

AFFIDAVIT OF PUBLICATION

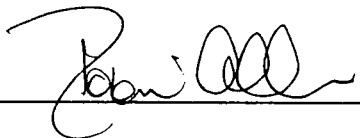
Ad No. 55191

STATE OF NEW MEXICO County of San Juan:

ROBIN ALLISON, being duly sworn says:
That she is the CLASSIFIED MANAGER of
THE DAILY TIMES, a daily newspaper of
general circulation published in English at
Farmington, said county and state, and that
the hereto attached Legal Notice was
published in a regular and entire issue of the
said DAILY TIMES, a daily newspaper duly
qualified for the purpose within the meaning of
Chapter 167 of the 1937 Session Laws of the
State of New Mexico for publication and
appeared in the Internet at The Daily Times
web site on the following day(s):

Thursday, May 31, 2007

And the cost of the publication is \$119.31



ON 6/5/07 ROBIN ALLISON
appeared before me, whom I know personally
to be the person who signed the above
document.


My Commission Expires November 17, 2008

BEFORE THE OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
Case No. 13939...Exhibit No. 11
Submitted by:
Williams Production Company, LLC
Hearing Date: June 21, 2007

COPY OF PUBLICATION

**NOTICE OF
PUBLICATION**
STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES
DEPARTMENT
OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on June 21, 2007, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by June 11, 2007. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons
having any right, title, interest
or claim in the following cases
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 13939:
Application of Williams Production Co., LLC for amendment of Order No. R-2046, San Juan and Rio Arriba Counties, New Mexico. Applicant, in the above-styled cause seeks the amendment of Division Order R-2046 to delete certain non-standard spacing and proration units for the Basin-Dakota Gas Pool in Township 31 North, Ranges 5 and 6 West, NMPM, San Juan and Rio Arriba Counties and creating new non-standard spacing units consistent with current drilling patterns. Said area is located approximately 9 miles south east of Arboles, Colorado.

Given under the Seal of the State of New Mexico
Oil Conservation Commission at Santa Fe, New
Mexico on this 22nd day of May 2007.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E., Director

Legal No. 55191 published in The Daily Times,
Farmington, New Mexico on Thursday May 31,
2007

NOTICE OF PUBLICATION
STATE OF NEW MEXICO
ENERGY, MINERALS AND
NATURAL RESOURCES
DEPARTMENT OF
CONSERVATION DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on June 21, 2007, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florence Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by June 11, 2007. Public Documents including the agenda and minutes can be provided in various accessible forms. Please contact Florence Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO
All named parties and persons having any right, title, interest or claim in the following cases and notice to the public. (NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)
CASE: 13939 Application of Williams Production Co., LLC for amendment of Order No. R-2046, San Juan and Rio Arriba Counties, New Mexico. Applicant in the above-styled cause seeks the amendment of Division Order R-2046 to delete certain non-standard spacing and proration units for the Basin-Dakota Gas Pool in township 31 North, Ranges 5 and 6 West, NMPM, San Juan and Rio Arriba Counties and creating new non-standard spacing units consistent with current drilling patterns. Said area is located approximately 9 miles southeast of Arboles, Colorado.
Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 22nd day of May 2007.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
Mark E. Fesmire, P.E., Director
(Published May 31, 2007)

Affidavit of Publication

State of New Mexico
County of Rio Arriba

I, Robert Trapp, being first duly sworn, declare and say I am the publisher of the Rio Grande SUN, a weekly newspaper published in the English language and having a general circulation in the County of Rio Arriba, State of New Mexico, and being a newspaper duly qualified to publish legal notices and advertisements under the provisions of Chapter 167 of the Session Laws of 1937. The publication, a copy of which is hereto attached, was published in said paper once each week for

er's Bill

time at 54.00

times at _____

Affidavit 5.00

Subtotal 59.00

Tax 4.47

Total 64.07

1 consecutive weeks and on the same day of each week in the regular issue of the paper during the time of publication and the notice was published in the newspaper proper, and not in any supplement. The first publication being on the

31st day of May, 2007

and the last publication on the 31st day of

May, 2007 payment for said advertisement has been duly made, or assessed as court costs. The undersigned has personal knowledge of the matters and things set forth in this affidavit.

Robert Trapp Publisher

Subscribed and sworn to before me this _____ day of _____ A.D. _____

Maria V. Lopez Garcia

Maria V. Lopez-Garcia/Notary Public
My commission expires 13 July 2009

By G. Delvo

at Rio Grande SUN



June 1, 2007

CERTIFIED MAIL
RETURN RECEIPT REQUESTED**AFFECTED INTEREST OWNERS**

**Re: Application of Williams Production Co., LLC for amendment of
Order R-2046, San Juan and Rio Arriba Counties, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that Williams Production Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking amendment of Order R-2046 to delete certain non-standard gas proration and spacing units within the Basin-Dakota Pool in Township 31 North, Ranges 5 and 6 West, NMPM, San Juan and Rio Arriba Counties.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on June 21, 2007. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Sincerely,

Ocean Munds-Dry
for Holland & Hart LLP

Sacramento Municipal Utility District
6301 S. Street
Sacramento, CA 9581701899

Minerals Management Service
P.O. Box 5810
Denver, CO 80217-5810

Forest Oil Corp.
P.O. Box 847581
Dallas, TX 75284-7581

ConocoPhillips Co.
21873 Network Place
Chicago, ILL 60673-1218

BP America Production Company
Attention: OOJI
P.O. Box 21868
Tulsa, OK 74121

Accord DU LAC Partnership LP
P.O. Box 676370
Rancho Santa Fe, CA 92067-6370

Adela Mascarenas Quintana
P.O. Box 1824
Ignacio, CO 81137-1824

Angelina Barela
1116 E. 4th Avenue
Durango, CO 81301

Ashley Gould
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Los Angeles, CA 90020

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11490 Audelia Road, Apt. 215
Dallas, TX 75243-9014

Betty T. Johnston Marital Tr
L.E. Carbaugh P. M. Hardw
245 Commerce Green Blvd., Suite 280
Sugar Land, TX 77478

Carl Dellinger
3605 Britt Street, NE
Albuquerque, NM 87111

Carolyn Nielsen Sedberry
Little Oil & Gas Inc. Agent
P.O. Box 1258
Farmington, NM 87499

Chamisa Land Co.
P.O. Box 30281 – Uptown Station
Albuquerque, NM 87190-0281

Charlene S. Byers
579 S. Poplar Way
Denver, CO 80224

Christine V. Merchant
c/o David J. Sorenson
P.O. Box 1453
Roswell, NM 88202-1453

Claudia Lundell Gilmer
101 Oak Meadow
Georgetown, TX 78628

Consuela Mascarenas Gooch
1001 Tucker
Farmington, NM 87401

Cyrene L. Inman
Bank of America NA Agent
P.O. Box 840738
Dallas, TX 75284-0738

Exhibit A

Avelinda Mascarenas
5 CR 6067 NBU 1005
Farmington, NM 87401

Discovery I – Robert Leisen GP
12 W Ranch Trail
Morrison, CO 80465-9523

Dorothea J Caulfield Tr
Dorothea J Caulfield Trustee
14647 Ranchview Ter
Chino Hills, CA 91709

Elesida Enriquez
1115 4th Ave.
Durango, CO 81301

Estate of M.W. Hoover, Deceased
Liberty National Bank & Trust Co.
Executor
P.O. Box 1588
Tulsa, OK 74101-1588

Faye Lopez Romero
550 W Pabor Way
Fruita, CO 81521-2025

Fred E. Turner
4925 Greenville Ave # 852
Dallas, TX 75206

Gertrude Frances McDonald Estate
Sandra H Baca Personal Representative
PO Box 910
Durango CO 81301

Herbert R Briggs
Reynolds Hix & Co POA & Agent
6729 Academy Road, Suite D
Albuquerque NM 87109

Daniel D. Lopez
1608 Oakway Drive
Baltimore, MD 21222

Debbie Moran
3819 Latma Drive
Houston, TX 77025-4120

Douglas Cameron Mcleod
518 17th Street, Suite 1455
Denver Clb Bldg.
Denver, CO 80202

Elizabeth Jeanne Turner Calloway
P.O. Box 191767
Dallas, TX 75219-1767

Eula May Johnston Trust
Bank of America N.A. Trustee
Acct. 01/0066100
P.O. Box 840738
Dallas, TX 75284-0738

Florence Vallejos
PO Box 702
Ignacio, CO 81137

Fred E. Turner LLC
One Energy Square, Ste 852
4925 Greenville Ave.
Dallas, TX 75206-4079

H LP
P.O. Box 2185
Santa Fe, NM 87504

HF Axtell & Freda Axtell
101 Rio Vista Circle
Durango CO 81301-4379

Exhibit A

J Glenn Turner Jr
2 Turtle Creek Bend, Suite 1450
3838 Oak Lawn
Dallas, TX 75219

James Lopez
2837 Pinnacle
Colorado Springs, CO 80910

Jerry Tiras & Ethel Tiras
Tenants In Common
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Houston, TX 77056

John L Turner
PMB 285
317 S Sidney Baker Ste 400
Kerrville, TX 78028

John S McDonald
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Wenatchee, WA 98801-0164

Jose L Candelaria
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Arboles, CO 81121

Julian Lopez
130 Mulberry
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Colorado Springs, CO 80906-4328

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Las Vegas, NV 89115

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Dallas, TX 75219

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408 Longwoods Ln
Houston, TX 77024

John A Mascarenas
8801 N 104th Ave
Peoria, AZ 85345

Johnson Tr Uad 1/24/85
Sp Johnson III & Barbara Jo Johnson Co
Trustees
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Roswell, NM 88202

JTV Ptrshp
Tracy C Thompson Managing Partner
PO Box 1713
Roswell, NM 88201

Kellie M Kross
C/O David J Sorenson
PO Box 1453
Roswell, NM 88202-1453

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Joel S Johnson & Peggy L Laplante Co
Trustees
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Littleton, CO 80120

Linda Lundell Lindsey
PO Box 631565
Nacogdoches, TX 75963

Marcia Berger
C/O Petroleum Asset Mgmt LLC
PO Box 745
Hobbs, NM 88241

Exhibit A

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Mary Frances Turner Jr Tr 6743
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C/O JP Morgan Chase Bank NA
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Marie Gould
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Los Angeles, CA 90020

Moran Oil Enterprises
PO Box 1295
Seminole, OK 74818-1295

Matthew N Sorenson
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Roswell, NM 88202-1453

New Mexico State Royalty
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Santa Fe, NM 87501

Nancy P Tonkin Rev Tr
Nancy Tonkin Cutter & Allen M Tonkin Jr
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Albuquerque, NM 87104

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Patton, CA 92369-0157

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Houston, TX 77256-6449

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Grand Junction, CO 81503-2185

Paul Jay Lewis
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Sioux Falls, SD 57105-6805

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Ignacio, CO 81137

PJC LP
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Roswell, NM 88201

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Bank Of America Agent
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Dallas, TX 75283-0308

Ramseyer Community Tr
Nancy Lanier Kobel Trustee
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Camp Verde, AZ 86322

Pure Resources LP
PO Box 910552
Dallas, TX 75391-0552

Exhibit A

Ramseyer Liv Tr
Bruce & Kay Ramseyer Trustee
11741 Colony Dr
Santa Ana, CA 92705

Richard L Lopez
1400 N 24th St
Grand Junction, CO 81501-5680

RL Zinn Et Al Ltd
C/O Zinn Petroleum Co
3400 Bissonnet St # 250
Houston, TX 77005-2155

Robert E Beamon III
2603 Augusta Ste 1050
Houston, TX 77057

Robert W Isham Est
Eleanor Joy & R W Isham III Pers Rep
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Gordon, NE 69343

Robert W Umbach Cancer Foundation Inc
Wells Fargo Bank Na Agent
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2450 Fondren # 304
Houston, TX 77063

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Mansfield, TX 76063

Rogers-Gibbard Tr
Susan Rogers Eveland Trustee
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Tyler, TX 75707-1658

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Fruita, CO 81521

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Houston, TX 77024-7254

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Aberdeen, SD 57401

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C/O Walter J Melendres Esq
1069 Encantado Dr
Santa Fe, NM 87501

Stricker Petroleum Corp
Dover, DE 19901

T Patrick Nacol
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Clearwater, FL 33756-3931

Tab Riley Smith
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Bellaire, TX 77402

Tim L Dale
C/O T Patrick Nacol
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Belleair, FL 34616-1924

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Mchenry, IL 60050

Tommy Mascarenas
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Exhibit A

Tony S Lopez
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Denver, CO 80237

Va Johnston Fam Tr
Da Prewitt & Ma Chesser Co Trustees
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Ralls, TX 79357-0825

Walter R Gould
PO Box 903
Española, NM 87532-0903

William Poleson
620 Penrose Blvd
Colorado Springs, CO 80906

Energen Resources Corp
605 Richard Arrington Jr Blvd N
Birmingham, AL 35203-2707

Jasmine Moran Children's
Museum Foundation Inc
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Seminole, OK 74818-1828

Gumz Fam Tr Dtd 10/31/03
Henry F Gumz & Margaret Gumz Co
Trustees
674 Via Mendoza Unit D
Laguna Woods, CA 92637

Gifford H. Nigh & Margaret Nigh
202 FM 2578 Rm 45
Terrell, TX 75160

Robert Mascarenas
Rd 3581 #13
Flora Vista, NM 87415-9603

Trini Lopez Montoya
5691 W 35th Ave Apt 1-A
Denver, CO 80212

Viola Mascarenas Lucero
PO Box 841
Bloomfield, NM 87413

William C Briggs
Reynolds Hix & Co Poa & Agent
6729 Academy Rd Ste D
Albuquerque, NM 87109

WWR Enterprises Inc
C/O Petroleum Asset Mgmt Llc
PO Box 745
Hobbs, NM 88241

Kleimor Energy LLC
8451 E Oregon Pl
Denver, CO 80231

CEEFAM LLC
C/O Little Oil & Gas Inc
PO Box 1258
Farmington, NM 87499

Claude I Hobson Rev Liv Tr
Claude I Hobson Trustee
1608 Washington Street
Bellevue, NE 68005

Isabel Gonzales TR
Bank of Oklahoma NA Agent
Acct 50594-9
P.O. Box 1588
Tulsa, OK 74101

Nigh Rev Tr Agmt dtd 8/3/89
Robert D. Nigh Trustee
7080 Dean Road
Indianapolis, IN 46220

Exhibit A

Robert E. Oade
9665 Southern Belle Dr.
Brookville, FL 34613-4280

Victoria Webb
806 Cordova
Dallas, TX 75223

XTO Energy, Inc.
Attn: Edwin S. Ryan, Jr.
810 Houston St., Ste 2000
Fort Worth, TX 76102-6298

Patricia P. Schieffer Trust, Bank of
America, N.A. Agt
Attn: Jeff Anderson
P.O. Box 2546
Fort Worth, TX 76113

Schultz Management, Ltd.
500 N. Akard, Suite 2940
Dallas, TX 75201

Henrietta Schultz, Trustee
500 North Akard, Suite 2940
Dallas, TX 75201

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 or PO Box No.: SANTA FE, NM 87501
 City, State, ZIP: SANTA FE, NM 87501

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 Street, A: ATTN: CHIEF LANDMAN,
 or PO Box: SAN JUAN/ROCKIES
 City, State: P. O. BOX 4289
 FARMINGTON, NM 87499-4289

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PS Form 3811, January 1994 (Rev. 10/06)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

NEW MEXICO STATE ROYALTY
 310 OLD SANTA FE TRAIL
 SANTA FE, NM 87501

5. Received By: (Print Name)
 JENNIFER ROQUE

6. Signature (Addressee or Agent)
 Jennifer Roque

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
 5-24-07

8. Addressee's Address (Only if requested and fee is paid)

102595-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

CONOCOPHILIPS COMPANY
 ATTN: CHIEF LANDMAN,
 SAN JUAN/ROCKIES
 P. O. BOX 4289
 FARMINGTON, NM 87499-4289

5. Received By: (Print Name)
 Judith Dee

6. Signature (Addressee or Agent)
 Judith Dee

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
 5-24-07

8. Addressee's Address (Only if requested and fee is paid)

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Sent To: _____
 Street, Apt. 1 FOREST OIL CORPORATION
 or PO Box 1 ATTN: KEN MCPHEE
 City, State, ZIP+4® 707 17th STREET
 DENVER, CO 80202

PS Form 3811, July 1999

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Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Sent To: _____
 Street, Apt. HENRIETTA E. SCHULTZ, TRUSTEE
 or PO Box 500 NORTH AKARD, SUITE 2940
 City, State, ZIP+4® DALLAS, TX 75201

PS Form 3811, July 1999

7006 2760 0001 6391 3546

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

FOREST OIL CORPORATION
 ATTN: KEN MCPHEE
 707 17th STREET
 DENVER, CO 80202

- SENDER: COMPLETE**
- 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:

- RECEIVED BY**
- A. Received by (Please Print Clearly) _____
- B. Date of Delivery 5/25/99
- C. Signature J. MAHISCHE Agent
- 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

Is your RETURN ADDRESS completed on the reverse side?

6. Signature (Addressee or Agent)
Jay Shuey

PS Form 3811, December 1994

5. Received By: (Print Name)

HENRIETTA E. SCHULTZ, TRUSTEE
 500 NORTH AKARD, SUITE 2940
 DALLAS, TX 75201

- SENDER:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

7006 2760 0001 6391 3553

- 4b. Service Type
- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JUN 2007

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

7006 2760 0001 6391 3522

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Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

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Sent To

XTO ENERGY, INC.
ATTN: EDWIN S. RYAN, JR.
810 HOUSTON STREET, STE 2000
FORT WORTH, TX 76102-6298

PS Form 3801

7006 2760 0001 6391 3539

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Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

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Sent To

MR. JOHN TURNER
PMB 285
317 SIDNEY BAKER SOUTH #400
KERRVILLE, TX 78028

PS Form 3801

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:

XTO ENERGY, INC.
ATTN: EDWIN S. RYAN, JR.
810 HOUSTON STREET, STE 2000
FORT WORTH, TX 76102-6298

2. 7006 2760 0001 6391 3522

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **MAY 25 2007**
- B. Date of Delivery
- C. Signature *[Signature]*
- 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

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:

MR. JOHN TURNER
PMB 285
317 SIDNEY BAKER SOUTH #400
KERRVILLE, TX 78028

2. Article Number (Copy from service)

7006 2760 0001 6391 3539

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- A. Received by (Please Print Clearly) *Sevon Scanlan* B. Date of Delivery *5/24/07*
- C. Signature *[Signature]* ☐ Agent ☐ Addressee
- 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

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

OFFICIAL USE

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

Postage	\$ 0.41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21



Sent To
Street, Apt
or PO Box
City, State,
ZIP+4
Schultz Management, Ltd.
500 N. Akard, Suite 2940
Dallas, TX 75201

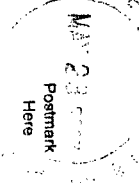
7006 2760 0001 6391 3508

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

OFFICIAL USE

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

Postage	\$ 0.41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21



Sent To
Street, Apt
or PO Box
City, State,
ZIP+4
Fred E. Turner, LLC
4925 Greenville Ave., Suite 852
Dallas, TX 75206-4079

7006 2760 0001 6391 3515

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:

SCHULTZ MANAGEMENT, LTD.
500 N. AKARD, SUITE 2940
DALLAS, TX 75201

2. Article Number (Copy from serv 7006 2760 0001 6391 3508

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <i>Steve Smith</i>	JUN 2007
D. Is delivery address different from item 1? If YES, enter delivery address below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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:

Fred E. Turner
4925 Greenville Ave # 852
Dallas, TX 75206

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Frederick Hannel</i>	C. Date of Delivery <i>6/14</i>
D. Is delivery address different from item 1? If YES, enter delivery address below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Article Number 7001 1140 0002 9559 0974

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 3492

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 \$ **0.41**

Certified Fee **2.65**

Return Receipt Fee (Endorsement Required) **2.15**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.21**

Sent To: SACRAMENTO MUNICIPAL UTILITIES
 ATTN: THOMAS INGVERS
 P. O. BOX 15830
 SACRAMENTO, CA 95852-1830

Street, At or PO Box
 City, State

Postmark Here

7006 2760 0001 6391 3577

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 \$ **0.41**

Certified Fee **2.65**

Return Receipt Fee (Endorsement Required) **2.15**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.21**

Sent To: MINERALS MANAGEMENT SERVICE
 P. O. BOX 5810
 DENVER, CO 80217-5810

Street, At or PO Box
 City, State

Postmark Here

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to: MINERALS MANAGEMENT SERVICE
 P. O. BOX 5810
 DENVER, CO 80217-5810

4a. Article Number: 7006 2760 0001 6391 3577

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise

5. Received By: (Print Name) AMERICAN AUTOMATION SYSTEMS, INC.
 BUILDING SOLUTIONS, INC.

6. Signature (Addressee or Agent)
 Agent for: MINERAL MANAGEMENT SYSTEMS

7. Date of Delivery: MAY 25 2001

PS Form 3811, December 1999 Domestic Return Receipt

Thank you for using Return Receipt Service.

7006 2760 0001 6391 3478

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 \$ 0.41

Certified Fee \$ 2.65

Return Receipt Fee (Endorsement Required) \$ 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.21



Sent to
 Street, Bank of America, N.A. AGT
 or P.O. Box
 City, State
 P.O. Box 2546
 FORT WORTH, TX 76113-2546

7006 2760 0001 6391 3485

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

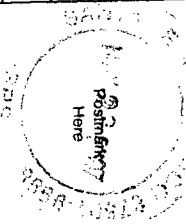
Postage \$ 0.41

Certified Fee \$ 2.65

Return Receipt Fee (Endorsement Required) \$ 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.21



Sent to
 Street, Apt
 or P.O. Box
 City, State
 MS. VICTORIA WEBB
 806 CORDOVA
 DALLAS, TX 75223

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

PATRICIA P. SCHIEFFER TRUST,
 BANK OF AMERICA, N.A. AGT
 ATTN: JEFF ANDERSON
 P.O. BOX 2546
 FORT WORTH, TX 76113-2546

5. Received By (Print Name)
 Signature (Address or Agent)
 PS Form 3811, December 1994

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery **MAY 29 2007**

8. Addressee's Address (Only if requested and fee is paid)

102595-99-B-0223 Domestic Return Receipt

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

MS. VICTORIA WEBB
 806 CORDOVA
 DALLAS, TX 75223

5. Received By (Print Name)
 Signature (Address or Agent)

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery **MAY 29 2007**

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

7006 2760 0001 6391 3454

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	\$ 0.41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Postmark Here

Sent to
 Street, Apt. N
 J. GLENN TURNER, JR. LLC
 3838 OAK LAWN
 SUITE 1450
 City, State, ZIP
 DALLAS, TX 75219

PS Form 3811, December 1994

7006 2760 0001 6391 3461

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	\$ 0.41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Postmark Here

Sent to
 Street, Apt.
 MARY FRANCES TURNER, JR TRUST
 ATTN: BARRY L. DOMINICK
 TX1-2931
 P O BOX 660197
 City, State, ZIP
 DALLAS, TX 75266-0197

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

GLENN TURNER, JR. LLC
 3838 OAK LAWN
 SUITE 1450
 DALLAS, TX 75219

5. Received By: (Print Name)
 Amberley

6. Signature (Address of Agent)
 Amberley

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

4b. Service Type

☐ Registered
☐ Express Mail
☒ Certified
☐ Insured
☐ COD

7. Date
 2/29/2007

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

I also wish to receive the following services (for an extra fee):

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

MARY FRANCES TURNER, JR TRUST
 ATTN: BARRY L. DOMINICK
 TX1-2931
 P O BOX 660197
 DALLAS, TX 75266-0197

5. Received By: (Print Name)

6. Signature (Address of Agent)
 Barry L. Dominick

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

4b. Service Type

☐ Registered
☐ Express Mail
☒ Certified
☐ Insured
☐ COD

7. Date of Delivery
 MAY 29 2007

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

I also wish to receive the following services (for an extra fee):

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

7006 2760 0001 6391 3430

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	\$ 0.41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Postmark Here
 MAR 23 2007
 3558

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
 BP AMERICA PRODUCTION CO.
 ATTN: JOHN LARSON, WLI RM 19.158
 501 WESTLAKE BOULEVARD
 HOUSTON, TX 77079-3092

7006 2760 0001 6391 3447

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	\$ 0.41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Postmark Here
 MAR 23 2007
 3558

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
 MS. ELIZABETH T. CALLOWAY
 P.O. BOX 191767
 DALLAS, TX 75219-1767

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

1a. Article Number
 7006 2760 0001 6391 3447

1b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

4b. Service Type
☐ Registered
☐ Express Mail
☒ Certified
☐ Insured

5. Received By: (Print Name)
 Elizabeth T. Calloway

6. Signature (Addressee or Agent)
 Elizabeth T. Calloway

7. Date of Delivery
 3/29/07

8. Addressee's Address (Only if requested and fee is paid)
 MS. ELIZABETH T. CALLOWAY
 P.O. BOX 191767
 DALLAS, TX 75219-1767

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

7006 2760 0001 6391 7940

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 Pk

Sent To
 Schultz Management, Ltd.
 500 N. Akard, Suite 2940
 Dallas, TX 75201

Street, Apt or PO Box
 City, State

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6391 7964

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 Po

Sent To
 Henrietta Schultz, Trustee
 500 North Akard, Suite 2940
 Dallas, TX 75201

Street, Apt or PO Box
 City, State

PS Form 3811, February 2004 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:

Schultz Management, Ltd.
 500 N. Akard, Suite 2940
 Dallas, TX 75201

2. Article Number
 (Transfer from service label)

7006 2760 0001 6391 7940

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Paul Schultz* ☐ Agent ☐ Addressee

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

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

JUN 2007

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Henrietta Schultz, Trustee
 500 North Akard, Suite 2940
 Dallas, TX 75201

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Paul Schultz* ☐ Agent ☐ Addressee

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

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

JUN 2007

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)

7006 2760 0001 6391 7964

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 7957

US 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 Po _____

Sent To _____
 Attn: Edwin S. Ryan, Jr.
 810 Houston St., Ste 2000
 Fort Worth, TX 76102-6298

Postmark (Here)

PS Form 3811, August 2004 See Reverse for Instructions

7006 2760 0001 6391 7926

US 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 Po _____

Sent To _____
 Attn: Patricia P. Schieffer Trust
 Bank of America, N.A. Agt
 P.O. Box 2546
 Fort Worth, TX 76113

Postmark (Here)

PS Form 3811, August 2004 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:

XTO Energy, Inc.
 Attn: Edwin S. Ryan, Jr.
 810 Houston St., Ste 2000
 Fort Worth, TX 76102-6298

2. Article Number (Transfer from service label) 7006 2760 0001 6391 7957

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery 6-4-07
 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

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:

Patricia P. Schieffer Trust,
 Bank of America, N.A. Agt
 Attn: Jeff Anderson
 P.O. Box 2546
 Fort Worth, TX 76113

2. Article Number (Transfer from service label) 7006 2760 0001 6391 7926

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery 6-4-07
 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.

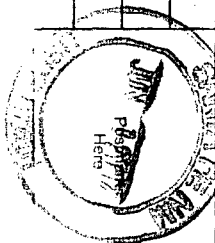
4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
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:

Robert E. Oade
 9665 Southern Belle Dr.
 Brookville, FL 34613-4280

Sent to:
 Street, P.O. Box,
 City, State

PS Form 3811, August 2004

See Reverse for Instructions

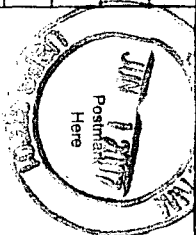
7006 2760 0001 6391 7919

U.S. Postal ServiceTM
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:

Victoria Webb
 806 Cordova
 Dallas, TX 75223

Sent to:
 Street, P.O. Box,
 City, State

PS Form 3811, August 2004

See Reverse for Instructions

7006 2760 0001 6391 7933

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:

Robert E. Oade
 9665 Southern Belle Dr.
 Brookville, FL 34613-4280

2. Article Number
 (Transfer from service label)

7006 2760 0001 6391 7919

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ 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:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Victoria Webb
 806 Cordova
 Dallas, TX 75223

2. Article Number
 (Transfer from service label)

7006 2760 0001 6391 7933

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ 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:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 7889

U.S. Postal Service™ 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 Post: Isabel Gonzales TR
Bank of Oklahoma NA Agent
Acct 50594-9
P.O. Box 1588
Tulsa, OK 74101

Sent To: Street, Apt. or PO Box: City, State, ZIP+4®

PS Form 3811, August 2004 See Reverse for Instructions

7006 2760 0001 6391 7902

U.S. Postal Service™ 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 Post: Nigh Rev Tr Agmt dtd 8/3/89
Robert D. Nigh Trustee
7080 Dean Road
Indianapolis, IN 46220

Sent To: Street, Apt. or PO Box: City, State, ZIP+4®

PS Form 3811, August 2004 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:
Isabel Gonzales TR
Bank of Oklahoma NA Agent
Acct 50594-9
P.O. Box 1588
Tulsa, OK 74101

2. Article Number (Transfer from service label) 7006 2760 0001 6391 7889
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

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

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:
Nigh Rev Tr Agmt dtd 8/3/89
Robert D. Nigh Trustee
7080 Dean Road
Indianapolis, IN 46220

2. Article Number (Transfer from service label) 7006 2760 0001 6391 7902
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

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

7006 2760 0001 6391 7841

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 Pt

Sent To

Street, Apt or PO Box

City, State

CEEFAM LLC
 C/O Little Oil & Gas Inc
 PO Box 1258
 Farmington, NM 87499

PS Form 3811, July 1999 See Reverse for Instructions

7006 2760 0001 6391 7865

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 Pt

Sent To

Street, Apt or PO Box

City, State

Claude I Hobson Rev Liv Tr
 Claude I Hobson Trustee
 1608 Washington Street
 Bellevue, NE 68005

PS Form 3811, July 1999 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:

CEEFAM LLC
 C/O Little Oil & Gas Inc
 PO Box 1258
 Farmington, NM 87499

2. Article Number (Cop) 7006 2760 0001 6391 7841

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Suzanne C. 6-5-07

C. Signature D. Is delivery address different from item 1? ☒ Agent Addressed
 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

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:

Claude I Hobson Rev Liv Tr
 Claude I Hobson Trustee
 1608 Washington Street
 Bellevue, NE 68005

2. Article Number 7006 2760 0001 6391 7865
(Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature B. Date of Delivery
 Claude I Hobson 6-5-07

C. Received by (Printed Name) D. Is delivery address different from item 1? ☒ Agent Addressed
 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

7006 2760 0001 6391 7803

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

OFFICIAL USE

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total

Sent To

Street, or PO Box

City, St.

WWR Enterprises Inc
 C/O Petroleum Asset Mgmt LLC
 PO Box 745
 Hobbs, NM 88241

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6391 7827

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

OFFICIAL USE

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total P.

Sent To

Street, or PO Box

City, St.

Kleimor Energy LLC
 8451 E Oregon Pl
 Denver, CO 80231

PS Form 3800, August 2006 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:

WWR Enterprises Inc
 C/O Petroleum Asset Mgmt LLC
 PO Box 745
 Hobbs, NM 88241

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 7803

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
- 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:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Kleimor Energy LLC
 8451 E Oregon Pl
 Denver, CO 80231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
- 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:

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)

7006 2760 0001 6391 7827

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 7766

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 Post

Sent To
 Viola Mascarenas Lucero
 PO Box 841
 Bloomfield, NM 87413

Street, Apt.
 or PO Box

City, State

PS Form 3811, August 2004 See Reverse for Instructions

7006 2760 0001 6391 7780

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 Post

Sent To
 William C Briggs
 Reynolds Hix & Co Poa & Agent
 6729 Academy Rd Ste D
 Albuquerque, NM 87109

Street, Apt.
 or PO Box

City, State

PS Form 3811, August 2004 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:

Viola Mascarenas Lucero
 PO Box 841
 Bloomfield, NM 87413

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7006 2760 0001 6391 7766
 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
Viola M. Lucero
- B. Received by (Printed Name) ☐ Addressee
Viola M. Lucero
- C. Date of Delivery
6/11/07
- 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

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:

William C Briggs
 Reynolds Hix & Co Poa & Agent
 6729 Academy Rd Ste D
 Albuquerque, NM 87109

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7006 2760 0001 6391 7780
 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
William C Briggs
- B. Received by (Printed Name) ☐ Addressee
William C Briggs
- C. Date of Delivery
6/11/07
- 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

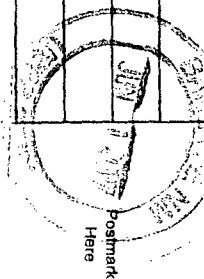
102595-02-M-1540

**US Postal Service™
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



Total

Robert Mascarenas

Rd 3581 #13

Flora Vista, NM 87415-9603

Sent To:
Street,
or PO
City, S

PS Form 3800, August 2006 See Reverse for Instructions

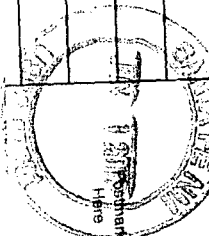
7006 2760 0001 6391 7896

**US Postal Service™
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



Total P

Trini Lopez Montoya

5691 W 35th Ave Apt 1-A

Denver, CO 80212

Sent To:
Street, Apt
or PO Box
City, State

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6391 7742

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:

Robert Mascarenas
Rd 3581 #13
Flora Vista, NM 87415-9603

2. Article Number
(Transfer from service label)

7006 2760 0001 6391 7896

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Robert Mascarenas</i>	<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Trini Lopez Montoya</i>	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

JUN 6 2007

3. Service Type <input checked="" type="checkbox"/> Registered Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

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:

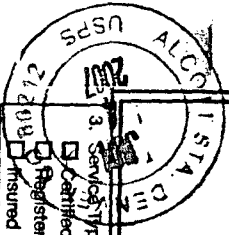
Trini Lopez Montoya
5691 W 35th Ave Apt 1-A
Denver, CO 80212

2. Article Number
(Transfer from service label)

7006 2760 0001 6391 7742

PS Form 3811, February 2004

Domestic Return Receipt



3. Service Type <input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Trini Lopez Montoya</i>	<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Trini Lopez Montoya</i>	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

7006 2760 0001 6391 7858

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

OFFICIAL USAGE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total F Gumz Fam Tr Did 10/31/03

Sent to Henry F Gumz & Margaret Gumz Co

Trustees

Street, Apt or PO Box 674 Via Mendoza Unit D

City, State Laguna Woods, CA 92637

PS Form 3811, January 2004 See Reverse for Instructions

7006 2760 0001 6391 7872

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 USAGE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Po Gifford H. Nigh & Margaret Nigh

Sent to 202 FM 2578 Rm 45

Street, Apt or PO Box Terrell, TX 75160

City, State

PS Form 3811, January 2004 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:

Gumz Fam Tr Did 10/31/03
 Henry F Gumz & Margaret Gumz Co
 Trustees
 674 Via Mendoza Unit D
 Laguna Woods, CA 92637

2. Article Number
 (Transfer from service label)

7006 2760 0001 6391 7858

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Restricted by (Printed Name) ☐ 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

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:

Gifford H. Nigh & Margaret Nigh
 202 FM 2578 Rm 45
 Terrell, TX 75160

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Restricted by (Printed Name) ☐ 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) 7006 2760 0001 6391 7872

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 7810

US Postal Service™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Ps

Sent to

Energen Resources Corp

605 Richard Arrington Jr Blvd N

Birmingham, AL 35203-2707

Street, Apt or PO Box

City, State

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6391 7834

US Postal Service™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Ps

Sent to

Jasmine Moran Children's Museum Foundation Inc

PO Box 1828

Seminole, OK 74818-1828

Street, Apt or PO Box

City, State

PS Form 3801, August 2005 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:

Energen Resources Corp

605 Richard Arrington Jr Blvd N

Birmingham, AL 35203-2707

2. Article Number

(Transfer from service)

7006 2760 0001 6391 7810

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Received by (Printed Name)

C. Date of Delivery

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

Yes No

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Jasmine Moran Children's Museum Foundation Inc

PO Box 1828

Seminole, OK 74818-1828

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 7834

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Received by (Printed Name)

C. Date of Delivery

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

Yes No

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 7773

U.S. Postal Service[™]
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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total P

Sent To
 Street A1
 or PO Box
 City, State

Walter R Gould
 PO Box 903
 Espanola, NM 87532-0903

PS Form 3800, August 2003 See Reverse for Instructions

7006 2760 0001 6391 7797

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 P

Sent To
 Street A1
 or PO Box
 City, State

William Poleson
 620 Penrose Blvd
 Colorado Springs, CO 80906

PS Form 3800, August 2003 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:

Walter R Gould
 PO Box 903
 Espanola, NM 87532-0903

2. Article Number
(Transfer from service label) 7006 2760 0001 6391 7773

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Address
- C. Date of Delivery
- 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

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:

William Poleson
 620 Penrose Blvd
 Colorado Springs, CO 80906

2. Article Number
(Transfer from service label) 7006 2760 0001 6391 7797

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery
- 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

7006 2760 0001 6391 8558

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:

Sent To: Tony S Lopez
 PO Box 371154
 Denver, CO 80237

Street, Apt. N
 or PO Box N
 City, State, Z

PS Form 3811, August 2004 See Reverse for Instructions

7006 2760 0001 6391 7759

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:

Sent To: Va Johnston Fam Tr
 Da Prewitt & Ma Chesser Co
 Trustees
 PO Box 825
 Ralls, TX 79357-0825

Street, Apt.
 or PO Box
 City, State, Z

PS Form 3811, August 2004 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:

Tony S Lopez
 PO Box 371154
 Denver, CO 80237

2. Article Number
(Transfer from service label)

7006 2760 0001 6391 8558

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent ☒ Addresssee ☐

B. Received by (Printed Name) *TONY S LOPEZ* C. Date of Delivery *2-11-04*

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

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:

Va Johnston Fam Tr
 Da Prewitt & Ma Chesser Co
 Trustees
 PO Box 825
 Ralls, TX 79357-0825

2. Article Number
(Transfer from service label)

7006 2760 0001 6391 7759

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent ☒ Addresssee ☐

B. Received by (Printed Name) *DAVID A. PREWITT* C. Date of Delivery *2-5-04*

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

7006 2760 0001 6391 8350

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 ANNOUNCEMENT

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total For

Sent To

Street, Ap or PO Box

City, State

Tim L Dale
 C/O T Patrick Nacol
 434 St Andrews Dr
 Belleair, FL 34616-1924

Postmark Here JUN 1 2004

See reverse for instructions

7006 2760 0001 6391 7735

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 ANNOUNCEMENT

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total For

Sent To

Street, Ap or PO Box

City, State

Tommy Mascarenas
 PO Box 616
 Jamul, CA 91935-0616

Postmark Here JUN 1 2004

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:

Tommy Mascarenas
 PO Box 616
 Jamul, CA 91935-0616

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☐ Addressee
- 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) 7006 2760 0001 6391 7735

PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6391 8534

**US Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

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

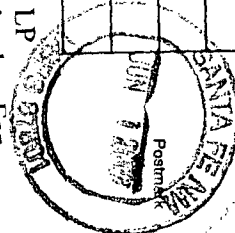
OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Post

Sent To **Stevens Partners LP**
 Street, Apt. or PO Box **C/O Walter J Melendres Esq**
 City, State **1069 Encantado Dr**
Santa Fe, NM 87501

PS Form 3800, August 2006 See Reverse for Instructions



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

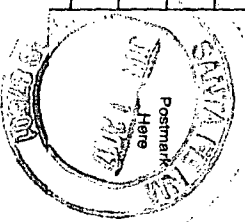
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Post

Sent To **T Patrick Nacol**
 Street, Apt. or PO Box **611 Druid Rd E Ste 711**
 City, State **Clearwater, FL 33756-3931**



7006 2760 0001 6391 8442

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6391 8428

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 Post: _____

Sent To: _____

Street, Apt.
or PO Box # _____

City, State, _____

Rose M Lopez Atencio
 222 S Peach
 Fruita, CO 81521

PS Form 3811, August 2006 See instructions on reverse

7006 2760 0001 6391 8336

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 Post: _____

Sent To: _____

Street, Apt.
or PO Box # _____

City, State, _____

Sidney Moran
 18 Hudson Cir
 Houston, TX 77024-7254

PS Form 3811, August 2006 See instructions on reverse

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:

Sidney Moran
 18 Hudson Cir
 Houston, TX 77024-7254

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ 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: _____

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7006 2760 0001 6391 8336

PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6391 8411

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

Sent To

Robert W Umbach Cancer Foundation Inc

Wells Fargo Bank Na Agent

PO Box 5383

Denver, CO 80217

Street, Apt. or PO Box N

City, State, Z

Postmark Here

PS Form 3811, August 2005 See Reverse for Instructions

7001 1140 0002 9559 0981

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

Sent To

Roger B Nielsen

1200 Danbury Dr

Mansfield, TX 76063

Street, Apt. or PO Box

City, State, Z

Postmark Here

PS Form 3811, January 2001 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:

Robert W Umbach Cancer Foundation Inc
 Wells Fargo Bank Na Agent
 PO Box 5383
 Denver, CO 80217

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 8411

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- 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

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:

Roger B Nielsen

1200 Danbury Dr

Mansfield, TX 76063

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- 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)

7001 1140 0002 9559 0981

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

To 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 Post	

Sent To: **Richard L Lopez**
 Street, Apt.: **1400 N 24th St**
 or PO Box:
 City, State, ZIP+4: **Grand Junction, CO 81501-5680**

Postmark Here

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
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 Post	
Sent To Robert E Beamon III 2603 Augusta Ste 1050 Houston, TX 77057	
Street, Apt. ¹ or PO Box A City, State, ²	
PS Form 3800, August 2005 PSN 7530-01-000-9001 See Reverse for Instructions	

7006 2760 0001 6391 8541

U.S. Postal Service™ 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

Sent To
Street, Apt.,
or PO Box N
City, State, Z

Tab Riley Smith
PO Box 2267
Bellaire, TX 77402

Postmark
JAN 7 2004
SANTA FE, NM

PS Form 3811, February 2004

7006 2760 0001 6

U.S. Postal Service™ 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

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

Tina M Carpenter
5211 Autumn Way
Mchenry, IL 60050

Postmark
JAN 7 2004
SANTA FE, NM

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

2. Article Number (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received By (Printed Name)

C. Date of Delivery

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

3. Service Type

4. Restricted Delivery? (Extra Fee)

102595-02-M-1540

7006 2760 0001 6391 8435

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	\$

Sent To: Steven Kent Lust
 Street, Apt. 1: 1314 6th Ave Sw
 or PO Box #: Aberdeen, SD 57401
 City, State, Z:

PS Form 3811, July 1999

7006 2760 0001 6391 8343

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	\$

Sent To: Stricker Petroleum Corp.
 Street, Apt. #: Dover, DE 19001
 or PO Box #: City, State, Z:

PS Form 3811, July 1999

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:

Steven Kent Lust
 1314 6th Ave Sw
 Aberdeen, SD 57401

2. Article Number (Copy from:

7006 2760 0001 6391 8435

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

6-5

C. Signature
 Patricia

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

*Returned
 mail*

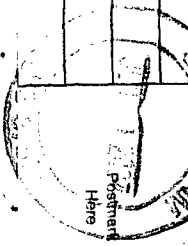
7006 2760 0001 6391 8329

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

OFFICIAL USE

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

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)



Total Post
 Rogers-Gibbard Tr
 Susan Rogers Eveland Trustee
 3630 River Oaks Ct
 Tyler, TX 75707-1658
 Street, Apt.
 or PO Box
 City, State, ZIP

PS Form 3811, August 2004 See Reverse for Instructions

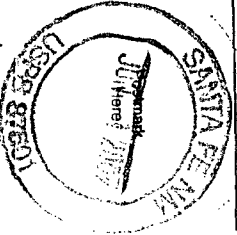
7006 2760 0001 6391 8527

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

OFFICIAL USE

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

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)



Total Post
 Rose Mascarenas Carter
 PO Box 323
 Flora Vista, NM 87415
 Street, Apt.
 or PO Box No
 City, State, ZIP

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:

Rogers-Gibbard Tr
 Susan Rogers Eveland Trustee
 3630 River Oaks Ct
 Tyler, TX 75707-1658

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Susan Eveland* Agent
 B. Received by (Printed Name) C. Date of Delivery
 10-4-07
 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 (Transfer from service label) 7006 2760 0001 6391 8329
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 8404

7006 2760 0001 6391 8497

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 \$

Sent To
 RL Zinn Et Al Ltd
 C/O Zinn Petroleum Co
 3400 Bissonnet St # 250
 Houston, TX 77005-2155

City, State, ZIP+4®

Postmark Here

PS Form 3800, August 2004 See Reverse for Instructions

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

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

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fee \$

Sent To
 Ramseyer Liv Tr
 Bruce & Kay Ramseyer Trustee
 11741 Colony Dr
 Santa Ana, CA 92705

City, State, ZIP+4®

Postmark Here

PS Form 3800, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Ramseyer Liv Tr
 Bruce & Kay Ramseyer Trustee
 11741 Colony Dr
 Santa Ana, CA 92705

2. Article Number (Copy from service label) 7006 2760 0001 6391 8497

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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 ☐ No

A. Signature ☐ Agent ☐ Addressee
 B. Restricted by delivery terms? ☐ Yes ☐ No
 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 ☐ No

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

**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

Sent To _____
 Street, Apt.
 or PO Box # _____
 City, State, _____
 PJC LP
 1409 S Sunset
 Roswell, NM 88201

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 P.	\$	

Ramseyer Community Tr
Nancy Lanier Kobel Trustee
2415 S Hillcrest
Camp Verde, AZ 86322

Street, /
or PO B
City, Sta

Postmark Here

SANTA FE, NM

JUN 1971

U.S. AIR MAIL

10c

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:

PJCLP
1409 S Sunset
Roswell, NM 88201

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
 X ☐ Addressee
 B. Received by (Printed Name) ☐ Date of Delivery
 C. Collins ☐ 6-4-07
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

☐ No

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

☐ Yes

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:

Ramseyer Community Tr
Nancy Lanier Kobel Trustee
2415 S Hillcrest
Camp Verde, AZ 86322

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
 X *Wendy K*
 B. Received by (*Printed Name*) ☐ Agent ☐ Addressee
 WENDY K KOS
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

☐ No

3. Service Type
- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |
4. Restricted Delivery? (Extra Fee)
- ☐ Yes

☐ Yes

2. Article Number:
(Transfer from service label)

7006 2760 0001, 6391, 8299

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 8275

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 F

Sent To: Paul Lopez
 Street: 2828 B 4/10 Rd
 or PO Box
 City, State: Grand Junction, CO 81503-2185

Postmark Here JUN 1 2007 SANTA FE NM

7006 2760 0001 6391 8473

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

Sent To: Peggy Mascarenas McWilliams
 Street, Apt. 1: PO Box 427
 or PO Box N: Flora Vista, NM 87415
 City, State, ZIP: City, State, ZIP

Postmark Here JUN 4 2007

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:

Paul Lopez
 2828 B 4/10 Rd
 Grand Junction, CO 81503-2185

2. Article Number (Transfer from service label) 7006 2760 0001 6391 8275

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery
- C. Is delivery address different from item 1? ☐ Yes ☒ No
- D. Is delivery address different from item 17? ☐ Yes ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Peggy Mascarenas McWilliams
 PO Box 427
 Flora Vista, NM 87415

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature ☐ Agent ☒ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No

JUN 4 2007

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 (Copy from service label) 7006 2760 0001 6391 8473

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6391 7728

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 Post

Sent To
 New Mexico State Royalty
 310 Old Santa Fe Trl
 Santa Fe, NM 87501
 Street, Apt. or PO Box
 City, State

Postmark Here

PS Form 3800, August 1, 2005 See Reverse for Instructions

7006 2760 0001 6391 8367

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 Post

Sent To
 Patricia F Wise
 PO Box 157
 Patton, CA 92369-0157
 Street, Apt. or PO Box
 City, State

Postmark Here

PS Form 3800, August 1, 2005 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:

New Mexico State Royalty
 310 Old Santa Fe Trl
 Santa Fe, NM 87501

2. Article Number (Transfer from service label) 7006 2760 0001 6391 7728

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Charles J. Macos* Agent
 B. Received by (Printed Name) *Charles J. Macos* C. Date of Delivery *4/6/07*
 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

7006 2760 0001 6391 7681

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com
 For delivery restrictions visit our website at www.usps.com

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Pc _____
 Sent to _____
 Street, Apt. _____
 or PO Box _____
 City, State _____
 Zip _____

Mary Frances Turner Jr Tr 6743
 Chase Bank Of Texas
 C/O JP Morgan Chase Bank NA
 PO Box 99084
 Fort Worth, TX 76199-0084

Stamp: JUN 3 2004, NORTH TEXAS, MOBILE, TX

7006 2760 0001 6391 7704

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

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

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Post _____
 Sent to _____
 Street, Apt. _____
 or PO Box _____
 City, State _____
 Zip _____

Moran Oil Enterprises
 PO Box 1295
 Seminole, OK 74818-1295

Stamp: JUN 3 2004, NORTH TEXAS, MOBILE, TX

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:

Mary Frances Turner Jr Tr 6743
 Chase Bank Of Texas
 C/O JP Morgan Chase Bank NA
 PO Box 99084
 Fort Worth, TX 76199-0084

2. Article Number _____
 (Transfer from service label) 7006 2760 0001 6391 7681

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

COMPLETE THIS SECTION ON DELIVERY

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

D. Is delivery address different from item 1? ☐ Yes
 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

Stamp: JUN 3 2004, NORTH TEXAS, MOBILE, TX

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:

Moran Oil Enterprises
 PO Box 1295
 Seminole, OK 74818-1295

2. Article Number _____
 (Transfer from service label) 7006 2760 0001 6391 7704

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

COMPLETE THIS SECTION ON DELIVERY

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

D. Is delivery address different from item 1? ☐ Yes
 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

Stamp: JUN 3 2004, NORTH TEXAS, MOBILE, TX

7006 2760 0001 6391 8480

U.S. Postal Service™
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OFFICIAL USE

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Sent To
 Street/PO Box No.
 City, State, ZIP

Pennies From Heaven LLC
 Bank Of America Agent
 PO Box 840738
 Dallas, TX 75283-0308

Postmark
 JUN 7 2007
 HOUSTON, TX

PS Form 3811, July 1999 See Reverse for Instructions

7006 2760 0001 6391 8398

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

OFFICIAL USE

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Po

Sent To
 Street/PO Box
 City, State

Pure Resources LP
 PO Box 910552
 Dallas, TX 75391-0552

Postmark
 JUN 7 2007
 HOUSTON, TX

PS Form 3811, August 2005 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.

Pennies From Heaven LLC
 Bank Of America Agent
 PO Box 840738
 Dallas, TX 75283-0308

1. Article Addressed to:

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt

7006 2760 0001 6391 8480

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name) JUN 13 2007
 JUN 13 2007
 JUN 04 2007

C. Signature
 [Signature]

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

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.

Pure Resources LP
 PO Box 910552
 Dallas, TX 75391-0552

1. Article Addressed to:

2. Article Number (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6391 8398

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]

B. Received by (Please Print Name) JUN 13 2007
 JUN 13 2007
 JUN 03 2007

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

7006 2760 0001 6391 8374

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
OFFICIAL MAIL	
For delivery information, visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	
Sent To Street, Ap or PO Box City, State	
Paul Jay Lewis 309 W 43rd St Ste 105 Sioux Falls, SD 57105-6805	
PS Form 3811, August 2004 See Reverse for Instructions	

7006 2760 0001 6391 8282

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
OFFICIAL MAIL	
For delivery information, visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	
Sent To Street, Ap or PO Box City, State	
Pedro F Lopez 784 Arboles-Lopez Rd Ignacio, CO 81137	
PS Form 3811, August 2004 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:

Paul Jay Lewis
 309 W 43rd St Ste 105
 Sioux Falls, SD 57105-6805

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- 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 7006 2760 0001 6391 8374
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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:

Pedro F Lopez
 784th Arboles-Lopez Rd
 Ignacio, CO 81137

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- 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 7006 2760 0001 6391 8282
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 8268

US 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 Post

Sent To
 Nancy P Tonkin Rev Tr
 Nancy Tonkin Cutter &
 Allen M Tonkin Jr
 1524 Park Ave SW
 Albuquerque, NM 87104

Street Address
 or PO Box
 City, State, ZIP

PS Form 3811, August 2006 See Reverse for Instructions

7006 2760 0001 6391 8466

US 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 Post

Sent To
 Osprey Resources Inc.
 PO Box 56449
 Houston, TX 77256-6449

Street Address
 or PO Box
 City, State, ZIP

PS Form 3811, August 2006 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:

Osprey Resources Inc.
 PO Box 56449
 Houston, TX 77256-6449

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) 1/10/07 B. Date of Delivery
- C. Signature [Signature]
- 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 ☒ No

2. Article Number (Copy from service 1a)

7006 2760 0001 6391 8466

PS Form 3811, July 1999

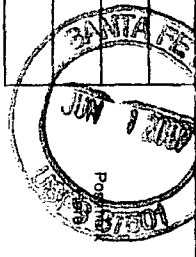
Domestic Return Receipt

102595-00-M-0952

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total P/c
Sent To
Marie Gould
475 S New Hampshire Ave
Los Angeles, CA 90020
Street, Ap
or PO Box
City, State

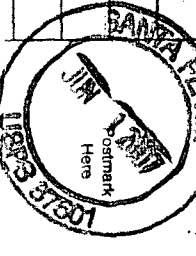
PS Form 3800, August 2000 See Reverse for Instructions

7006 2760 0001 6391 7698

**U.S. Postal Service™
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To delivery information visit our website at www.usps.com

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Post
Sent To
Matthew N Sorenson
PO Box 1453
Roswell, NM 88202-1453
Street, Apt
or PO Box
City, State

PS Form 3800, August 2000 See Reverse for Instructions

7006 2760 0001 6391 7711

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:

Matthew N Sorenson
PO Box 1453
Roswell, NM 88202-1453

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) ☐ Addressee

C. Delivery ☒ Yes ☐ No

D. Is delivery address different from item 1? ☐ Yes ☒ 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) 7006 2760 0001 6391 7711
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 7667

U.S. Postal Service™
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OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Ps Marcia Berger
 C/O Petroleum Asset Mgmt LLC
 PO Box 745
 Hobbs, NM 88241

Sent to
 Street, Apt or PO Box
 City, State

PS Form 3811, August 2004 See Reverse for Instructions

7006 2760 0001 6391 7674

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 Ps Manuel R Lopez
 12871 Johns Rd
 Anchorage, AK 99515-3708

Sent to
 Street, Apt or PO Box
 City, State

PS Form 3811, August 2004 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:

Marcia Berger
 C/O Petroleum Asset Mgmt LLC
 PO Box 745
 Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- 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 7006 2760 0001 6391 7667
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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:

Manuel R Lopez
 12871 Johns Rd
 Anchorage, AK 99515-3708

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- 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 7006 2760 0001 6391 7674
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

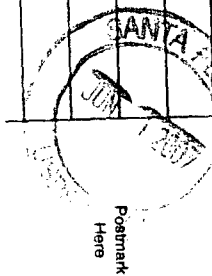
102595-02-M-1540

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

OFFICIAL USE

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total P. Laplante/Johnson Fam Tr
Joel S Johnson & Peggy L Laplante
Co Trustees
7275 S Sundown Cir
Littleton, CO 80120

PS Form 3811, August 2006 See www.usps.com for instructions

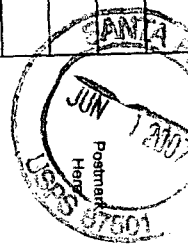
7006 2760 0001 6391 7629

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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 1 Linda Lundell Lindsey
PO Box 631565
Nacogdoches, TX 75963

PS Form 3811, August 2006 See www.usps.com for instructions

7006 2760 0001 6391 7643

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:

Linda Lundell Lindsey
PO Box 631565
Nacogdoches, TX 75963

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name) Linda Lundell Lindsey	<input checked="" type="checkbox"/> Addressee
C. Date of Delivery 6-6-2007	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) 7006 2760 0001 6391 7643

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 7582

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

Sent To

Partner

JTV Prtshp

Tracy C Thompson Managing

PO Box 1713

Roswell, NM 88201

Postmark Here

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6391 7605

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 Pos

Kellie M Kross

C/O David J Sorenson

PO Box 1453

Roswell, NM 88202-1453

Postmark Here

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

JTV Prtshp

Tracy C Thompson Managing

Partner

PO Box 1713

Roswell, NM 88201

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 7582

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Tracy Thompson

B. Received by (Printed Name)

C. Date of Delivery

6-5-07

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Kellie M Kross

C/O David J Sorenson

PO Box 1453

Roswell, NM 88202-1453

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 7605

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kellie M Kross

B. Received by (Printed Name)

C. Date of Delivery

6-5-07

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

7006 2760 0001 6391 7544

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

OFFICIAL USE

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

Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Postage \$

Sent To
 Street, Apt. or PO Box
 City, State

John A Mascarenas
 8801 N 104th Ave
 Peoria, AZ 85345

Postmark Here

PS Form 3811, February 2004

7006 2760 0001 6391 7568

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

OFFICIAL USE

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

Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Postage \$

Sent To
 Street, Apt. or PO Box
 City, State

Johnson Tr Uad 11/24/85
 Sp Johnson III & Barbara Jo Johnson
 Co Trustees
 P.O. Box 1641
 Roswell, NM 88202

Postmark Here

PS Form 3811, February 2004

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 A Mascarenas
 8801 N 104th Ave
 Peoria, AZ 85345

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *John A. Mascarenas*
- B. Received by (Printed Name) *John A. Mascarenas*
- C. Date of Delivery *6/6/07*
- 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 *7006 2760 0001 6391 7544*
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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:

Johnson Tr Uad 11/24/85
 Sp Johnson III & Barbara Jo Johnson
 Co Trustees
 P.O. Box 1641
 Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *John A. Mascarenas*
- B. Received by (Printed Name) *John A. Mascarenas*
- C. Date of Delivery *6-5-07*
- 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 *7006 2760 0001 6391 7568*
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 7650

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 F _____

Sent To _____

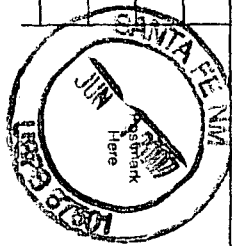
Street, Apt. _____

or PO Box _____

City, State _____

Lee Lopez
 2041 College Cr
 Las Vegas, NV 89115

PS Form 3800, August 2005 See Reverse for Instructions



7006 2760 0001 6391 7520

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 Poe _____

Sent To _____

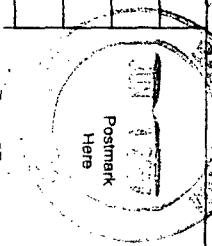
Street, Apt. _____

or PO Box _____

City, State _____

Jerry J Andrew
 408 Longwoods Ln
 Houston, TX 77024

PS Form 3800, August 2005 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:

Lee Lopez
 2041 College Cr
 Las Vegas, NV 89115

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 7650

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____

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 _____

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Jerry J Andrew
 408 Longwoods Ln
 Houston, TX 77024

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 7520

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____

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 _____

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 7612

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)

Postmark Here

Total Pk
 Julian Lopez
 130 Mulberry
 Fruita, CO 81521

Sent To
 Street, Apt or PO Box
 City, State

PS Form 3811, August 2005 See Reverse for Instructions

7006 2760 0001 6391 7636

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)

Postmark Here

Total Pk
 Kenneth H Barber
 39 Marland Rd
 Colorado Springs, CO 80906-4328

Sent To
 Street, Apt or PO Box
 City, State

PS Form 3811, August 2005 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:
 Julian Lopez
 130 Mulberry
 Fruita, CO 81521

2. Article Number
(Transfer from service label) 7006 2760 0001 6391 7612
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery
 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

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:
 Kenneth H Barber
 39 Marland Rd
 Colorado Springs, CO 80906-4328

2. Article Number
(Transfer from service label) 7006 2760 0001 6391 7636
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery
 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

7006 2760 0001 6391 7575

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

OFFICIAL USE

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

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

To: John S McDonald
 1550 Cherry St Apt 164
 Wenatchee, WA 98801-0164

Postmark Here JUN 1 2007
 SANTA RENA
 USPS

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6391 7599

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

OFFICIAL USE

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

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Postage Jose L Candalaria
 PO Box 1754
 Arboles, CO 81121

Sent to: Street, Apt. A or PO Box M
 City, State, Z

Postmark Here JUN 1 2007
 SANTA RENA
 USPS

PS Form 3811, February 2004 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:

John S McDonald
 1550 Cherry St Apt 164
 Wenatchee, WA 98801-0164

2. Article Number
(Transfer from service label)

7006 2760 0001 6391 7575

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *MacDonald* Agent ☒ Agent
- B. Received by (Printed Name) *MacDonald* C. Date of Delivery *6/1/07*
- 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

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:

Jose L Candalaria
 PO Box 1754
 Arboles, CO 81121

2. Article Number
(Transfer from service label)

7006 2760 0001 6391 7599

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Jose L Candalaria* Agent ☒ Agent
- B. Received by (Printed Name) *Jose L Candalaria* C. Date of Delivery *JUN - 4 2007*
- 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

7006 2760 0001 6391 7537

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 \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total P_c

Sent To
 Jerry Tiras & Ethel Tiras
 Tenants In Common
 3388 Sage Rd # 1502
 Houston, TX 77056

Street, Apt. or PO Box
 City, State

PS Form 3811, August 2004 See Reverse for Instructions

7006 2760 0001 6391 7551

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 \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total P

Sent To
 John L Turner
 PMB 285
 317 S Sidney Baker Ste 400
 Kerrville, TX 78028

Street, Apt. or PO Box
 City, State

PS Form 3811, August 2004 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:

Jerry Tiras & Ethel Tiras
 Tenants In Common
 3388 Sage Rd # 1502
 Houston, TX 77056

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ 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:

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)

7006 2760 0001 6391 7537

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 L Turner
 PMB 285
 317 S Sidney Baker Ste 400
 Kerrville, TX 78028

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ 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:

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)

7006 2760 0001 6391 7551

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

0 6 6 1 0 1 A L 1 0 3 2

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

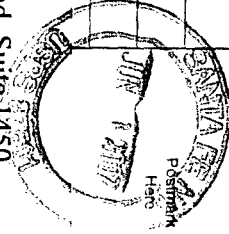
Restricted Delivery Fee (Endorsement Required)

Total P

Sent To: J Glenn Turner Jr
2 Turtle Creek Bend, Suite 1450
3838 Oak Lawn
Dallas, TX 75219

Street, or PO Box
City, State

PS Form 3800, January 2001 See Reverse for Instructions



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

0 6 6 1 0 1 A L 1 0 4 9

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

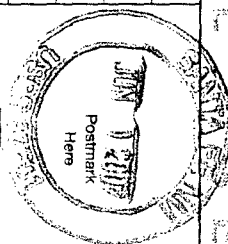
Restricted Delivery Fee (Endorsement Required)

Total P

Sent To: James Lopez
2837 Pinnacle
Colorado Springs, CO 80910

Street, or PO Box
City, State

PS Form 3800, January 2001 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:

J Glenn Turner Jr
2 Turtle Creek Bend, Suite 1450
3838 Oak Lawn
Dallas, TX 75219

2. Article Number 7001 1140 0002 9559 1032
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature J. Turner ☐ Agent

B. Received by (Printed Name) James Turner ☐ Addressee

C. Date of Delivery 6/4/07

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

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:

James Lopez
2837 Pinnacle
Colorado Springs, CO 80910

2. Article Number 7001 1140 0002 9559 1049
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature James Lopez ☐ Agent

B. Received by (Printed Name) James Lopez ☐ Addressee

C. Date of Delivery 6/4/07

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.

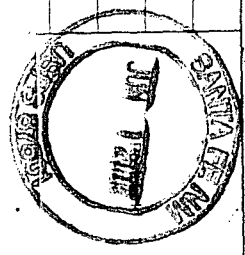
4. Restricted Delivery? (Extra Fee) ☐ Yes

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Sent To HLP
Street, Apt. or PO Box P.O. Box 2185
City, State Santa Fe, NM 87504

PS Form 3800, January 2001 See Reverse for Instructions

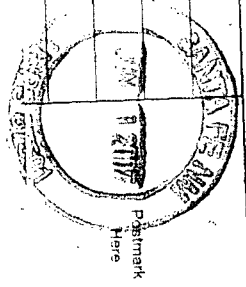


**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Sent To HF Axtell & Freda Axtell
Street, Apt. or PO Box 101 Rio Vista Circle
City, State Durango CO 81301-4379

PS Form 3800, January 2001 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.

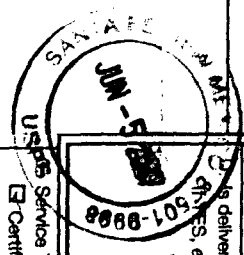
1. Article Addressed to:

HLP
P.O. Box 2185
Santa Fe, NM 87504

COMPLETE THIS SECTION ON DELIVERY

A. Signature *HF Axtell* ☐ Agent
☒ Addressee
B. Received by (Printed Name) _____
C. Date of Delivery _____

2. 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 7001 1140 0002 9559 1001
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 7971

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 \$

Sent to
 Street, Apt. or PO Box
 City, State, Zip

Eula May Johnston Trust
 Bank of America N.A. Trustee
 Acct. 01/0066100
 P.O. Box 840738
 Dallas, TX 75284-0738

PS Form 3811, February 2004

7006 2760 0001 6391 7995

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 \$

Sent to
 Street, Apt. or PO Box
 City, State, Zip

Florence Vallejos
 PO Box 702
 Ignacio, CO 81137

PS Form 3811, February 2004

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:

Eula May Johnston Trust
 Bank of America N.A. Trustee
 Acct. 01/0066100
 P.O. Box 840738
 Dallas, TX 75284-0738

2. Article Number
(Transfer from service label)

7006 2760 0001 6391 7971

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) ☐ C. Date of Delivery
 02/04/2007

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 ☐ No

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:

Florence Vallejos
 PO Box 702
 Ignacio, CO 81137

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) ☐ C. Date of Delivery
 02/04/2007

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 ☐ No

2. Article Number
(Transfer from service label)

7006 2760 0001 6391 7995

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 8978

U.S. Postal ServiceTM
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OFFICIAL USE

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

Sent To
 Street
 or PO
 City, State

Douglas Cameron Mcleod
 518 17th Street, Suite 1455
 Denver Clb Bldg.
 Denver, CO 80202

Postmark
 JUN 1 1999

PS Form 3811, July 1999

7006 2760 0001 6391 8992

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

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OFFICIAL USE

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

Sent To
 Street
 or PO Box
 City, State

Elizabeth Jeanne Turner Calloway
 P.O. Box 191767
 Dallas, TX 75219-1767

Postmark
 JUN 1 1999

PS Form 3811, July 1999

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:

Douglas Cameron Mcleod
 518 17th Street, Suite 1455
 Denver Clb Bldg.
 Denver, CO 80202

2. Article Number (Copy from service label)

7006 2760 0001 6391 8978

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery
 6-11-99

C. Signature
 [Signature]

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 ☐ No

7006 2760 0001 6391 7513

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

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total P _____

Sent To: Daniel D. Lopez
 Street A: 1608 Oakway Drive
 or PO Box: Baltimore, MD 21222
 City, State: _____

Postmark Here

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6391 8954

U.S. Postal Service™ 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 _____

Sent To: Debbie Moran
 Street: 3819 Latma Drive
 or P.O. Box: Houston, TX 77025-4120
 City, State: _____

Postmark Here

PS Form 3811, February 2004 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:
 Daniel D. Lopez
 1608 Oakway Drive
 Baltimore, MD 21222

2. Article Number (Transfer from service lat 7006 2760 0001 6391 7513)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

Signature: *Debbie Moran*
 Received by (Printed Name): _____
 Date of Delivery: 4/4/07

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

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

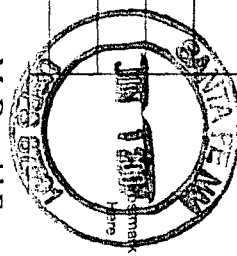
7001 1140 0002 9559 0998

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

Sent to
Gertrude Frances McDonald Estate
Sandra H Baca Personal Rep.
PO Box 910
Durango CO 81301

City, State, ZIP

PS Form 3811, February 2004 See Reverse for Instructions



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

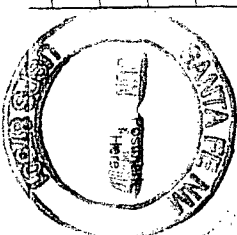
7001 1140 0002 9559 1018

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

Sent to
Herbert R Briggs
Reynolds Hix & Co POA & Agent
6729 Academy Road, Suite D
Albuquerque NM 87109

City, State, ZIP

PS Form 3811, February 2004 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:

Gertrude Frances McDonald Estate
Sandra H Baca Personal Rep.
PO Box 910
Durango CO 81301

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Sandra H Baca* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Sandra H Baca* C. Date of Delivery *2/1/04*

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) 7001 1140 0002 9559 0998

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

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:

Herbert R Briggs
Reynolds Hix & Co POA & Agent
6729 Academy Road, Suite D
Albuquerque NM 87109

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Herbert R Briggs* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Herbert R Briggs* C. Date of Delivery *2/1/04*

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) 7001 1140 0002 9559 1018

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

**U.S. Postal Service™
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OFFICIAL USE

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



Sent To
Street
or PO
City, S
Faye Lopez Romero
550 W Pabor Way
Fruita, CO 81521-2025

PS Form 3800, January 2001 See Reverse for Instructions

7001 1140 0002 9559 0974

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

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Post

Postmark
Here

Sent To
Street, Apt.
or PO Box
City, State
Fred E. Turner
4925 Greenville Ave # 852
Dallas, TX 75206

PS Form 3800, January 2001 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:

Faye Lopez Romero
550 W Pabor Way
Fruita, CO 81521-2025

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Xfor the 0002* ☐ Agent
B. Received by (Printed Name) *for the 0002* ☐ Addressee
C. Date of Delivery *6-4-04*
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) 7006 2760 0001 6391 3515

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

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:

FRED E. TURNER, LLC
4925 GREENVILLE AVE., SUITE 852
DALLAS, TX 75206-4079

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *5/28* B. Date of Delivery
C. Signature *[Signature]* ☐ Agent
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

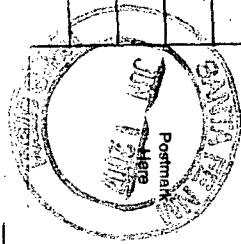
- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (From service label) 7006 2760 0001 6391 3515

PS Form 3811, July 1999 Domestic Return Receipt 102595-09-M-1789

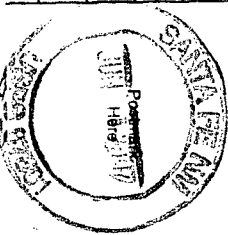
7006 2760 0001 6391 8985

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 \$	
Sent To Street or P.O. City, S	
Eliesda Enriquez 1115 4th Ave. Durango, CO 81301	
PS Form 3811, February 2004	



7006 2760 0001 6391 9005

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 \$	
Sent To Street or P.O. City	
Estate of M.W. Hoover, Deceased Liberty National Bank & Trust Co. Executor P.O. Box 1588 Tulsa, OK 74101-1588	
PS Form 3811, February 2004	



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:

Eliesda Enriquez
 1115 4th Ave.
 Durango, CO 81301

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

7006 2760 0001 6391 8985

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Eliesda Enriquez ☐ Addressee
- B. Received by (Printed Name) ☐ C. Date of Delivery
 6-4

- 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

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:

Estate of M.W. Hoover, Deceased
 Liberty National Bank & Trust Co.
 Executor
 P.O. Box 1588
 Tulsa, OK 74101-1588

2. Article Number
 (Transfer from service label)

7006 2760 0001 6391 9005

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Eric Smith ☐ Addressee
- B. Received by (Printed Name) ☐ C. Date of Delivery
 6-11-2004

- 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

7006 2760 0001 6391 8947

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 Prepaid Fee

Sent to
 Street, A
 or PO Bx
 City, Sta

Discovery I – Robert Leisen GP
 12 W Ranch Trail
 Morrison, CO 80465-9523

Postmark Here
 JUN 1 2017
 SAN JUAN, NM

7006 2760 0001 6391 8961

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 Prepaid Fee

Sent to
 Street, A
 or PO Bx
 City, Sta

Dorothea J Caulfield Tr
 Dorothea J Caulfield Trustee
 14647 Ranchview Ter
 Chino Hills, CA 91709

Postmark Here
 JUN 1 2017
 SAN JUAN, NM

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:
 Discovery I – Robert Leisen GP
 12 W Ranch Trail
 Morrison, CO 80465-9523

2. Article Number (Copy from service label)
 PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X *Robert Leisen*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 8947

102595-00-M-0952

Domestic Return Receipt

7006 2760 0001 6391 8916

US 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

Sent To
 Street, Apt. or P.O. Box
 City, State
 Cyrene L. Inman
 Bank of America NA Agent
 P.O. Box 840738
 Dallas, TX 75284-0738

Postmark Here

7006 2760 0001 6391 8923

US 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

Sent To
 Street, Apt. or P.O. Box
 City, State
 Avelinda Mascarenas
 5 CR 6067 NBU 1005
 Farmington, NM 87401

Postmark Here

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:

Cyrene L. Inman
 Bank of America NA Agent
 P.O. Box 840738
 Dallas, TX 75284-0738

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

7006 2760 0001 6391 8916

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) JUN 04 2001 B. Date of Delivery

C. Signature *[Signature]* D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below: ☐ Yes ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Avelinda Mascarenas
 5 CR 6067 NBU 1005
 Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Avelinda Mascarenas B. Date of Delivery

C. Signature *[Signature]* D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below: ☐ Yes ☒ 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 (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

7006 2760 0001 6391 8923

102595-00-M-0952

7006 2760 0001 6391 8909

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	\$

Sent To
 Consuela Mascarenas Gooch
 1001 Tucker
 Farmington, NM 87401

Street, A or PO Box
 City, State

PS Form 3811, July 1999

7006 2760 0001 6391 8886

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	\$

Sent To
 Claudia Lundell Gilmer
 101 Oak Meadow
 Georgetown, TX 78628

Street, A or PO Box
 City, State

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

4. Restricted Delivery? (Extra Fee)

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

4. Restricted Delivery? (Extra Fee)

PS Form 3811, July 1999

7006 2760 0001 6391 8862

US 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)

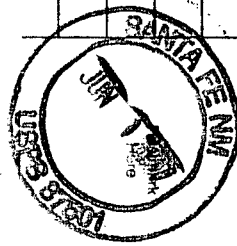
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent by
 Street or PO City, State ZIP+4®

Charlene S. Byers
 579 S. Poplar Way
 Denver, CO 80224

PS Form 3811, February 2004



7006 2760 0001 6391 8855

US 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)

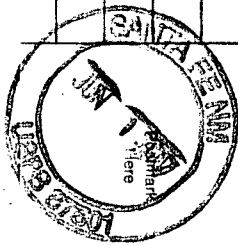
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent by
 Street or PO City, State ZIP+4®

Christine V. Merchant
 c/o David J. Sorenson
 P.O. Box 1453
 Roswell, NM 88202-1453

PS Form 3811, February 2004



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:

Charlene S. Byers
 579 S. Poplar Way
 Denver, CO 80224

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Charlene S. Byers* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *CHARLENE S. BYERS* C. Date of Delivery *6-6-07*
- 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

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:

Christine V. Merchant
 c/o David J. Sorenson
 P.O. Box 1453
 Roswell, NM 88202-1453

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Name) *CHRISTINE V. MERCHANT* Date of Delivery *6-6-07*
- C. Signature *CHRISTINE V. MERCHANT* ☐ Agent ☐ Addressee
- 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 (Copy from service label)

PS Form 3811, JULY 1999

Domestic Return Receipt

7006 2760 0001 6391 8824

US Postal Service™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To
Street, Apt or PO Box
City, State

Chamisa Land Co.
P.O. Box 30281 - Uptown Station
Albuquerque, NM 87190-0281

Postmark
JUN 1 2000
SANTA FE NM

7006 2760 0001 6391 8800

US Postal Service™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To
Street, Apt or PO Box
City

Carolyn Nielsen Sedberry
Little Oil & Gas Inc. Agent
P.O. Box 1258
Farmington, NM 87499

Postmark
JUN 1 2000
SANTA FE NM

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:
Carolyn Nielsen Sedberry
Little Oil & Gas Inc. Agent
P.O. Box 1258
Farmington, NM 87499

2. Article Number (Copy from service label) 7006 2760 0001 6391 8800

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
William D Sedberry 6/2/02

C. Signature *William D Sedberry* ☒ Agent ☐ Addressee

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

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:
Chamisa Land Co.
P.O. Box 30281 - Uptown Station
Albuquerque, NM 87190-0281

2. Article Number (Copy from service label) 7006 2760 0001 6391 8824

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
William D Sedberry 6/2/02

C. Signature *William D Sedberry* ☒ Agent ☐ Addressee

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

7006 2760 0001 6391 8244

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

Sent To
 Street, Apt. or PO Box
 City, State

Betty T. Johnston Marital Tr
 L.E. Carbaugh P. M. Hardw
 245 Commerce Green Blvd.,
 Suite 280
 Sugar Land, TX 77478

Postmark
 JUN 7 2004
 SANTA FE, NM

7006 2760 0001 6391 8787

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

Sent To
 Street or PO
 City, State

Carl Dellinger
 3605 Britt Street, NE
 Albuquerque, NM 87111

Postmark
 JUN 7 2004
 SANTA FE, NM

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:

Betty T. Johnston Marital Tr
 L.E. Carbaugh P. M. Hardw
 245 Commerce Green Blvd.,
 Suite 280
 Sugar Land, TX 77478

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Julia Stogler
- B. Received by (Printed Name) ☐ Addresssee ☒ Julia Stogler
- C. Date of Delivery ☐ Yes ☒ 6/5/04
- 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 ☒ No

2. Article Number (Transfer from service label) 7006 2760 0001 6391 8244

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154t

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:

Carl Dellinger
 3605 Britt Street, NE
 Albuquerque, NM 87111

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) ☐ B. Date of Delivery ☒ 6/5/04
- C. Signature ☒ Agent ☒ Addresssee ☒ Julia Stogler
- 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 ☒ No

2. Article Number (Copy from service label)

7006 2760 0001 6391 8787

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6391 8893

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

OFFICIAL USE

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

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

Sent Ashley Gould
Street 475 S. New Hampshire Avenue
or P.O. Box
City Los Angeles, CA 90020

Postmark Here
JUN 1 2004
SANTA FE, NM

Instructions

7001 1140 0002 9559 0950

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

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

Sent Ben R. Howard
Street 11490 Audelia Road, Apt. 215
or P.O. Box
City Dallas, TX 75243-9014

Postmark Here
JUN 1 2004
SANTA FE, NM

Instructions

Returned

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:

Ben R. Howard
11490 Audelia Road, Apt. 215
Dallas, TX 75243-9014

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
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) 7001 1140 0002 9559 0950

7006 2760 0001 6391 8848

**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

Sent to
Street 7
or P.O. Box
City, State

Adela Mascarenas Quintana
P.O. Box 1824
Ignacio, CO 81137-1824

PS Form 3811, July 1999

7006 2760 0001 6391 8879

**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

Sent to
Street 7
or P.O. Box
City, State

Angelina Barela
1116 E. 4th Avenue
Durango, CO 81301

PS Form 3811, July 1999

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:

Adela Mascarenas Quintana
P.O. Box 1824
Ignacio, CO 81137-1824

2. Article Number (Copy from service label)

7006 2760 0001 6391 8848

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

Angelina Barela
1116 E. 4th Avenue
Durango, CO 81301

2. Article Number (Copy from service label)

7006 2760 0001 6391 8879

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Date of Delivery

C. Signature

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

☒ Yes ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Angelina Barela ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 8817

**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 \$

Sent To: BP America Production Company
Attention: OOII
P.O. Box 21868
Tulsa, OK 74121

Street or P.O. City, S

Postmark Here

PS Form 3811, July 1999

7006 2760 0001 6391 8831

**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 \$

Sent To: Accord DU LAC Partnership LP
P.O. Box 676370
Rancho Santa Fe, CA 92067-6370

Street or P.O. City, S

Postmark Here

PS Form 3811, July 1999

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:

BP America Production Company
Attention: OOII
P.O. Box 21868
Tulsa, OK 74121

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

7006 2760 0001 6391 8817

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature X

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

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

4. Restricted Delivery? (Extra Fee) Yes No

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:

Accord DU LAC Partnership LP
P.O. Box 676370
Rancho Santa Fe, CA 92067-6370

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

7006 2760 0001 6391 8831

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes No

7006 2760 0001 6391 8251

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	\$

Sent to: Forest Oil Corp.
P.O. Box 847581
Dallas, TX 75284-7581

Street or P.O. City, St. State ZIP+4

Postmark JUN 1 2007

7006 2760 0001 6391 8794

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	\$

Sent to: ConocoPhillips Co.
21873 Network Place
Chicago, IL 60673-1218

Street or P.O. City, St. State ZIP+4

Postmark JUN 1 2007

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:

Forest Oil Corp.
P.O. Box 847581
Dallas, TX 75284-7581

2. Article Number
(Transfer from service label)

7006 2760 0001 6391 8251

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

Signature ☒ Agent

B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery JUN 04 2007

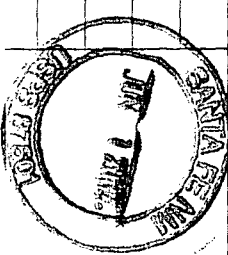
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

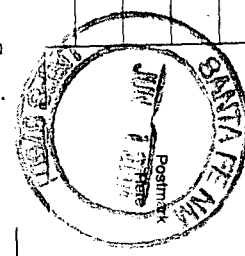
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7001 1140 0002 9559 0943

U.S. Postal Service	
CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
	
Sent To	Sacramento Municipal Utility District
Street, or PO Box	6301 S. Street
City, St	Sacramento, CA 95817-1899
PS Form	Instructions

7001 1140 0002 9559 0967

U.S. Postal Service	
CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
	
Sent To	Minerals Management Service
Street, or PO Box	P.O. Box 5810
City, St	Denver, CO 80217-5810
PS Form	Instructions

SENDER: COMPLETE THIS SECTION	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	
Sacramento Municipal Utility District 6301 S. Street Sacramento, CA 95817-1899	
2. Article Number	
(Transfer from service label) 7001 1140 0002 9559 0943 PS Form 3811, February 2004 Domestic Return Receipt	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	
Minerals Management Service P.O. Box 5810 Denver, CO 80217-5810	
2. Article Number	
(Transfer from service label) 7001 1140 0002 9559 0967 PS Form 3811, February 2004 Domestic Return Receipt	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received By:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
MINERALS MANAGEMENT SERVICE BUILDING SOLUTIONS, INC.	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	