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, COMPULSORY POOLING, AND AN UNORTHODOX WELL LOCATION, EDDY COUNTY, NEW MEXICO.

Case No. 15,511

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 10-22-18

My Commission Expires:

Notary Public

EXHIBIT 8

EXHIBIT A

Chevron U.S.A Inc.
Chevron Midcontinent, L.P.
6301 Deauville Boulevard
Midland, Texas 79706

Attention: Permitting Team

MRC Permian Company
Matador Production Company
Suite 1500
5400 LBJ Freeway
Dallas, Texas 75240

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 12, 2016

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Mineral Interest Owners or Claimants

Ladies and gentlemen:

Enclosed is an application for a non-standard spacing unit, compulsory pooling, and an unorthodox location, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Wolfcamp well in the SW/4 of Section 33, Township 23 South, Range 28 East, NMPM, and the W/2 of Section 4, Township 24 South, Range 28 East, NMPM, 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 the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this 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

Attorney for Mewbourne Oil Company

ATTACHMENT A

Parties Being Notified

Manuela Q. Franco and Celia Hougland, as Joint Tenants
P.O. Box 1286
Loving, New Mexico 88256

Celia F. Hougland, as separate property
P.O. Box 1286
Loving, New Mexico 88256

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

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:

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

9590 9402 1676 6053 7894 51

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2404

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) MARGARET STRIBLING C. Date of Delivery 10/7/16

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

ALBUQUERQUE NM 87114

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

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 2329

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

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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 2404

Sent To: George O. Stribling, Trustee for Margaret
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

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 7893 76

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2329

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

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

(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:

Irma J. Gregory
14 Cork Street
Alva, Florida 33920

9590 9402 1676 6053 7893 45

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2299

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Irma Gregory ☐ Agent ☒ Addressee

B. Received by (Printed Name) IRMA Gregory 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
(over $500) Delivery

Domestic Return Receipt

7014 0510 0000 9539 2305

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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 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 2299

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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: 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

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 7893 52

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2305

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Carrier (In box) ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carrier 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

icted Delivery

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:

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

9590 9402 1676 6053 7892 39

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2190

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

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 (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

7014 0510 0000 9539 2206

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

7014 0510 0000 9539 2190

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:

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

9590 9402 1676 6053 7892 46

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2206

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

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 (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

9590 9402 1676 6053 7895 05

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2459

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

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

I STUBLAR

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

ALBUQUERQUE NM 870
JUL 22 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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

stricted Delivery

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

7012 3050 0001 2947 6366

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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

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 2459

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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 Trustee of a trust created by Martha
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 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 7885 22

2. Article Number (Transfer from service label)

7012 3050 0001 2947 6366

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

lestricted 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:

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

9590 9402 1676 6053 7885 15

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1612

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C.W. ☐ Agent ☐ Addressee

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

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

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: 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 1605

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: 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 1612

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 7885 08

2. Article Number (Transfer from service label)
7014 0510 0000 9539 1605

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C.W. ☐ Agent ☐ Addressee

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

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

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 7885 39

2. Article Number (Transfer from service label)
7012 3050 0001 2947 6373

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

tricted Delivery

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

7014 0510 0000 9539 2381

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: 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

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

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0001 2947 6373

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 7894 37

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ 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
- ☐ 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 (over $500)

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

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.

1. Article Addressed to:

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

9590 9402 1676 6053 7894 20

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2374

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pamela Lee Cummings ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pamela Lee Cummings 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

(over $500)

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

7014 0510 0000 9539 2367

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

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 2374

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

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 7894 13

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2367

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) CARISSA DAVIS 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

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:

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, Texas 78620

9590 9402 1676 6053 7893 69

2. Article Number

7014 0510 0000 9539 2312

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bill Powell ☐ Agent ☐ Addressee

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

JUL 19 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
- ☐ 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 2336

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: 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 2312

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: 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:

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

9590 9402 1676 6053 7893 83

2. Article Number

7014 0510 0000 9539 2336

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rhonda Osborn ☐ Agent ☐ Addressee

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

JUL 23 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
- ☐ 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:

Geneva Floyd Osborn
500 N. Broadway
Tipton, Oklahoma 73570

9590 9402 1676 6053 7893 90

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2343

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 7-28-16

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

132 Spring Canyon Rd
Sacramento, NM 88347

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

5

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 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 2350

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

9590 9402 1676 6053 7894 06

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2350

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Geneva F. Osborn ☐ Agent ☑ Addressee

B. Received by (Printed Name) Geneva F. Osborn 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

(over $500)

Domestic Return Receipt

3

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: 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 2343

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:

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

9590 9402 1676 6053 7893 07

2. Article N... 7014 0510 0000 9539 2251

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cara Gallicoat ☐ Agent ☐ Addressee

B. Received by (Printed Name) CARA GALLICOAT 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

...tricted Delivery
... 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
(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: 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

7014 0510 0000 9539 2237

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: Cara McGonagill
Street, Apt. No.; or PO Box No.: 611 1/2 N. Mesa
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 2251

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 7892 77

2. Article N... 7014 0510 0000 9539 2237

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (Printed Name) Brian McGonagill 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

...icted Delivery
... Mail 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:

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

9590 9402 1676 6053 7892 53

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2213

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William E Gregory ☐ Agent ☑ Addressee

B. Received by (Printed Name) W E GREGORY
C. Date of Delivery 7/21

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 2213

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: 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

7014 0510 0000 9539 2213

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
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 2411

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
75 Circle Drive NE
Albuquerque, New Mexico 87122

9590 9402 1676 6053 7894 68

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2411

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lydia Allen ☐ Agent ☐ Addressee

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

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
☐ 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:

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

9590 9402 1676 6053 7894 99

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2442

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) Tom Stribling C. Date of Delivery

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

ALBUQUERQUE NM 87109-9998 JUL 22 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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

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

7012 3050 0001 2947 6441

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

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: T.B. Stribling, III as Successor Trustee
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 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 7884 78

2. Article Number (Transfer from service label)
7012 3050 0001 2947 6441

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] 3845 ☐ Agent ☐ Addressee

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

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

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:

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

9590 9402 1676 6053 7884 85

2. Article Number (Transfer from service label)
7012 3050 0001 2947 6458

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Signed 3849
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7/20

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
d 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

7012 3050 0001 2947 6427

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

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

7012 3050 0001 2947 6458

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:

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

9590 9402 1676 6053 7892 91

2. A
7012 3050 0001 2947 6427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pavlos
☐ 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
stricted 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:

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 7892 15

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2176

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karla Celaya ☐ Agent ☐ Addressee

B. Received by (Printed Name) Karla Celaya
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

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: Kevin J. 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

7014 0510 0000 9539 2121

U.S. Postal Service™
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(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: 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

7014 0510 0000 9539 2176

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 7886 07

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2121

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 7-28-16

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

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 7885 91

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2114

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 7-28-16

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

(over $500)

Domestic Return Receipt

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 2107

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

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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 2114

Sent To: Latannia Klipstine
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:

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

9590 9402 1676 6053 7885 84

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2107

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 7-22-16

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

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:

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

9590 9402 1676 6053 7893 21

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2275

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

7-22-16

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

Domestic Return Receipt

7014 0510 0000 9539 2268

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	Shirley C. McGonagill
Street, Apt. No.; or PO Box No.	1612 Westridge
City, State, ZIP+4	Carlsbad, New Mexico 88220

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 2275

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	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

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:

Shirley C. McGonagill
1612 Westridge
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7893 14

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2268

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)

Brian McGonagill

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

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:

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

9590 9402 1676 6053 7884 92

2. Article Number (Transfer from service label)

7014 0510 0000 9539 1599

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

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

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

7014 0510 0000 9539 1599

Sent To: First Federal Savings and Loan Association of Littlefield,
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

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
P.O. Box 1390
Littlefield, Texas 79339

9590 9402 1676 6053 7892 22

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2183

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): USA Muller | 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

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 1599

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

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 7885 77

2. Article Number (Transfer from service label)
7012 3050 0001 2947 6410

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

ed Delivery

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

7012 3050 0001 2947 6403

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

7012 3050 0001 2947 6410

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: 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

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 7885 60

2. Article Number (Transfer from service label)
7012 3050 0001 2947 6403

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brenda Rolen ☐ Agent ☐ Addressee

B. Received by (Printed Name): Brenda Rolen | 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:

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

9590 9402 1676 6053 7885 53

2. Article Number *(Transfer from service label)*
7012 3050 0001 2947 6397

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)* 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
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

5 Domestic Return Receipt

7012 3050 0001 2947 6380

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: 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

7012 3050 0001 2947 6397

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: 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

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 7885 46

2. Article Number *(Transfer from service label)*
7012 3050 0001 2947 6380

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jenae Flores ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Jenae Flores 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

5 Domestic Return Receipt

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

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087715

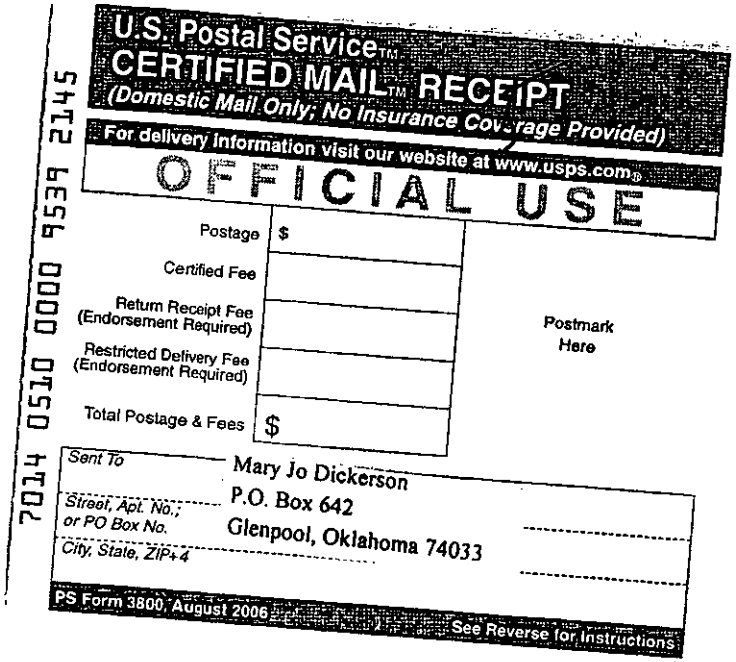
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7/18
T-26

7014 0510 0000 9539 2169

NIXIE 750 DE 1 0008/07/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC
BC: 87504105656 *2255-00531-14-42



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

7014 0510 0000 9539 2145

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

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 2145

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087717

NOTICE 7-18
NOTICE

Mary Jo Dickerson
P.O. Box 642

NIXIE 731 FE 1 0007/23
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *2255-00533-1

UTF

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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 2152

Sent To: Virginia Lee Davis
Street, Apt. No.; or PO Box No.: P.O. Box 1065
City, State, ZIP+4: Carlsbad, New Mexico 88221

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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 2152

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087716

Virginia Lee Davis

NIXIE 750 DE 1 0008/07/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *2255-00532-14-42

UTF
FWD
88221>1065

7014 0510 0000 9539 2220

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

Postmark Here

Sent To: Kathy Gregory
Street, Apt. No.; or PO Box No.: 608 Lakeside Drive
City, State, ZIP+4: Carlsbad, New Mexico 88220

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

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087708

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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7-18

7014 0510 0000 9539 2220

Kathy Gregory
608 Lakeside Drive
Carlsbad, New Mexico

NIXIE 750 DE 1 0008/10/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC
BC: 87504105656 *2255-00498-14-42

7014 0510 0000 9539 2435

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

Postmark Here

Sent To: George O. 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

$6.47[illegible]
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087687

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

CERTIFIED MAIL™

7014 0510 0000 9539 2435

87[illegible]

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

NIXIE 871 FE 1 0007/20/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *2255-00559-14-42

7012 3050 0001 2947 6434

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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

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087742

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

CERTIFIED MAIL™

7012 3050 0001 2947 6434

UTF

Peter A. Panagopoulos
209 W. McKay
[illegible] 88220

NIXIE 750 FE 1 0007/22/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *2255-00515-14-42

7014 0510 0000 9539 2398

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

Postmark Here

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

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
000087683

7014 0510 0000 9539 2398

NIXIE 871 FE 1 0007/20/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *2255-00555-14-42

7014 0510 0000 9539 2138

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

Postmark Here

Sent To: Helen Beeman
Street, Apt. No.; or PO Box No.: 6801 Beckett Road, #134R
City, State, ZIP+4: Austin, Texas 78749

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

ANK

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

CERTIFIED MAIL™

7014 0510 0000 9539 2138

875040105656

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00

NIXIE 787 DE 1
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
*0893-07485-20-16
BC: 875040105656

0007/20/16
Helen Beeman
6801 Beckett Road, #134R
Austin, Texas 78749

78749$1466 C087

7014 0510 0000 9539 2282

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

Postmark Here

Sent To: Tommy W. Gregory
Street, Apt. No. or PO Box No.: 1705 Black Gold St., SE
City, State, ZIP+4: Albuquerque, New Mexico 87123

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

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087712

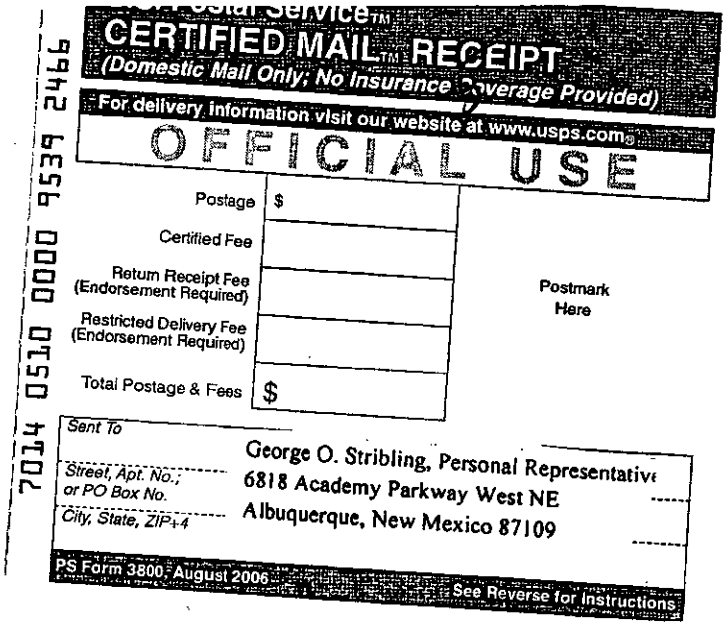
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

FWD

7014 0510 0000 9539 2282

NIXIE 871 NFE 1 16C0007/21/16
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *2255-00509-14-42



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

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7014 0510 0000 9539 2466

Sent To
George O. Stribling, Personal Representative
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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$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087690

7014 0510 0000 9539 2466

George O. Stribling, Personal Representative of the Estate of Martha Stribling, Deceased
6818 Academy Parkwa
Albuquerque, New Me

NIXIE 871 FE 1 0007/20/15
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *2255-00562-14-42

7014 0510 0000 9539 2428

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

Postmark Here

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

PS Form 3800, August 2006 — See Reverse for Instructions

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

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087686

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 2428

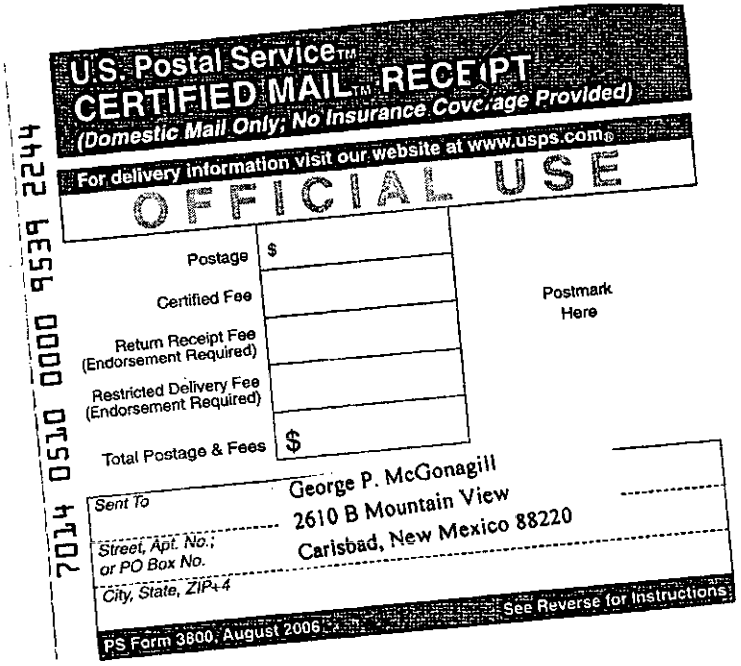
Martha J. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

NIXIE 871 DE 1 0007/20/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *2255-00558-14-42

87104105656



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7014 0510 0000 9539 2244

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

Postmark Here

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

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

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087706

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

7014 0510 0000 9539 2244

NIXIE 750 NFE 1 16I0007/16/16
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *2255-00507-14-42

7014 0510 0000 9539 2473

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

Postmark Here

Sent To: Celia F. Hougland, as separate property
Street, Apt. No.; or PO Box No.: P.O. Box 1286
City, State, ZIP+4: Loving, New Mexico 88256

PS Form 3800, August 2006 — See Reverse for Instructions

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

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087691

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

CERTIFIED MAIL™

7014 0510 0000 9539 2473

United States Postal Service
RETURN TO SENDER

e property

NIXIE 750 DC 1 0008/02/15
RETURN TO SENDER
NO MAIL RECEPTACLE
UNABLE TO FORWARD

NMR

BC: 87504105656 *2255-00563-14-42

7014 0510 0000 9539 2480

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

Postmark Here

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

Manuela Q. Franco and Celia Hougland
P.O. Box 1286
Loving, New Mexico 88256

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 2480

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087692

UNITED STATES POSTAL SERVICE
RETURN TO SENDER

ougland, as Joint Tenants

NIXIE 750 DC 1 0008/02/16

RETURN TO SENDER
NO MAIL RECEPTACLE
UNABLE TO FORWARD

BC: 87504105656 *2255-00564-14-42

NMR