

EXHIBIT

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE NEW MEXICO 87504

369 MONTI/UMA NO 213
SANTA FE NEW MEXICO 87501

(505) 982 2043 (Phone)
(505) 660 6612 (Cell)
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jamesbruce@iol.com

April 4 2017

CERTIFIED MAIL RETURN RECEIPT REQUESTED

To Persons on Exhibit A

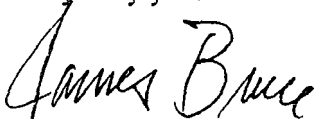
Ladies and gentlemen

Enclosed is an application for approval of a non standard project area and an unorthodox gas well location, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company regarding a project area and a well in Sections 17 and 20 Township 21 South Range 25 East N M P M Eddy County, New Mexico

This matter is scheduled for hearing at 8 15 a m on Thursday April 27 2017 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 in offsetting acreage which 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 April 20 2017 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

Notice List

Mewbourne Oil Company

Application for Unorthodox Well Location and Non Standard Proration Unit

Rio Bravo 17/20 W2AP Fed Com #1H, Sections 17&20, T21S, R25E

Eddy County, New Mexico

Owners Noticed	Tract Numbers	
Regeneration Energy Corporation P O Box 210 Artesia New Mexico 88210 Attn Mr Raye Miller	1 2 5 9 10	
The Allar Company P O Box 1567 Graham Texas 76450 Attn Mr Jack Graham	1 2 5 9 10 16	
Rio Bravo Resources LLC P O Box 1708 Hobbs New Mexico 88241 Attn Mr Larry Scott	1 2 5 9 10	
McCombs Energy Partners II LLC 5599 San Felipe Suite 1200 Houston Texas 77056 Attn Mr Ricky Haikin	1 2 5 9 10 11 14	
Crown Oil Partners V LP P O Box 50820 Midland Texas 79701 Attn Mr Caleb Hopson	1 2 5 9 10 12	
Ciump Energy Partners II LLC P O Box 50820 Midland Texas 79701 Attn Mr Caleb Hopson	1 2 5 9 10 12	

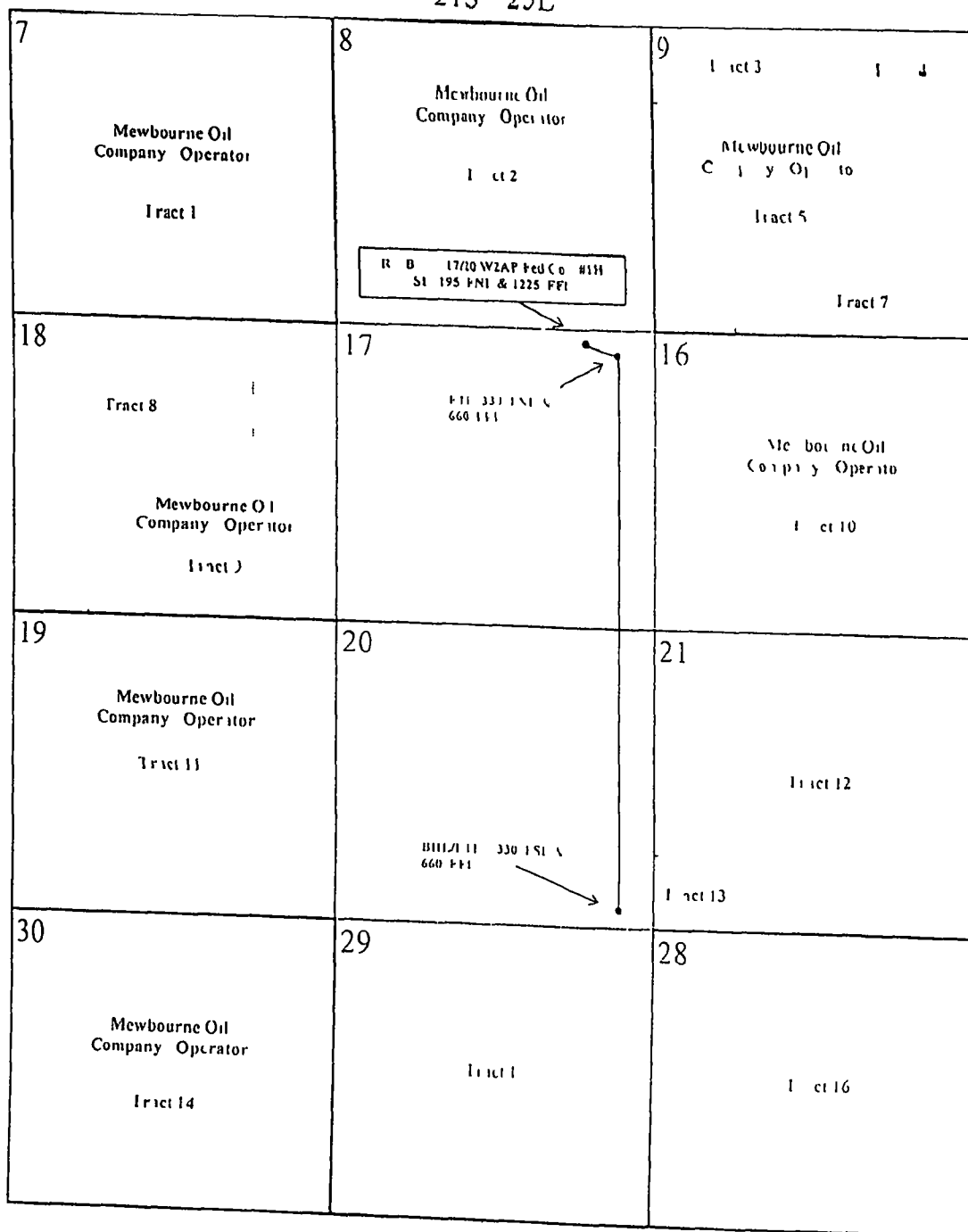
EXHIBIT

A

Owners Noticed	Tract Numbers	
COG Operating LLC 600 W Illinois Avenue Midland Texas 79701 Attn Rita Buress	3 4	
Ocsura Resources Inc P O Box 647 Artesia NM 88211	4	
Newkumet Exploration Inc P O Box 11330 Midland TX 79702	7	
Bureau of Land Management 620 East Greene Street Carlsbad New Mexico 88220 Attn George MacDonell	8 15	
Nadel and Gussman Permian LLC P O Box 50820 Midland Texas 79701 Attn Mr Caleb Hopson	12	
Caza Petroleum LLC 200 N Loraine Ste 1550 Midland Texas 79701 Attn Mr Rich Albri	16	
EG3 Inc P O Box 1567 Graham Texas 76450 Attn Mr Jack Graham	16	

Owners Noticed	Tract Numbers	
Wise Oil and Gas No 2 Ltd 6851 NE Loop 820 Suite 110 North Richland Hills Texas 76180 Attn Mr William Patterson	16	
Chevron U S A Inc 6301 Deauville Boulevard Midland Texas 79706 Attention Permitting Team	11 14	

21S 25L



Tract 13 is Operated by Mewbourne Oil Company

— 1280 Acre Spacing Unit
Affected Offset Acreage/Tracts

Mewbourne Oil Company
Application for Unorthodox Well Location and Non Standard
Proration Unit
Rio Bravo 17/20 W2PA Fed Com #1H
Affected Offset Acreage

7016 2070 0000 2473 2249

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1 2 and 3 ■ Print your name and address on the reverse so that we can return the card to you ■ Attach this card to the back of the mailpiece or on the front if space permits 1 Article Addressed to Caza Pet ole LLC 00 N Lo St 1550 Mdl d T 79701 9590 9402 2691 6351 8865 99 2 Article Number (Transit from arrival label) 7016 2070 0000 2473 2249 (over \$500) PS Form 3811 July 2015 PSN 7530 02 000 9053		A. Signature <i>[Signature]</i> ☒ Received by (Printed Name) <i>[Signature]</i> C Date of Delivery 4/11/17 D Is delivery address different from item 1? ☐ Yes If YES enter delivery address below ☐ No 3 Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery	

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Extra Services & Fees (b dd pp p)	
☐ R t R c pt (h rd py) \$	
☐ R R p (lec) \$	
☐ C t d M I R t d D l v y \$	
☐ Ad l t S g t r e R q d \$	
☐ Ad l S g t R t d D ry \$	
Postage	
Total Postage and Fees	
S nt To	
Che ron USA l c 6301 Deau l l c Bo l c d Mdl d T 79706	
S e t nd Apt No o PO Bo	
City State ZIP 4	
PS Form 3811 April 2015 PSN 7530 02 000 9053 See Reverse for Instructions	

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Extra Services & Fees (b dd pp p)	
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☐ C t d M I R t d D l v y \$	
☐ Ad l t S g t R q d \$	
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Caza l c ole LLC 00 N L S 1550 Mdl d T 79701	
Street 2 d Apt No o PO Bo	
City State ZIP+4	
PS Form 3811 April 2015 PSN 7530 02 000 9053 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 Che ron USA l c 6 01 Deau l l c Bo l c Mdl d T 79706 9590 9402 2691 6351 8865 68 2 Article Number (Transit from arrival label) 7016 2070 0000 2473 2218 PS Form 3811 July 2015 PSN 7530 02 000 9053		A. Signature <i>[Signature]</i> ☒ Received by (Printed Name) <i>[Signature]</i> C Date of Delivery 4/10/17 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	

Domestic Return Receipt

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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

W O I d G N 2 Ltd
6851 NF Loop 820 Suite 110
North Richland Hill Texas 76180

9590 9402 2691 6351 8865 75

2 Article

7016 2070 0000 2473 2225

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A Signature

X

B Received by (Printed Name)

C Date of Delivery

4/10/17

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

☐ Yes
☒ 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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☐ t p t rd py S
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☐ C d M IR t d D ry
☐ A ISg R q d
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Postage

Total Postage & Fees

\$

Se t To

MC b E by I I I C
5599 S Felipe St te 1200
H to T x s 77056

C y Size ZIP+4

PS Form 3811 April 2015 PSN 7530 02 000 9053 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

MC b E by I I I C
5599 S Felipe St te 1200
H to T x s 77056

9590 9402 2691 6351 8866 74

2 Article Number (Transfer from service label)

7016 2070 0000 2473 2324

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COMPLETE THIS SECTION ON DELIVERY

A Signature

X

B Received by (Printed Name)

☐ Agent
☒ Addressee

C Date of Delivery

4/10/17

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

☐ Yes
☒ 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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(e \$500)

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Ext a S v & F e f k b d f p
☐ R t R p t h d p y S
☐ n t p () S
☐ C r d M a l R t d D r y
☐ i R t d D r y
☐ A d i g t t d D r y

Postage

Total Postage & Fees

W O I d G N 2 Ltd
6851 NF Loop 820 Suite 110
North Richland Hill Texas 76180

St i d Apt No POB x N

Qty S t Z P 4

PS Form 3811 April 2015 PSN 7530 02 000 9053 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

COG Operating LLC
 600 W Illinois Ave
 M d l d l c 79701

9590 9402 2691 6351 8866 43

2 Article Number (Transfer from envelope)
 7016 2070 0000 2473 2294

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 J. Monroe

C. Date of Delivery
 4-11-17

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

Domestic Return Receipt

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Certified Mail Fee
 \$

Postage
 \$

Total Postage and Fee
 \$

Sent To
 The All Company
 P O Box 1567
 City State ZIP 4
 G h T 76450

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Certified Mail Fee
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Postage
 \$

Toal Postage and Fee
 \$

Sent To
 COG Operating LLC
 600 W Illinois Ave
 M d l d l c 79701

City State ZIP 4

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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

The All Company
 P O Box 1567
 City State ZIP 4
 G h T 76450

9590 9402 2691 6351 8866 98

2 Article
 7016 2070 0000 2473 2348

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Melanie Barrett

C. Date of Delivery
 4-10-17

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1 2 and 3 Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece or on the front if space permits Article Addressed to R B O R O LLC P O Bo 1708 Hobbs New Mex co 88241		A. Signature X <i>Maren Latimer</i> ☐ Agent ☐ Addressee B Received by (Printed Name) <i>Maren Latimer</i> C Date of Delivery <i>4-11</i> D Is delivery address different from item 1? ☐ Yes ☐ No If YES enter delivery address below	
9590 9402 2691 6351 8866 81		3 Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery	
2 Art 7016 2070 0000 2473 2331		PS Form 3811 July 2015 PSN 7530 02 000 9053	

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Certified Mail Fee	Postmark Here
Postage Additional Postage and Fees	Postage Additional Postage and Fees
Service & Fees (check box) ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Priority Mail Express® ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery	Postmark Here Postage Additional Postage and Fees
Article Addressed to B of L d M a g e m e n t 620 E st G e e n e S t r e e t C a r l s b a d N e w M e x c o 88220	City State ZIP+4
PS Form 3811, April 2015 PSN 7530 02 000 9053 See Reverse for Instructions	

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For delivery information, visit our website at www.usps.com	
Certified Mail Fee	Postmark Here
Postage Additional Postage and Fees	Postage Additional Postage and Fees
Service & Fees (check box) ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Priority Mail Express® ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery	Postmark Here Postage Additional Postage and Fees
Article Addressed to B of L d M a g e m e n t 620 E st G e e n e S t r e e t C a r l s b a d N e w M e x c o 88220	City State ZIP+4
PS Form 3811, April 2015 PSN 7530 02 000 9053 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1 2 and 3 Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece or on the front if space permits Article Addressed to B of L d M a g e m e n t 620 E st G e e n e S t r e e t C a r l s b a d N e w M e x c o 88220		A. Signature X <i>T. Latimer</i> ☐ Agent ☐ Addressee B Received by (Printed Name) C Date of Delivery <i>4/10/17</i> D Is delivery address different from item 1? ☐ Yes ☐ No If YES enter delivery address below	
9590 9402 2691 6351 8866 12		3 Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery	
2 Article Number (Article from) 7016 2070 0000 2473 2263		PS Form 3811 July 2015 PSN 7530 02 000 9053	

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1 Article Addressed to

Reg c to l gy C 10 10
 PO Bo 210
 A N w M x o 88210

9590 9402 2691 6351 8867 04

COMPLETE THIS SECTION ON DELIVERY

A Signature
 X *Raye Miller* ☐ Agent ☐ Addressee

B Received by (Printed Name)
 Raye Miller

C Date of Delivery
 4/8/17

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

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
☐ Signature Confirmation Restricted Delivery

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☐ Certified Mail () \$
☐ Signature Confirmation () \$
☐ Registered Mail Restricted Delivery () \$

Postage
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Total Postage & Fees
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Seal to
 Oesura Resources Inc
 PO Box 647
 Art NM 88211

See Reverse for Instructions

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Postage & Fees (if applicable)
☐ Registered Mail () \$
☐ Certified Mail () \$
☐ Signature Confirmation () \$
☐ Registered Mail Restricted Delivery () \$

Postage
 \$

Total Postage & Fees
 \$

Seal to
 Reg c to l gy C p l
 PO B 210
 A N w M x o 88210

C State ZIP 4*

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1 Article Addressed to

Oesura Resources Inc
 PO Box 647
 Art NM 88211

9590 9402 2691 6351 8866 36

2 Article Number (Transfer from envelope)
 7016 2070 0000 2473 2287

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A. Signature
 X *A. WATTS* ☐ Agent ☐ Addressee

B Received by (Printed Name)
 A. WATTS

C Date of Delivery
 APR 10 2017

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

Service Type
☐ Priority Mail Express®
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

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☐ Return Receipt	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postmark Here

Postage
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Total Postage and Fees
\$

Sent To
Nadine Goss, Pen LLC
PO Box 50820
Madison, IL 61701

Street & Apt No
POB No

City, State, ZIP+4

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☐ Registered Mail	\$
☐ Return Receipt	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postmark Here

Postage
\$

Total Postage and Fees
\$

Sent To
EG3 Inc
PO Box 1567
Galesburg, IL 62540

Street & Apt No
Galesburg, IL 62540

City, State, ZIP+4

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Extra Services & Fees (check box, add fee, proper postage)

☐ Registered Mail	\$
☐ Return Receipt	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postmark Here

Postage
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Total Postage and Fees
\$

Sent To
C. P. Gyllert II LLC
PO Box 50820
Madison, IL 61701

Street & Apt No
POB No

City, State, ZIP+4

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Extra Services & Fees (check box, add fee, proper postage)

☐ Registered Mail	\$
☐ Return Receipt	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postmark Here

Postage
\$

Total Postage and Fees
\$

Sent To
Cow OIP, Inc. VLP
PO Box 50820
Madison, IL 61701

Street & Apt No
POB No

City, State, ZIP+4

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

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Certified Mail Fee
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Extra Services & Fees (check box, add fee, proper postage)

☐ Registered Mail	\$
☐ Return Receipt	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

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Postage
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Total Postage and Fees
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Sent To
Ne Kniep, Inc.
PO Box 1130
Madison, IL 61702

Street & Apt No
POB No

City, State, ZIP+4

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7016 2070 0000 2473 2270