad, New Mexico 88220

UNC
88220352305 6001

7.27
8.7

7-9



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087843

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

CERTIFIED MAIL™

7014 0510 0000 9539 517.

30 N55

Bonnie R. Gregory

14 Cork Street

NIXIE .750 SE 1 0007/25/16

RETURN TO SENDER
NO SUCH STREET
UNABLE TO FORWARD

NSS BC: 87504105656 *0568-06533-16-41

87504>1056
88220-99999

7012 3050 0001 2947

Postage $

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees $

Postmark Here

Sent To: Virginia Lee Davis

Street, Apt. No., or PO Box No.: P.O. Box 1065

City, State, ZIP+4: Carlsbad, New Mexico 88221

PS Form 3800, August 2006 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL™

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087783

7012 3050 0001 2947 6489

UTF
FWD
88221>1065

Virginia Lee Davis

NIXIE 750 5E 1 0008/07/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0568-06724-16-41

VATA

7014 0510 0000 9539

USPS.com

OFFICIAL USE

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

Postmark Here

Sent To: LBD, a Limited Partnership

Street, Apt. No., or PO Box No.: P.O. Box 686

City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL™

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087782

7/19
7-28
8-7

LBD, a Limited Partnership

7014 0510 0000 9539 5030

NIXIE 750 SE 1 0008/10/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC 87504105656 BC: 87504105656 *0568-04109-16-41

8824 87504105656

U.S. Postal Service™

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OFFICIAL USE

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

Postmark Here

Sent To: Terry L. Shook

Street, Apt. No.; or PO Box No.: 5217 Old Spicewood Springs Rd., #802

City, State, ZIP+4: Austin, Texas 78731

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 1988

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087837

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

CERTIFIED MAIL™

7014 0510 0000 9539 1988

Terry L. Shook
5217 Old Spicewood Springs Rd., #802

NIXIE 787 DE 1 0008/19/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0968-02515-16-43

7014 0510 0000 9539 5160

RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Postmark Here

Sent To: Estate of Stanley J. Gregory

Street, Apt. or PO Box: 608 Lakeside Dr.

City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL™

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087842

7014 0510 0000 9539 5160

Estate of Stanley J. Gregory

NIXIE 750 DE 1 0008/11/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC 87504105656 BC: *0968-02511-16-43

U.S. Postal Service™

RECEIPT

Domestic Mail Only

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

OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5184

Sent To: M. Craig Beeman

Street, Apt. No.; or PO Box No.: 6801 Beckett Road, #134R

City, State, ZIP+4: Austin, Texas 78749

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087844

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

CERTIFIED MAIL™

7014 0510 0000 9539 5184

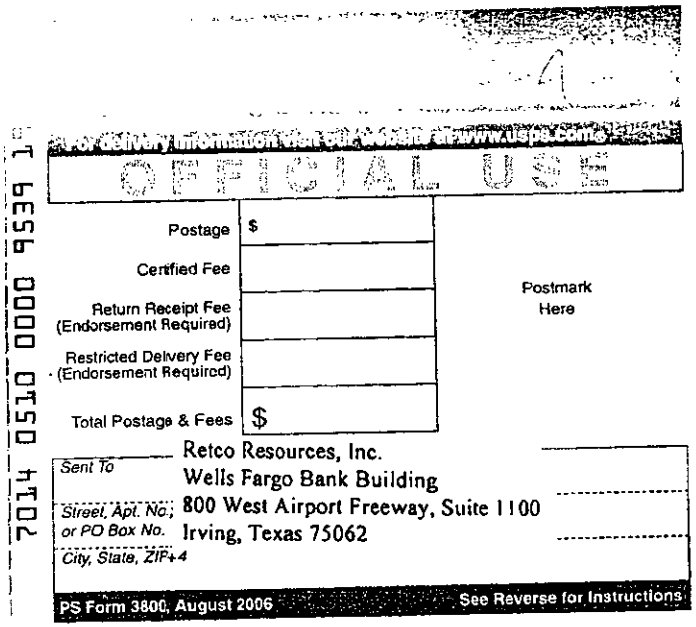
M. Craig Beeman
6801 Beckett Road, #134R
Austin, Texas 78749

NIXIE 787 SE 1 0008/19/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0568-06721-16-41

87504105656



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087821

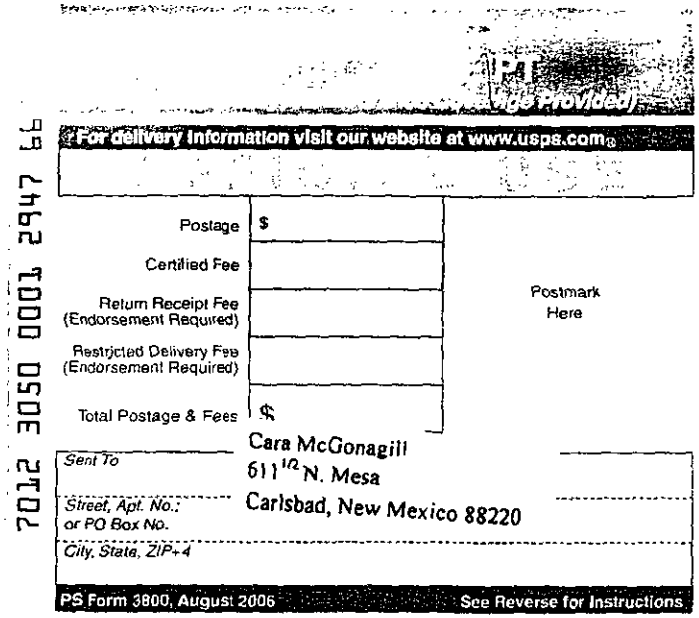
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7014 0510 0000 9539 1902

Retco Resources, Inc.
Wells Fargo Bank Building
Freeway, Suite 1100

NIXIE 750 5E 1 0007/25/16
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK
75062 875041056 6 SC: 87504105656 *0568-04539-16-41



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47 0
US POSTAGE
FIRST-CLASS
071V00607931
87501

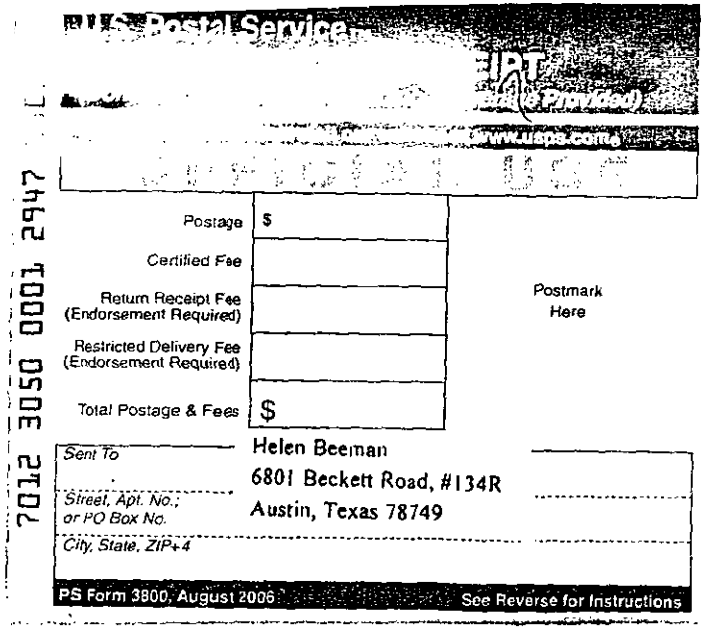
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7012 3050 0001 2947 6601

Cara McGonagill
611 1/2 N. Mesa
Carlsbad, New Mexico 88220

UNC



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

7874381466 0087

$6.47
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087765

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

LC
Bo

Helen Beeman

7012 3050 0001 2947 6502

NIXIE 787 DE 1 0002/19/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *0893-03246-19-11

87504@1056

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CERTIFIED MAIL™ RECEIPT
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mary Jo Dickerson
Street, Apt. No.; or PO Box No.: P.O. Box 642
City, State, ZIP+4: Glenpool, Oklahoma 74033

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0001 2947 6496

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087784

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

7012 3050 0001 2947 6496

Mary Jo Dickerson

NIXIE 731 75 1 0007/21/16
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF 740333005206 BC: 87504105656 *0568-03654-16-41

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 2022

Sent To: JRM, LLC
Street, Apt. No.; or PO Box No.: 152 Maury River Road
City, State, ZIP+4: Lexington, Virginia 24450

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087833

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

1st NOTICE 7-19
2nd NOTICE
RETURNED

7014 0510 0000 9539 2022

JRM, LLC

NIXIE 231 5E 1 0007/20/16
RETURN TO SENDER
NO MAIL RECEPTACLE
UNABLE TO FORWARD

BC: 87504105656 *0568-06525-16-41

24450 87504 0656

7014 0510 0000 9539 5207

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

Postmark Here

Sent To: Peter A. Panagopoulos
Street, Apt. No.; or PO Box No.: 209 W. McKay
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00807931
87501
000087846

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

7014 0510 0000 9539 5207

Peter A. Panagopoulos

NIXIE 750 7E 1 0007/25/16
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *0568-03707-16-41

UTF
88220-58303 87504105 6

7014 0510 0000 9539 18

RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

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

Postmark Here

Sent To: Gary D. Reed and Gail Reed, I
Street, Apt. No.; or PO Box No.: 5610 North Highway 97
City, State, ZIP+4: Sand Springs, Oklahoma 74063

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

7014 0510 0000 9539 1896

$6.47º
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FIRST-CLASS

071V00607931
87501
000087822

Gary D. Reed and Gail Reed,
5610 North Highway 97
Sand Springs

NIXIE 731 DE 1 0007/21/16

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

NSN BC: 87504105656 *0968-02523-16-43
[illegible] RO1

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Sent To: The Estate of Coe McEwen Wilscan
Street, Apt. No.; or PO Box No.: 12267 SW 81st Terrace
City, State, ZIP+4: Andover, Kansas 67002

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7014 0510 0000 9539 1926

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
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000087819

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NOTICE 1 2-19-16 BH
NOTICE 2 7/27
RED 3 8/3

7014 0510 0000 9539 1926

67002-826467

The Estate of Coe McEwen Wilscan
12267 SW 81st Terrace

NIXIE 670023038-1N 08/05/16

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UNABLE TO FORWARD
RETURN TO SENDER

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Sent To: Kevin Beachy McEwen
Street, Apt. No.; or PO Box No.: 409 Porth Avenue
City, State, ZIP+4: Andover, Kansas 67002

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7014 0510 0000 9539 1933

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

Rang Bell & Knocked
No Response
RTSR 7-19-16

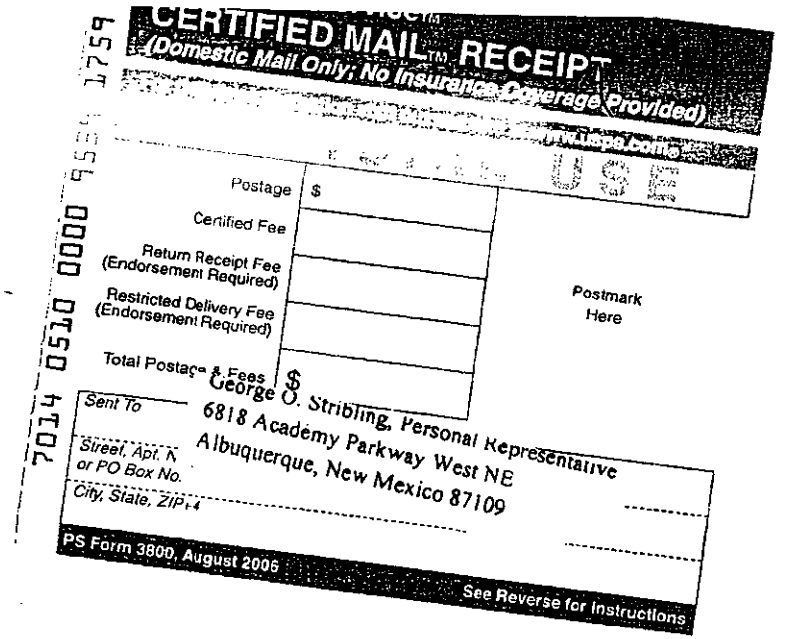
1st NOTICE 7/27
8/3

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087818

Kevin Beachy McEwen

NIXIE 670023038-1N 08/05/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

67002-971109



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
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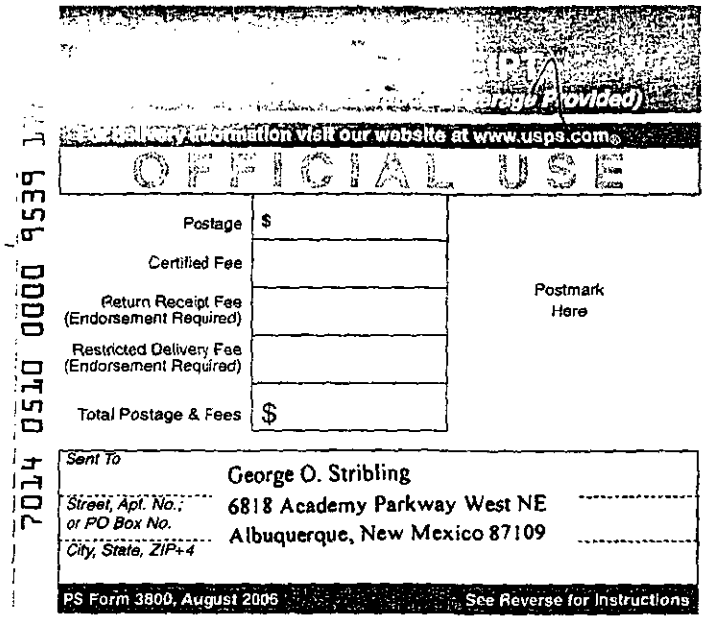
7014 0510 0000 9539 1759

George O. Stribling, Personal Representative of the Estate of Martha Stribling
6818 Acade...
Albuquerque

NEATE 871 SE 1 0007/20/16
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *0568-09531-16-40

87105-440618 56



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

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87109-445618 87504105656

George O. Stribling
6818 Academy Parkway West NE

NIXIE 871 7E 1 0007/20/16
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UNABLE TO FORWARD

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7014 0510 0000 9539

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Sent To: Martha J. Stribling

Street, Apt. No.; or PO Box No.: 6818 Academy Parkway West NE

City, State, ZIP+4: Albuquerque, New Mexico 87109

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087811

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

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7014 0510 0000 9539 179.

Martha J. Stribling
6818 Academy Parkway West NE

NIXIE 871 7E 1 0007/20/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0568-00961-16-41

87109-440818 87504@1056

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Sent To: John D. Stribling

Street, Apt. No.; or PO Box No.: 6818 Academy Parkway West NE

City, State, ZIP+4: Albuquerque, New Mexico 87109

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

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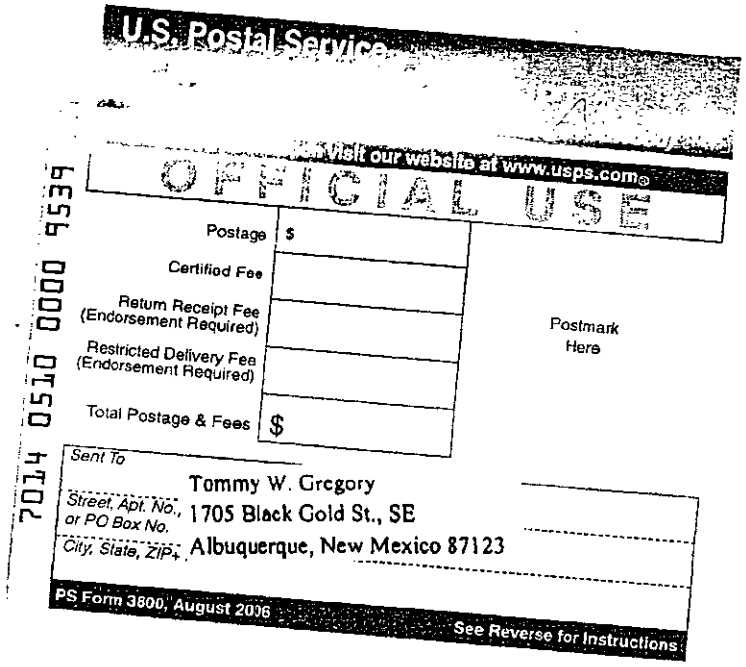
FIRST-CLASS

071V00607931
87501
000087808

John D. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

ANK

87102 87504 0156



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

7-20-2016

ALBUQUERQUE
NM 870
16 JUL '16
PM 2 L

$6.47⁰
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87125-219305

Tommy W. Gregory

NIXIE 871 NE 1 16I0007/16/16
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87594105556 *0568-06460-16-41

7012 3050 0001 2947 6595

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Sent To: George P. McGonagill
Street, Apt. No.; or PO Box No.: 2610 B Mountain View
City, State, ZIP+4: Carlsbad, New Mexico 88220

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

9100 1028 0322 8822

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000087792

UTF

7012 3050 0001 2947 6595

George P. McGonagill
2610 B Mountain View
Carlsbad, New Mexico 88220

ANK
87504>1096
88220>3201

7014 0510 0000 9539 1

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Sent To: H. Grady Payne, III
Street, Apt. No.; or PO Box No.: 7100 Grapevine Hwy., Suite 204
City, State, ZIP+4: Ft. Worth, Texas 76188

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Sent To: Stephen J. Shook
Street, Apt. No.; or PO Box No.: 4204 Tallowood Drive
City, State, ZIP+4: Austin, Texas 78731

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Sent To: PBI, LLC
Street, Apt. No.; or PO Box No.: 893 King William Drive
City, State, ZIP+4: Charlottesville, Virginia 22901

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