

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (505) 748-1471

S. P. YATES
CHAIRMAN EMERITUS
JOHN A. YATES
CHAIRMAN OF THE BOARD
PEYTON YATES
PRESIDENT
FRANK YATES, JR.
EXECUTIVE VICE PRESIDENT
JOHN A. YATES, JR.
SENIOR VICE PRESIDENT

Certified Mail - RRR

April 23, 2007

To: Working Interest Owners
Addressee List Attached

Re: Proposed Recif Unit
Township 22 South, Range 23 East
Sections 30 and 31: All
Township 23 South, Range 23 East
Sections 5-8 and 18,19: All
Eddy County, New Mexico

Gentlemen:

Yates Petroleum Corporation is forming a divided-type exploratory unit covering 5,207.37 acres in captioned area. A check of public records indicates you own unleased minerals within the unit area and you are cordially invited to join your interest to this unit.

As you review the enclosed unit and unit operating agreement and exhibits thereto, you will note the proposed unit will be a divided-type exploratory unit. The initial well is located 660' FNL and 1,980' FWL of Section 7, T23S-R23E and will be drilled to 10,650' to test the Morrow formation. Your acreage is Tract 7 on the exhibit and covers 120 acres in the N2SE and SESE of Section 18, T23S-R23E. You will NOT have an interest in the initial well.

Should you elect to commit your interest to the proposed Recif Unit and Unit Operating Agreements, please execute and return all four (4) copies of the enclosed ratification and joinder instrument and have your signature acknowledged by a Notary Public. Then, return three (3) originally executed copies to us for further handling.

Please be reassured that should you elect not to commit your interest to the unit, your interest will NOT be "force pooled" into the unit.

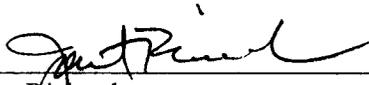
Should you need anything further, please feel free to call.

Thank you.

BEFORE THE OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
Case No. 13922....Exhibit No. 3
Submitted by:
YATES PETROLEUM CORPORATION.
Hearing Date: May 24, 2007

Very truly yours,

YATES PETROLEUM CORPORATION



Janet Richardson
Assistant Land Manager

Encl.

Addressee List
Recif Unit

Pardue Limited Company
P. O. Box 2018
Carlsbad, NM 88221-2018

J. F. Joyce, II
4 Thompson Circle, NW
Washington, DC 20008

Merland, Inc.
P. O. Box 548
Carlsbad, NM 88220

Carmex, Inc.
P. O. Box 1718
Carlsbad, NM 88220

Kugeler Brothers
7400 Elena Drive, NE
Albuquerque, NM 87113

John Guitar, III
1234 Leggett Drive
Abilene, TX 79605

Repps Bedford Guitar, Jr.
P. O. Box 7252
Abilene, TX 79608

Pressley Hudson Guitar
P. O. Box 5383
Abilene, TX 79608-5883

Gayle Nevill Trust and
Virginia Nevill Trust
5528 Tahoe Lane
Fairway, KS 66205

Guy Pittman Witherspoon, III
P. O. Box 100403
Fort Worth, TX 76185

John Guitar Witherspoon, Jr.
3824 Arroyo Road
Fort Worth, TX 76109

Brett Guitar Witherspoon
P. O. Box 100635
Fort Worth, TX 76185

Whitten Guitar Witherspoon
7524 Pear Tree Lane
Fort Worth, TX 76133-7572

Wende Witherspoon Morgan
1720 Southwicke
Flower Mound, TX 75022

Guitar Holding Company, LP
P. O. Box 58
Abilene, TX 79604

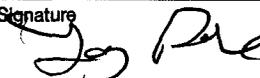
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pardue Limited Company
P.O. Box 2018
Carlsbad, NM 88221-2018

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) Larry Pardue C. Date of Delivery 4/25/07

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7005 3110 0000 4639 5024

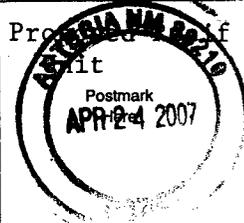
7005 3110 0000 4639 5024

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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.28



Sent To Pardue Limited Company
Street, Apt. No.,
or PO Box No. P.O. Box 2018
City, State, ZIP+4 Carlsbad NM 88221-2018

CLAS

CLAS

ST • CL

7005 3110 0000 4639 5512

IM
JON

H ST.
3

D

RETURN TO SENDER
 REASON CHECKED
 Moved, Lat. to Address
 Insufficient Address
 No Such Street
 Insufficient Address
 Moved not Forwardable
 Unclaimed
 No Such Street
 Insufficient Address
 Moved not Forwardable
 No Such Number
 Refused
 No Such Number

Handwritten: Vacant (B)

Firs

J.F. JOYCE, II
 4 THOMPSON CIRCLE, NW
 WASHINGTON, DC 20008

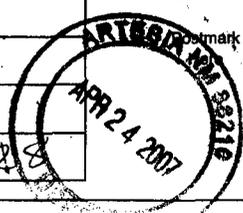
7005 3110 0000 4639 5512

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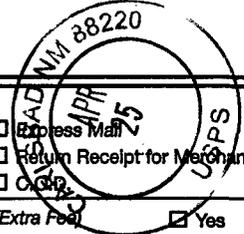
OFFICIAL USE

Postage	\$	Proposed Recif Unit
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.25	



Sent To **J.F. Joyce, II**
 Street, Apt. No.,
 or PO Box No. **4 Thompson Circle, NW**
 City, State, ZIP+4
Washington, DC 20008

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Cm Power</i>	
	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Merland, Inc. P.O. Box 548 Carlsbad, NM 88220	B. Received by (Printed Name) <i>Cm Power</i>	C. Date of Delivery
	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.G.R.	
	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7005 3110 0000 4639 5529</u>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		



7005 3110 0000 4639 5529

U.S. Postal Service TM	
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OFFICIAL USE	
Postage \$	Unit
Certified Fee	Postmark
Return Receipt Fee (Endorsement Required)	APR 24 2007
Restricted Delivery Fee (Endorsement Required)	USPS
Total Postage & Fees \$ <u>7.28</u>	
Sent To Merland, Inc.	
Street, Apt. No.; or PO Box No. P.O. Box 548	
City, State, ZIP+4 Carlsbad, NM 88220	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Jeanne Katcher</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Jeanne Katcher</i></p>
<p>1. Article Addressed to:</p> <p>Carmex, Inc. P.O. Box 1718 Carlsbad, NM 88220</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 3110 0000 4639 5536</p>

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

7005 3110 0000 4639 5536

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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.28

Sent To **Carmex, Inc.**

Street, Apt. No.;
or PO Box No. **P.O. Box 1718**

City, State, ZIP+4 **Carlsbad, NM 88220**

Proposed Recif

Unit

APR 4 2004

Postmark Here

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Handwritten Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>K.C. Kugeler</i> <i>4/26/07</i></p>
<p>1. Article Addressed to:</p> <p style="padding-left: 40px;">Kugeler Brothers 7400 Elena Drive, NE Albuquerque, NM 87113</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7005 3110 0000 4639 5543</p>

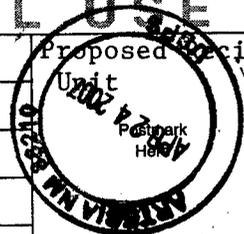
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.28



Sent To **Kugeler Brothers**

Street, Apt. No., or PO Box No. **7400 Elena Drive, NE**

City, State, ZIP+4 **Albuquerque, NM 87113**

PS Form 3800, June 2002 See Reverse for Instructions

6455 6E34 0000 0110 5007

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Guitar, III
1234 Leggett Drive
Abilene, TX 79605

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Sally Guitar Addressee

B. Received by (Printed Name)

SALLY GUITAR

C. Date of Delivery

APR 30 2007

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7005 3110 0000 4639 5550

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

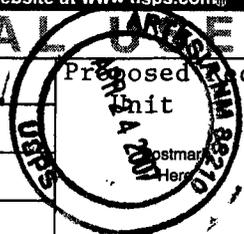
0555 6E94 0000 DTTE 5002

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OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.28



Sent To

John Guitar, III

Street, Apt. No.,
or PO Box No.

1234 Leggett Drive

City, State, ZIP+4

Abilene, TX 79605

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Repps, SUITAK</u></p> <p>C. Date of Delivery <u>APR 30 2007</u></p>
<p>1. Article Addressed to:</p> <p>Repps Bedford Guitar, Jr. P.O.Box 7252 Abilene, TX 79608</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7005 3110 0000 4639 5567</u></p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Postage \$	Proposed Recif Unit
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ <u>7.28</u>	



Sent To	
Repps Bedford Guitar, Jr.	
Street, Apt. No., or PO Box No. <u>P.O. Box 7252</u>	
City, State, ZIP+4 <u>Abilene, TX 79608</u>	

PS Form 3800, June 2002 See Reverse for Instructions

7005 3110 0000 4639 5567

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Pressley Hudson Guitar
 P.O. Box 5383
 Abilene, TX 79608-5883

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) PRESSLEY HUDSON GUITAR C. Date of Delivery 5-3-07

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7005 3110 0000 4639 5574
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

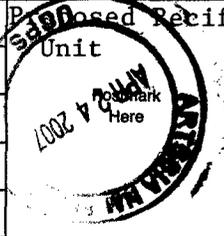
7005 3110 0000 4639 5574

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.28



Sent To
 Pressley Hudson Guitar
 Street, Apt. No.,
 or PO Box No. P.O. Box 5383
 City, State, ZIP+4
Abilene, TX 79608-5883

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Gayle Nicolay</i></p> <p>B. Received by (Printed Name) <i>Gayle Nicolay</i></p> <p>C. Date of Delivery <i>APR 24 2007</i></p>
<p>1. Article Addressed to:</p> <p>Gayle Nevill Trust & Virginia Nevill Trust</p> <p>5528 Tahoe Lane Fairway, KS 66205</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 3110 0000 4639 5598</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M 540

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.28



Sent To
Gayle Nevill Trust & Virginia Nevill Trust
Street, Apt. No., or PO Box No. 5528 Tahoe Lane
City, State, ZIP+4
Fairway, KS 66205

PS Form 3800, June 2002 See Reverse for Instructions

7005 3110 0000 4639 5598

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Guy Pitman Witherspoon</u></p> <p>C. Date of Delivery <u>4-1-07</u></p>
<p>1. Article Addressed to:</p> <p>Guy Pitman Witherspoon, III P.O. Box 100403 Fort Worth, TX 76185</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><u>7006 0100 0002 8593 7444</u></p>

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

7006 0100 0002 8593 7444

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For delivery information visit our website at www.usps.com .											
OFFICIAL USE											
<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total Postage & Fees</td><td>\$ 7.28</td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$ 7.28	Proposed Recif Unit 
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$ 7.28										
Sent To Guy Pitman Witherspoon, III Street, Apt. No., or PO Box No. P.O. Box 100403 City, State, ZIP+4 Fort Worth, TX 76185											
PS Form 3800, June 2002 See Reverse for Instructions											

7-CLASS

FIRST-CLASS

7006 0100 0002 8593 7451

First

RETURN TO SENDER
 UNDELIVERABLE AS ADDRESSED - NO FORWARDING ORDER ON FILE

JOHN GUITAR WITHERSPOON, JR.
 3824 ARROYO ROAD
 FORT WORTH, TX 76109

FAK 9/17

7006 0100 0002 8593 7451

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Postage	\$	Proposed Recif Unit
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.28	

Postmark Here
APR 24 2007

Sent To
 John Guitar Witherspoon, Jr.
 Street, Apt. No.;
 or PO Box No. 3824 Arroyo Road
 City, State, ZIP+4
 Fort Worth, TX 76109

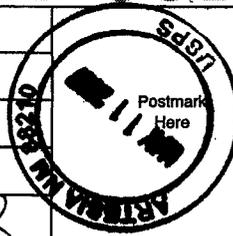
PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM
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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	\$ 7.28



Sent to
John Guitar Witherspoon, Jr.
Street, Apt. No.,
or PO Box No. 7404 Lemonwood Lane
City, State, ZIP+4
Fort Worth, TX 76132-7012

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0002 8593 8861

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>Brett Witherspoon</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>BRETT WITHERSPOON</i></p> <p>C. Date of Delivery: <i>5-5-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Brett Guitar Witherspoon P.O. Box 100635 Fort Worth, TX 76185</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 3110 0000 4639 5611</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

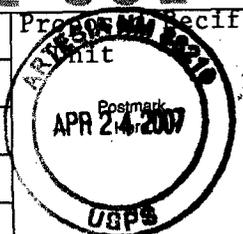
7005 3110 0000 4639 5611

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		\$7.28



Postmark
APR 24 2007

Sent To: **Brett Guitar Witherspoon**

Street, Apt. No., or PO Box No.: **P.O. Box 100635**

City, State, ZIP+4: **Fort Worth, TX 76185**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Whitten Guitar Witherspoon 7524 Pear Tree Lane Fort Worth, TX 76133-7572</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 3110 0000 4639 5628</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

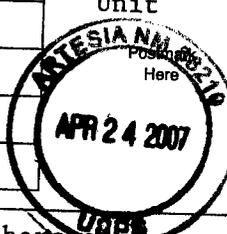
7005 3110 0000 4639 5628

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OFFICIAL USE

Postage	\$	Proposed Recif
Certified Fee		Unit
Return Receipt Fee (Endorsement Required)		Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.28	



Sent To
Whitten Guitar Witherspoon
 Street, Apt. No.,
 or PO Box No. **7524 Pear Tree Lane**
 City, State, ZIP+4
Fort Worth, TX 76133-7572

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wende Witherspoon Morgan
 1720 Southwicke
 Flower Mound, TX 75022

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Wende Witherspoon Morgan Addressee
- B. Received by (Printed Name) Agent
 WENDIE W. MORGAN
- C. Date of Delivery
 APR 24 2007
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7005 3110 0000 4639 5635

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

5695 6694 0000 0TTE 5002

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

OFFICIAL USE

Postage	\$	Prohibited Recif Unit Postmark APR 24 2007 USPS
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.28	

Sent To Wende Witherspoon Morgan
 Street, Apt. No., or PO Box No. 1720 southwicke
 City, State, ZIP+4 Flower Mound, TX 75022

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Guitar Holding Company, LP
P.O. Box 58
Abilene, TX 79604

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Ida Hernandez* Agent Addressee
 B. Received by (Printed Name) *Ida Hernandez* C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7005 3110 0000 4639 5642

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 3110 0000 4639 5642

**U.S. Postal ServiceTM
 CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

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

OFFICIAL USE

Postage	\$	Proposed Recif  Postm Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.28	

Sent To Guitar Holding Company, LP
 Street, Apt. No., or PO Box No. P.O. Box 58
 City, State, ZIP+4 Abilene, TX 79604

PS Form 3800, June 2002

See Reverse for Instructions