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WRITER

Gary W Larson
Partner
glarson@hinklelawfirm com

March 22, 2017

VIA CERTIFIED MAIL

Abell-Hanger Foundation
303 West Wall Street
Midland TX 79701

Re Steward Energy II LLC New Mexico Oil Conservation Division Application

Dear Sir or Madam

Enclosed is a copy of an amended application for approval of a non-standard spacing and proration unit, compulsory pooling and an unorthodox well location that Steward Energy, II LLC (Steward) has filed with the New Mexico Oil Conservation Division (the Division)

The proposed non-standard spacing and proration unit is comprised of the SW/4 of Section 3 and the W/2 of Section 10 Township 14 South, Range 38 East, N M P M Lea County, New Mexico The Abell Hanger Foundation's (Abell-Hanger") interests are not being pooled but as the owner of an interest in an offsetting tract, it is entitled to receive notice of Steward s application

This matter (Case No 15670) is scheduled for hearing at 8 15 a m on Thursday, April 13, 2017, in Porter Hall at the Division's offices located at 1220 South St Francis Drive, Santa Fe, New Mexico 87505 Abell-Hanger is not required to attend this hearing but as an owner of an interest in an offset tract, it has the right to appear at the hearing and present testimony If Abell-Hanger does not appear at the hearing, then it will be precluded from contesting the matter at a later date

A party appearing in the case is required by the Division s Rules to file a Pre Hearing Statement which in this matter must be filed no later than Thursday April 6 2017 The Pre Hearing Statement must be filed with the Division s Santa Fe office at the address above and should include the name of the party and the party s attorney a concise statement of the case the name(s) of the witness(es) the party will call to testify at the hearing the approximate amount of time the party will need to present the party s case, and an identification of any procedural matters that need to be resolved prior to the hearing The Pre Hearing Statement must also be provided to me

Thank you for your attention to this matter

Very truly yours,

Gary W Larson

OCD Case No 15670
STEWARD ENERGY II
Exhibit # 7

GWL sm
Enclosure

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7014 0510 0000 9539 2992

Sent To
Abell Hanger Foundation
Street, Apt No or PO Box No
303 West Wall Street
City State ZIP+4
Midland TX 79701

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.

Ann Davis
6216 Thicket Street NW
Albuquerque NM 87120

9590 9402 2354 6225 8695 90

2. Article Number (Transfer from service label)
7014 0510 0000 9539 3005

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ann Davis ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
3/21

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

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7014 0510 0000 9539 3029

Sent To
Atwell Minerals RI Ltd
Street Apt No or PO Box No
970 Isom Road
City State ZIP+4
San Antonio TX 78216

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.

Beverly Ann Bowman
P O Box 21041
Bullhead City, AZ 86439

9590 9402 2354 6225 8721 94

2. Article Number (Transfer from service label)
7012 3050 0001 2947 4997

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Beverly Bowman
☐ Agent
☐ Addressee

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

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

MAR 27 2017

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

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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 5017

Sent To: Camilla H Cobb Trust
Street, Apt. No. or PO Box No.: 420 Throckmorton St #650
City, State, ZIP+4: Fort Worth TX 76102

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
Cleveland Family Trust
c/o Prosperity Bank Trust Department
1401 Avenue Q
Lubbock TX 79401 3819

9590 9402 2349 6225 8222 03

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9502

COMPLETE THIS SECTION

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

MAR 29 2017

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

Mail Restricted Delivery 00)

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Deliv $

Postage
$

Total Postage and Fees
$

Sent To: David W Cleveland
Street and Apt. No. or PO Box No.: P O Box 946
City, State, ZIP+4®: Lampasas TX 76550

Postmark Here

SANTA FE NM 87501

7015 0640 0001 6338 9687

PS Form 3800, April 2015, PSN 7530-02-000-9047 — See Reverse for Instructions

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- 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:

Desert Partners V L P
P O Box 3579
Midland TX 79702

9590 9402 2354 6225 8722 24

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9694

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Stan Reeves
C. Date of Delivery 2-2-17

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail 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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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

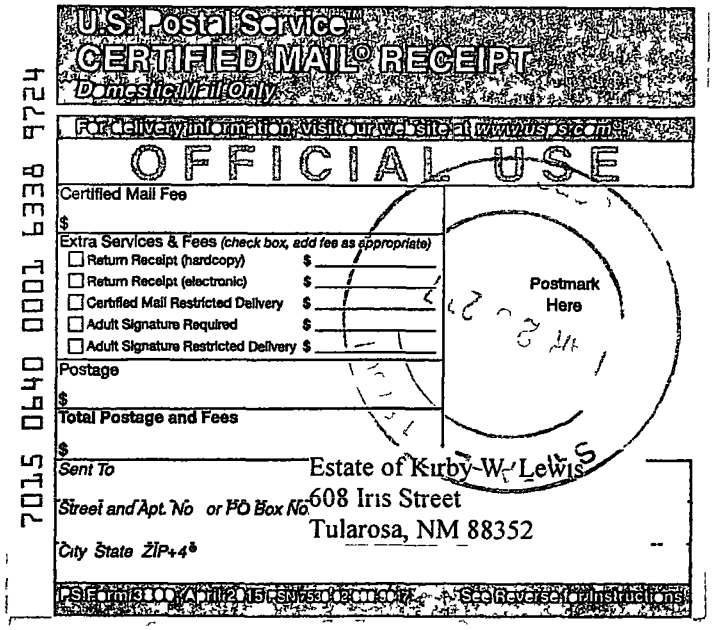
Sent To: Estate of Joyce Allen Lewis
Street and Apt. No. or PO Box No.: 608 Iris
City, State, ZIP+4®: Tularosa NM 88352

Postmark Here

SANTA FE NM 87501

7015 0640 0001 6338 9519

PS Form 3800, April 2015, PSN 7530-02-000-9047 — See Reverse for Instructions



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Estate of Kirby W. Lewis
Street and Apt. No. or PO Box No.: 608 Iris Street
City, State, ZIP+4®: Tularosa, NM 88352

PS Form 3800, April 2015, See Reverse for Instructions

7015 0640 0001 6338 9724

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.

Estate of Wayne A Lewis
5317 Bluebonnet
Colleyville TX 76034

9590 9402 2354 6225 8722 55

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9731

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dan Vandeventer C. Date of Delivery MAR 2 2017

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

76034

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

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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.

Fatine Fite
P O Box 773
Edgewood TX 75117

9590 9402 2354 6225 8722 62

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9748

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Nelia A Capen C. Date of Delivery 3/28/17

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

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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.

George Richard Loyd
17235 Red Wolfe Lane
Morrison CO 80465 9680

9590 9402 2354 6225 8722 79

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9755

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X George Richard Loyd ☐ Agent ☑ Addressee

B. Received by (Printed Name) George Richard Loyd C. Date of Delivery 28 Mar 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- Mail Restricted Delivery 00)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here
MAR 3 2017

Sent To: Jackie Fite Fechner
Street and Apt. No. or PO Box: 1623 Rochelle Cannon
City, State, ZIP+4®: Bells TX 75414

7015 0640 0001 6338 9762

PS Form 3800, April 2015, PSN 7530-02-000-047 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.

James L Greene III
P O Box 11290
Midland TX 79702

9590 9402 2354 6225 8700 22

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9779

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) J L GREENE 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
- all 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.

James Reed McCrory
P O Box 25764
Albuquerque, NM 87215

9590 9402 2354 6225 8700 39

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9786

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) JAMES MCCRORY C. Date of Delivery 5-29-17

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

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SENDER: COMPLETE THIS SECTION

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- ☑ Print your name and address on the reverse so that we can return 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 Spears
220 Spears Rd
Lovington, NM 88260

9590 9402 2691 6351 8868 89

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9793

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) James W Spears C. Date of Delivery 03/28/17

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

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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:
Jean C Jones
4609 10th Street
Lubbock, TX 79416

9590 9402 2691 6351 8868 96

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9809

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JEAN JONES ADAMS C. Date of Delivery MAR 30 2017

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

SUNSET CITY LUBBOCK TX 79416

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

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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:

Jean C Jones
5215 19th Street
Lubbock TX 79407

9590 9402 2354 6225 8721 49

2. Article Number (Transfer from service label)

7015 0640 0001 6338 9526

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3-27-17

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
☐ Insured Mail	
☐ Insured Mail Restricted Delivery (over $500)	

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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:

Jeff S Manupelli
243 East Interview Trail
Alamo Heights TX 78209

9590 9402 2691 6351 8869 02

2. Article Number (Transfer from service label)

7015 0640 0001 6338 9816

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☒ Addressee

B. Received by (Printed Name) Jeff Manupelli C. Date of Delivery 3-27-17

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
☐ Insured Mail	
☐ Insured 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:

Jimmy Lester Spears
3303 Prospect Street
Carlsbad, NM 88220

9590 9402 2691 6351 8869 19

2. Article Number (Transfer from service label)

7015 0640 0001 6338 9823

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3-27-17

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
☐ Insured Mail	
☐ Insured 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.

John H Garrison
651 Hemingway Court
Port Pierce FL 34982

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3-7-17

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
☐ Collect on Delivery Restricted Delivery
☐ [illegible] Mail
☐ [illegible] Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☑ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

9590 9402 2691 6351 8869 26

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9830

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.

Joel Glenn Davis
2212 Winchester Drive
Colu[illegible] MO 65202

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

9590 9402 2354 6225 8700 84

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9489

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

7015 0640 0001 6338 9847

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here
SCSN
[illegible]

Sent To Jonathan Lewis Morgan
Street and Apt. No. or PO Box No. 722 Garden Oaks Blvd
City, State, ZIP+4 Houston TX 77018-1

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:

Joyce Craft
3112 76th Street
Lubbock TX 79423

9590 9402 2691 6351 8869 40

2. Article Number (Transfer from service label)

7015 0640 0001 6338 9854

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joyce Craft ☐ Agent ☐ Addressee

B. Received by (Printed Name) Joyce Craft C. Date of Delivery 3/8/17

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
- ☐ 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

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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:

Julie Fite Copper
P O Box 541
Bells TX 75414

9590 9402 2691 6351 8869 57

2. Article Number (Transfer from service label)

7015 0640 0001 6338 9861

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julie A. Copper ☐ Agent ☐ Addressee

B. Received by (Printed Name) Julie A. Copper C. Date of Delivery 3/8/17

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail 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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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:

Karen Slinkard
820 Kestral Place
Davis CA 96516

9590 9402 2691 6351 8869 64

2. Article Number (Transfer from service label)

7015 0640 0001 6338 9878

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Slinkard ☐ 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
- ☐ Insured Mail 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
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

SANTA FE NM

Sent To: Katrina Williams Steiner
Street and Apt. No. or PO Box: 979 Weber Circle Apt #204
City, State, ZIP+4®: Ventura CA 93003

7015 0640 0001 6338 9885

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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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:

KR & M LLC
Brandon A Eastman Registered Agent
1950 West Bell Street
Forest TX 75119

9590 9402 2691 6351 8869 88

2. Article Number (Transfer from service label)

7015 0640 0001 6338 9892

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): Me Katrina
C. Date of Delivery: 03-31-17

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
- ☐ 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

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:

Leslie Len Morgan
314 Fair Oaks Street
San Francisco CA 94110

9590 9402 2691 6351 8869 95

2. Article Number (Transfer from service label)

7015 0640 0001 6338 9908

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): Leslie Morgan
C. Date of Delivery: 3/31/17

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail 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

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

APR 25

SANTA FE, NM

Sent To
Lois Lewis Sanders

Street and Apt. No., or PO Box No.
302 Bookout

City, State, ZIP+4®
Tularosa NM 88352

7015 0640 0001 6338 9915

PS Form 3800, April 2015, PSN 7530-02-000-9047 — See Reverse for Instructions

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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.

Marion Ezra Powell, Jr
7406 Harris Lane
Bryan, TX 77808

9590 9402 2691 6351 8870 15

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9922

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathryn Powell
☐ Agent
☐ Addressee

B. Received by (Printed Name) Kathryn Powell
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
- ☐ 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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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 C Elliott
P O Box 64060
Lubbock, TX 79424

9590 9402 2691 6351 8870 22

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9939

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

LUBBOCK TX APR 27 2017 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

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Mayme K Lewis

Street and Apt. No., or PO Box No.
5321 S Loop 289 #905

City, State, ZIP+4®
Lubbock TX 79424

PS Form 3800, April 2015, PSN 7530-02-000-0047 — See Reverse for Instructions

7015 0640 0001 6338 9946

USPS
Postmark Here
AUG 2017
AN

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:
Michael James Mor
P O Box 410266
San Francisco, CA

9590 9402 2691 6351 8870 39

2. Article Number (Transfer from service label)
7015 0640 0001 6338 9946

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 ☐ No
If YES, enter delivery address below:

Signature

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail 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
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Natasha Lee Karstens

Street and Apt. No., or PO Box No.
12626 Sisco Lane

City, State, ZIP+4®
Bryan TX 77808

PS Form 3800, April 2015, PSN 7530-02-000-0047 — See Reverse for Instructions

7015 0640 0001 6338 9953

USPS
Postmark Here
SANTA

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

Polly C Farrar
11535 U S Highway 83
Canadian, TX 79014

9590 9402 2691 6351 8870 53

2 Article Number (Transfer from service label)

7015 0640 0001 6338 9960

COMPLETE THIS SECTION ON DELIVERY

A Signature
X George Morrow ☒ Agent ☐ Addressee

B Received by (Printed Name) George Morrow
C Date of Delivery 3-27-17

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
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail 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

Quida Spears
220 Spears Rd
Lovington NM 88260

9590 9402 2691 6351 8870 60

2 Article Number (Transfer from service label)

7015 0640 0001 6338 9977

COMPLETE THIS SECTION ON DELIVERY

A Signature
X Quida Spears ☐ Agent ☐ Addressee

B Received by (Printed Name) Quida Spears
C Date of Delivery 3/28/17

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
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail 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

Ramb Ventures, LLC
7999 South Jasmine Circle
Centennial, CO 80112 3052

9590 9402 2691 6351 8870 77

2 Article Number (Transfer from service label)

7015 0640 0001 6338 9984

COMPLETE THIS SECTION ON DELIVERY

A Signature
X Rusty Brusenhan ☐ Agent ☐ Addressee

B Received by (Printed Name) Rusty Brusenhan
C Date of Delivery 3-27-17

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
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail 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
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Reed Oil Trust
Street and Apt. No., or PO Box: R H Reed Jr Trustee
City, State, ZIP+4®: c/o Jackson Walker LLP
901 Main #6000 Dallas

7015 0640 0001 6338 9991

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

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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.

Sheila Ann Greene
P O Box 11290
Midland, TX 79702

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

9590 9402 2354 6225 8700 53

2. Article Number (Transfer from service label)
7015 0640 0001 6339 0003

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

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Sheila Schnaubert
Street and Apt. No., or PO Box: 9041 Butterwick Street
City, State, ZIP+4®: Fort Worth TX 76134

7015 0640 0001 6338 9441

PS Form 3800, April 2015 PSN 7530-02-000-0047 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:

Stephen & Karen Slinkard,
Co-Trustees of Slinkard Family Trust
820 Kesterel Pl
Davis CA 95616

9590 9402 2354 6225 8721 70

2 Article Number (Transfer from service label)

7015 0640 0001 6338 9458

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Slinkard ☐ 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
- ☐ 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:

Susan Spears Pilcher
P O Box 756
Eunice, NM 88231

9590 9402 2354 6225 8721 84

2 Article Number (Transfer from service label)

7015 0640 0001 6338 9465

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan P Pilcher ☐ 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
- ☐ 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:

Virginia C Speais
307 North 7th Street
Lovington, NM 88260

9590 9402 2354 6225 8700 60

2 Article Number (Transfer from service label)

7015 0640 0001 6338 9472

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Virginia C Speais ☐ 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
- ☐ Restricted Delivery

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