STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATION OF CIMAREX ENERGY CO. FOR A NON-STANDARD OIL SPACING AND PRORATION UNIT AND FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

Case No. 13,777 (Reopened)

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Cimarex Energy Co.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1210.

James Bruce

SUBSCRIBED AND SWORN TO before me this 20th day of June, 2007 by James Bruce.

My Commission Expires: 3/14/09

Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 6

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 3, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the SW¼NW¼ and NW¼SW¼ of Section 21, Township 15 South, Range 36 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 24, 2007, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, May 17, 2007 if you intend to participate in the hearing.

Please note that all but a few of you have executed leases in favor of Cimarex Energy Co., and you are not being force pooled. However, the Oil Conservation Division has required Cimarex Energy Co. to notify all mineral interest owners of the non-standard unit portion of the application.

Very truly yours,

James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

Barbara A. Caudill Cruz
1006 Avenida Del Sumbre
Roswell, New Mexico 88203

Bernadine R. Glenn
126-A South Battery
Charleston, South Carolina 29401

Betty Adkins
7107 S. Hudson Cr.
Littleton, Colorado 80121

Betty Hemann
P.O. Box 6
McDonald, New Mexico 88262

Betty Jean Calkins
646 24th Street
San Pedro, California 90731

Bill Roden
107 Larry Lee
Kerrville, Texas 78028

Carol A. Caudill
2147 Malcolm St.
Sima Valley, California 93065

Carols Dean Alexander, a/k/a Carloss Dean Alexander
Rt. 1, Box 580
Lovington, New Mexico 88260

Carroll A. Caudill
6600 Lansing Rd.
Dexter, New Mexico 88230

Evangelical Lutheran Church in America,
Lutheran Church
8765 W. Higgins Rd.
Chicago, Illinois 60631

Evelyn V. Caudill Stanfield
P.O. Box 268
Lovington, New Mexico 88260

Farrell Haskins
5249 Harston Way
Antelope, California 95843

Faye Caudill
c/o Sharon Caudill Brown & Carroll A. Caudill)
2421 W. Thornton Drive
Show Low, Arizona 85901-3505

Frank S. Hayford
Apt. 35
2770 19th Street
San Francisco, CA 94132

Catherine Crockett Legett
P.O. Box 124
Santa, Idaho 83866

Charlene Alexander Marr
P.O. Box 1083
Tularosa, New Mexico 88352

Claudia Jean Starritt
1108 W. 14th St.
Roswell, New Mexico 88201

Darwin D. Crockett
10913 Bexley Dr.
Houston, Texas 77099

David Crockett
P.O. Box 868
San Juan Capistrano, California 92693

David M. Dahm
9408 Mesa Verde Circle
Wacco, TX 76712

David L. Rankin
c/o Bryan Lee Rankin
P.O. Box 9431
Austin, Texas 78766

David O. Crockett, Jr.
7429 Studio Road
Conga Park, California 91304

Debra Hicks
414 E. Aspen
Hobbs, New Mexico 88240

Fred W. Shields and Company
1442 Milam Bldg.
San Antonio, Texas 78205

Hershal Caudill, Jr.
816 West Avenue B
Lovington, New Mexico 88260

Howard Crockett
37549 Tumberry Isle Drive
Palm Desert, California 92211

Ila M. Caudill Gilliam
P.O. Box 430
Crossplains, Texas 76443

Jimmy Dale Hand, Jr.
P.O. Box 1703
Lovington, New Mexico 88260

John Clyde Tomlinson, Jr.
P.O. Box 629
Lovington, New Mexico 88260

Dennis Earl Crockett
2006 Isler Rd.
Roswell, New Mexico 88201

Dennis Langlitz, a/k/a Lester Dennis Langlitz, ssp
1425 S. Country Club
Carlsbad, New Mexico 88220

Donald F. Tandy
480 Carthage Dr.
Beavercreek, Ohio 45434

Doris Pettigrew
P.O. Drawer 807
Clovis, New Mexico 88101

Elizabeth J. Crockett
11167 Wystone
Northridge, California 91326

Elvis Peairl Caudill
HC 70, Box 205E
Lovington, New Mexico 88260

Ernest Roy Caudill
c/o Kari L. Caudill
300 S. Kurdwig #47
Lebanon, Missouri 65536

Eunice I. Hudgens, ssp
610 W. Gore St.
Lovington, New Mexico 88260

Eunice I. Hudgens, Trustee of the Hudgens Family Tru
610 W. Gore St.
Lovington, New Mexico 88260

John M. Crockett
C/O Sandy McFadden
330 West Hwy. 246-221
Buellton, CA 93427-9442

Jonathan Dahm
666 Whitemarsh Valley
Austin, Texas 78746

Joyce Parent
P.O. Box 466
Lovington, New Mexico 88260

Judy E. Stockton
196 Val Street
Sutherlin, Oregon 97479

June D. Speight, mssp
P.O. Box 1687
Lovington, New Mexico 88260

Kathleen L. Tatro, ssp
805 Cellbridge Ct.
Charlotte, North Carolina 28070

EXHIBIT A

Kathryn McCormick
2705 Westwind Road
Las Cruces, NM 88007

Kidra Leigh Hand
P.O. Box 2505
Ruidoso, New Mexico 88346

L. G. Caudill, as Personal Representative of
Greydon Caudill
1801 W. Ave J
Lovington, New Mexico 88260

Lawrence Dahm (wife Charlotte)
2938 Lazy Lake
Harlington, Texas 78550

Len Hemann
P.O. Box M
McDonald, New Mexico 88262

Linda N. Hays
8623 Quail Wisper
San Antonio, Texas 78250

Lisa Spears
Rt. 1, Box 172
Lovington, New Mexico 88260

Margaret Wygocki
721 Robins Road
Lansing, Michigan 48917

Marilyn Allen
27 Smokey Trail Cr.
Artesia, New Mexico 88210

Marjorie Crockett Hansen
9585 Reseda Blvd., Apt. 247
Northridge, California 91324

Martha Dahm Koestner
1225 Sasebo Street N.E.
Albuquerque, NM 87112

Mary E. Crockett Reed
1300 Talmadge
Santa Marie, California 93454

Mary Jane Hand
P.O. Box 2505
Ruidoso, New Mexico 88346

McQuiddy Communications and Energy, Inc.
P.O. Box 2072
Roswell, New Mexico 88202

Morris E. Schertz (wife Holly)
P.O. Box 2588
Roswell, New Mexico 88202

Mozelle Trembly, a/k/a Thelma Mozelle Tremble
P.O. Box 5037
Clovis, New Mexico 88102

Nancy Kay Hughlett
1106 W. 14th St.
Roswell, New Mexico 88201

Nuevo Seis, Limited Partnership
P.O. Box 2588
Roswell, New Mexico 88202

Occidental Permain Ltd.
(formerly Altura Energy, Ltd.)
P.O. Box 4294
Houston, Texas 77210

Opal Sandra Cecil
809 Fawn Valley Dr.
Allen, Texas 75002

P. J. Hannifin Family Trust
765 Santa Carelia Dr.
Solana Beach, California 92075

Pauline M. Reeser Revocable Living Trust
P.O. Box 127
Deland, Florida 32720

Perl H. Harris
P.O. Box
Lovington, New Mexico 88260

Perry J. Hollifield
2207 186th Ave., NE
Redmond, Washington 98052

R. H. Hannifin (wife, Maxine)
P.O. Box 218
Midland, Texas 79702

R. R. Hinkle Company, Inc.
P.O. Box 59
Roswell, New Mexico 88202

Robert Crockett
9825 Portala Drive
Beverly Hills, California 90210

Robert Edward Alexander
1100 West Carter
Lovington, New Mexico 88260

Rodean Gleason (husband Beal S.)
HC 70, Box 29
Lovington, New Mexico 88260

Ronald Dal Alexander
Rt. 2, Box 40
Lovington, New Mexico 88260

Ross D. Maupin, ssp
85 Archer Place
Denver, Colorado 80223

Sandy McFadden
330 West Hwy. 246-221
Buellton, California 93427-9442

Sharon Caudill Brown
10421 Guadalajara NE
Albuquerque, New Mexico 87111

Sharon Y. Weisler
Rt. 1, Box 73
Lovington, New Mexico 88260

Sherry G. Lamb
2732 Cherry Circle
Emmett, Idaho 83618

Shirley Ruth Broadhead
Rt. 7, Box 365
Laurel, Mississippi 39440

Sylvia G. Purcell
27110 Jones Loop Road
Punta Gorda, Florida 33982

Jonathan C. Dahm
6662 Whitemarsh Valley
Austin, TX 78764

The Carlsbad National Bank,
Successor Trustee of the Jean S. Sullivan First Amended Revocable Trust dated 09/01/77
P.O. Box 1359
Carlsbad, New Mexico 88220

The Frost National Bank and Mary Ann Swierc, Co-Trustees of the Imogene and Harold Herndon Charitable Trust u/w/o Harold D. Herndon
P.O. Box 1600
San Antonio, Texas 78296

The Frost National Bank and Mary Ann Swierc, Co-Trustees of the Imogene and Harold Herndon Charitable Trust u/w/o Imogene A. Herndon
P.O. Box 1600
San Antonio, Texas 78296

Tierra Oil Company
P.O. Box 700968
San Antonio, Texas 78270-0968

Tom Roden
c/o Cynthia J. Roden
1703 Harvard Avenue
Midland, Texas 79701

Triangle Royalty Corporation
1019-A Waterwood Parkway
Edmond, Oklahoma 73034

Velma E. Boland
c/o Glendon R. Boland
HC-60 Box 530
Lovington, New Mexico 88260

Vickie B. Caudill
P.O. Box 314
Ruidoso, New Mexico 88355

Walter A. Cope and Vada M. Cope Revocable Living Trust
8249 Wren Rd.
San Angelo, Texas 76901

Wells Fargo Bank, N.A., Trustee of the J. E. Simmons & Bulah Simmons Trusts A & B
P.O. Box 1959
Midland, Texas 79701

Wesley D. Harris, ssp
P.O. Box 790
Plains, Texas 79355

William I. Jones
935 Cresthaven Ave.
Los Angeles, California 90042

William M. Crockett
2424 W. First St., Apt. 60
Santa Ana, California 92703

William Marvin Zahn, Jr.
1520 W. Polk
Lovington, New Mexico 88260

William Oliver Langlitz
#18 County Road 3394
Aztec, New Mexico 87410

Woodrow w. Carter, Trustee of the Woodrow W. Carter Trust dated 12/21/98
P.O. Box 3992
Long Beach, California 90807

Bruce W. Crockett
1611 Jackson Street
Roswell, New Mexico 88201

Dr. James Obed Baker (wife Vera)
9337 Redondo Dr.
Dallas, Texas 75218

Fred T. Schooler
P.O. Box 843
Midland, Texas

M. K. Bennett (Mabel Bennett)
address unknown

Randall Pettigrew
8986 Hialena Cr. South
North Richland Hills, Texas 76180

Richard Pettigrew
2812 Pinewood Dr.
League City, Texas 77573

The Blanco Company
P.O. Box 1698
Roswell, New Mexico 88202

CBR Oil Properties, LLC
Charles Read
P.O. Box 1518
Roswell, New Mexico 88202

Nugent Family Operating Company
P.O. Box 10185
Amarillo, Texas 79116

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Search Results

Label/Receipt Number: **7006 3450 0001 4326 7808**
Status: **Notice Left**

We attempted to deliver your item at 12:49 PM on May 7, 2007 in NORTH RICHLAND HILLS, TX 76180 and a notice was left. It can be redelivered or picked up at the Post Office. If the item is unclaimed, it will be returned to the sender. Information, if available, is updated every evening. Please check again later.

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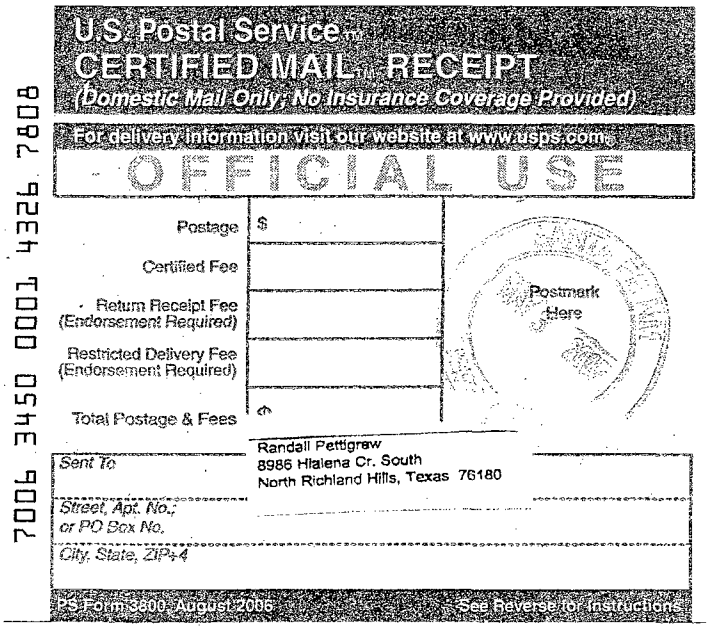

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Street, Apt. No.; or PO Box No.: 2812 Pinewood Dr.
City, State, ZIP+4: League City, Texas 77573

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

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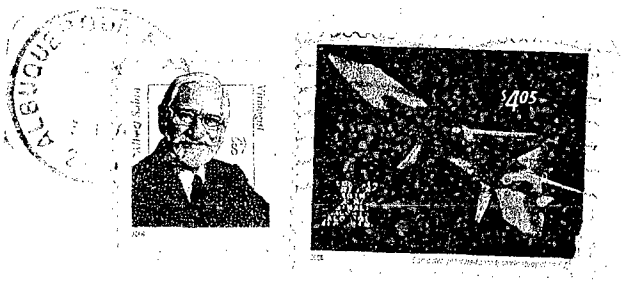
RETURN

5/8/07 MAY 0 8 2007



ATTACH THIS CARD TO THE BACK OF THE MAILPIECE
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2812 Pinewood Dr.
League City, Texas 77573

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Bruce W. Crockett
Street, Apt. No.; or PO Box No. 1611 Jackson Street
City, State, ZIP+4 Roswell, New Mexico 88201

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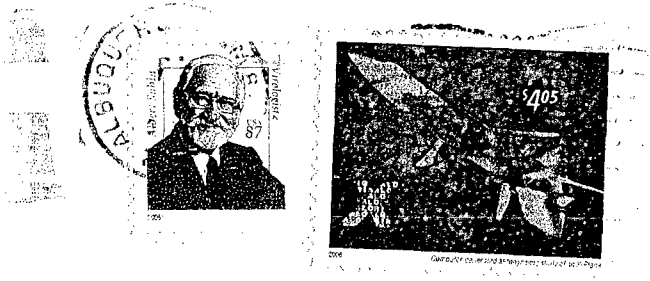
7006 3450 0001 4326 8577

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

1ST NOTICE 05-10-07
2ND NOTICE 5-18
5-28

- Not Deliverable As Addressed Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed-No Order
- Returned For Better Address
- Package Did Not Fit



Bruce W. Crockett
1611 Jackson Street
Roswell, New Mexico 88201

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Fred T. Schooler
Street, Apt. No.; or PO Box No. P.O. Box 843
City, State, ZIP+4 Midland, Texas

PS Form 3800, June 2006

7006 3450 0001 4326 5033

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

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ATTEMPTED, NOT KNOWN

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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70230843 B007

MIDLAND / ODESSA
TX
11 MAY 2007
MIDLAND-ODESSA

Fred T. Schooler
P.O. Box 843
Midland, Texas

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Marjorie Crockett Hansen
Street, Apt. No.; or PO Box No. 9585 Reseda Blvd., Apt. 247
City, State, ZIP+4 Northridge, California 91324

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4326 4951

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

1ST NOTICE 05-18-07
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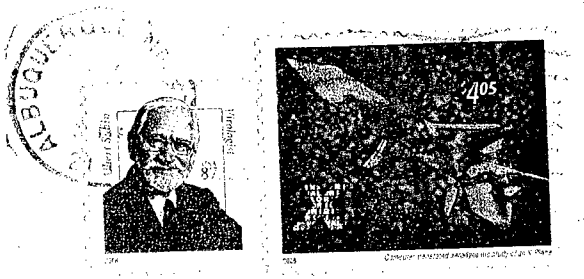

ASN

Marjorie Crockett Hansen
9585 Reseda Blvd., Apt. 247
Northridge, California 91324

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

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Postmark Here
MAY 3 2007

Sent To
Kidra Leigh Hand
Street, Apt. No.; or PO Box No. P.O. Box 2505
City, State, ZIP+4 Ruidoso, New Mexico 88346

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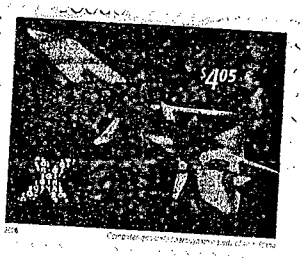
James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 05-15-07
2ND NOTICE
RETURN

1st NOTICE 5/5
2nd NOTICE
RETURNED 5/7



CERTIFIED MAIL

7006 3450 0001 4326 7549

87504@1056

Kidra Leigh Hand
P.O. Box 2505
Ruidoso, New Mexico 88346

T Downs

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MAY 3 2007

Sent To: Charlene Alexander Marr
Street, Apt. No.; or PO Box No.: P.O. Box 1083
City, State, ZIP+4: Tularosa, New Mexico 88352

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7006 3450 0001 4326 6986

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

1ST NOTICE 05-11-07
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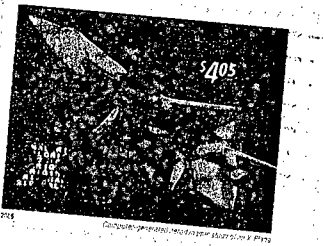
RETURN



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88623810B3 B010

7006 3450 0001 4326 6986

87504@1056

Charlene Alexander Marr
P.O. Box 1083

NIXIE 871 1 10 05/09/07
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0268-05100-03-47

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Sent To
Robert Crockett
9825 Portola Drive
Beverly Hills, California 90210

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

City, State, ZIP+4

PS Form 3800, August 2006 — See Reverse for Instructions

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

ST NOTICE 05-18-07
D NOTICE
TURN

RETURN TO SENDER
NO SUCH NUMBER
ATTEMPTED - NOT KNOWN
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
VACANT
REFUSED
ROUTE NUMBER INITIALS

PS FORM 3800 TO THE RIGHT OF THE RETURN ADDRESS FOR FEE

CERTIFIED MAIL

90210$1421 C082

7006 3450 0001 4326 7570

ALBUQUERQUE

87

405

Robert Crockett
9825 Portola Drive
Beverly Hills, California 90210

7006 3450 0001 4326 7563

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Sent To: Robert Edward Alexander
Street, Apt. No.; or PO Box No.: 1100 West Carter
City, State, ZIP+4: Lovington, New Mexico 88260

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

1ST NOTICE 05-15-07
2ND NOTICE
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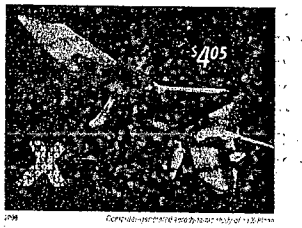
LN
5-5-07



NOA

Robert Edward Alexander
1100 West Carter
Lovington, New Mexico 88260

UTF

UTF

7006 3450 0001 4326 8560

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

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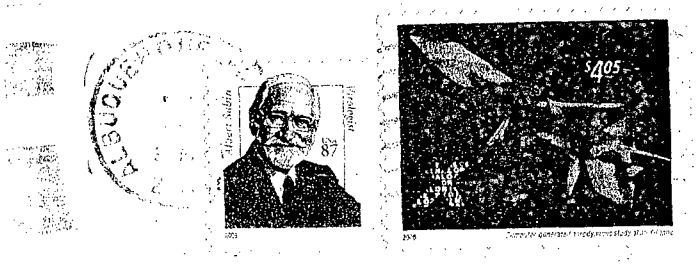
Sent To: Woodrow w. Carter, Trustee of the Woodrow W. Carter Trust dated 12/21/98

Street, Apt. or PO Box: P.O. Box 3992

City, State, ZIP+4: Long Beach, California 90807

PS Form 3800, August 2006



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

1ST NOTICE 05-18-07
2ND NOTICE
RETURN

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD

7006 3450 0001 4326 8560

Woodrow w. Carter, Trustee of the Woodrow W. Carter Trust dated
12/21/98
P.O. Box 3992
Long Beach, California 90807

7006 3450 0001 4326 7754

U.S. Postal Service
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

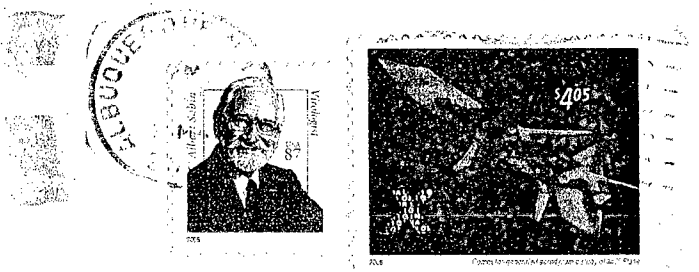
SANTA FE NM
Postmark Here

Sent To
Ross D. Maupin, ssp
Street, Apt. No.; or PO Box No. 85 Archer Place
City, State, ZIP+4 Denver, Colorado 80223

PS Form 3800, August 2006 See Reverse for Instructions

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

1ST NOTICE 05-11-07
2ND NOTICE
RETURN



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

Ross D. Maupin, ssp
85 Archer Place
Denver, Colorado 80223

ANK

2281617 0004
87504 C1055

7006 3450 0001 4326 7754

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

OFFICIAL USE

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

Postmark Here

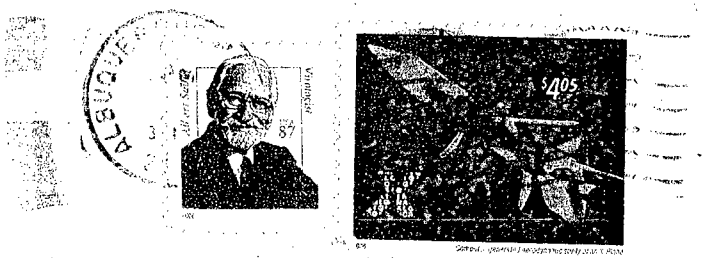
Sent To: Dr. James Obed Baker (wife Vera)
Street, Apt. No.; or PO Box No.: 9337 Redondo Dr.
City, State, ZIP+4: Dallas, Texas 75218

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4326 8553

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

1ST NOTICE 05-19-07
2ND NOTICE
RETURN



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

CERTIFIED MAIL

VAC

Dr. James Obed Baker (wife Vera)
9337 Redondo Dr.
Dallas, Texas 75218

UNC

7006 3450 0001 4326 8553

87504@1056

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

OFFICIAL USE

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

Postmark Here

Sent To: William M. Crockett
Street, Apt. No. or PO Box No.: 2424 W. First St., Apt. 60
City, State, ZIP+4: Santa Ana, California 92703

PS Form 3800, August 2006 — See Reverse for Instructions

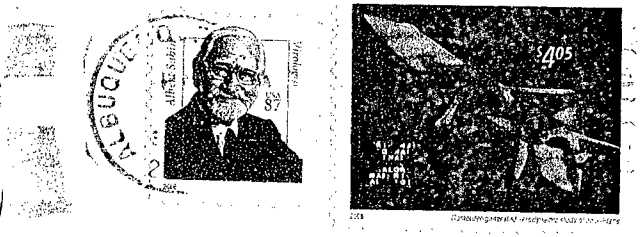
7006 3450 0001 4326 8607

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

1ST NOTICE 05-22-07
2ND NOTICE
RETURN

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

CERTIFIED MAIL



NSN 302

NEED 3 DAYS

William M. Crockett
2424 W. First St., Apt. 60
Santa Ana, California 92703

7006 3450 0001 4326 8607

U.S. Postal Service
CERTIFIED MAIL
(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	$

SANTA FE
Postmark Here

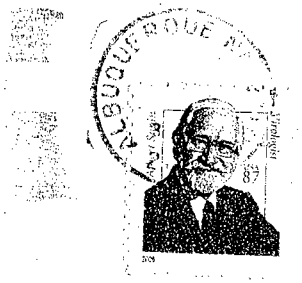
Sent To
Betty Adkins
Street, Apt. No.; or PO Box No. 7107 S. Hudson Cr.
City, State, ZIP+4 Littleton, Colorado 80121

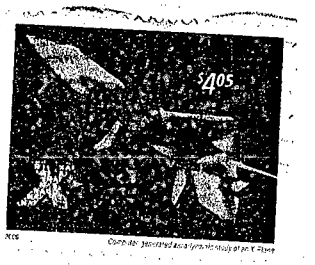
PS Form 3800, August 2006

7006 3450 0001 4326 6948

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

1ST NOTICE 05-11-07
2ND NOTICE
RETURN





READ STATEMENTS TO RECEIVE MORE INFORMATION ABOUT THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

7006 3450 0001 4326 6948

Betty Adkins
7107 S Hudson Cr

ADK1107 X 802 NBC 1 5060 74 05/08/07
FORWARD TIME EXP RTN TO SEND
ADKINS
6500 S DAYTON ST APT F105
CENTENNIAL CO 80111-6181

RETURN TO SENDER

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

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

Postmark Here

Sent To: Elizabeth J. Crockett
Street, Apt. or PO Box: 11167 Wystone
City, State: Northridge, California 91326

PS Form 3800, August 2006

7006 3450 0001 4326 7167

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

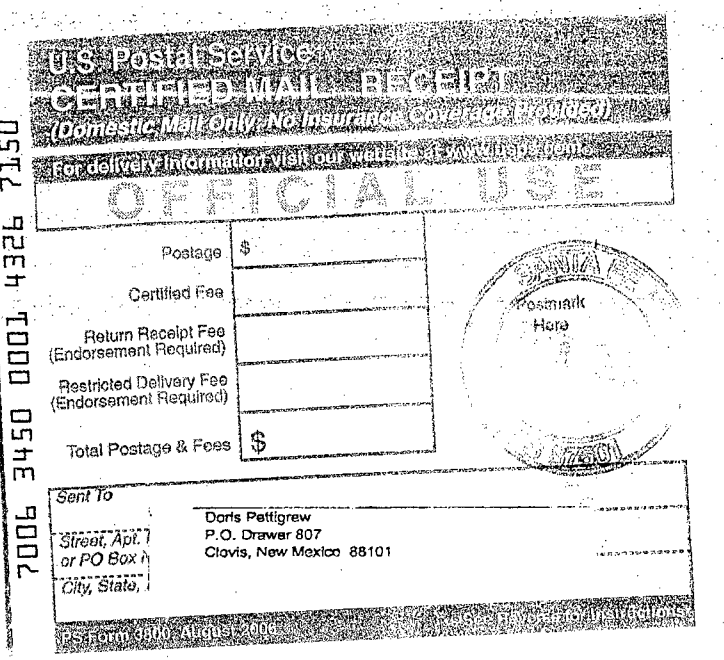
1ST NOTICE 05-15-07
2ND NOTICE
RETURN

RETURN RECEIPT REQUESTED
IF UNDELIVERABLE AS ADDRESSED, MAIL TO SENDER
CERTIFIED MAIL

Elizabeth J. Crockett
11167 Wystone
Northridge, California 91326

UTF

7006 3450 0001 4326 7167

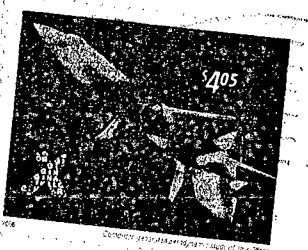


James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 05-18-07
2ND NOTICE
RETURN

RETURN TO SENDER
Fwd: Order Expired
Attempted Not Known
Unclaimed
Moved
Unable to Forward
No Mail Receptacle

1ST NOTICE
2ND NOTICE
RETURN



POSTMASTER: PLEASE DELIVER ONLY TO ADDRESSEE OR AUTHORIZED AGENT
OF THE RETURN ADDRESS. DO NOT FORWARD.
CERTIFIED MAIL

Doris Pettigrew
P.O. Drawer 807
Clovis, New Mexico 88101

88102806807 B008

7006 3450 0001 4326 7150

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

OFFICIAL USE

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

Postmark Here

7006 3450 0001 4326 4920

Sent To
Mary Jane Hand
P.O. Box 2505
Ruidoso, New Mexico 88346
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

1ST NOTICE 05-15-07
2ND NOTICE
RETURN

1st NOTICE 5/5
2nd NOTICE
RETURN 5/20

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

7006 3450 0001 4326 4920

Mary Jane Hand
P.O. Box 2505
Ruidoso, New Mexico 88346

87504@1056

ANK

1 Downs

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

OFFICIAL USE

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

Postmark Here
USPS 87501

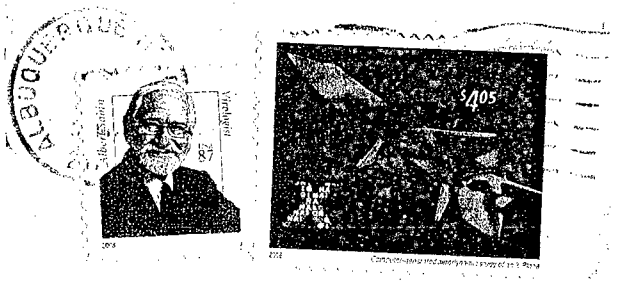
Sent To: Sharon Caudill Brown
Street, Apt. No.; or PO Box No.: 10421 Guadalajara NE
City, State, ZIP+4: Albuquerque, New Mexico 87111

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4326 7730

ames Bruce
.O. Box 1056
anta Fe, New Mexico 87504

1ST NOTICE 05-12-07
2ND NOTICE
RETURN



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

Sharon Caudill Brown
10421 Guadalajara NE
Albuquerque, New Mexico 87111

Anh

ANK

7111 8171 36 0040

7006 3450 0001 4326 7730

87504@105

7006 3450 0001 4326 7068

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

OFFICIAL USE

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

Postmark Here

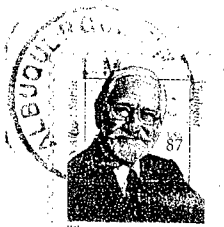
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

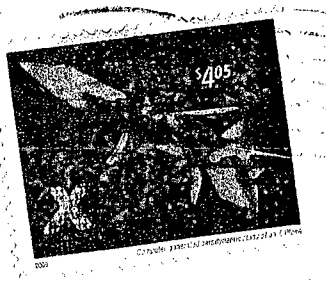
John Clyde Tomlinson, Jr.
P.O. Box 629
Lovington, New Mexico 88260

PS Form 3800, August 2006 See Reverse for Instructions

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

1ST NOTICE 05-11-07
2ND NOTICE
RETURN





PLACE CERTIFIED MAIL LABEL ON FRONT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL

7006 3450 0001 4326 7068

USM
5-5

John Clyde Tomlinson, Jr.
P.O. Box 629
Lovington, New Mexico 88260

NSN

87504@1056

7006 3450 0001 4326 7051

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OFFICIAL USE

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

Postmark Here

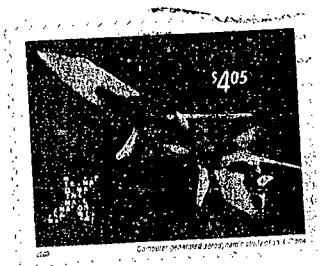
Sent To: Debra Hicks
Street, Apt. No.; or PO Box No.: 414 E. Aspen
City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800, August 2006

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

1ST NOTICE 05-23-07
2ND NOTICE
RETURN

FOE



RESTRICTED DELIVERY
CERTIFIED MAIL

7006 3450 0001 4326 7051

Debra Hicks

NIXIE 871 4C 1 10 05/20/07
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *0269-05044-03-47

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

1ST NOTICE 05-15-07
2ND NOTICE
RETURN

PLEASE STICK LABEL TO LEFT OF ENVELOPE TO THE RIGHT
OF CERTIFIED RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL

NO SUCH NUMBER

Shirley Ruth Broadhead
Rt. 7, Box 365
Laurel, Mississippi 39440

NSN

ASM

7006 3450 0001 4326 7709

87504d1056

7006 3450 0001 4326 4968

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Marilyn Allen
Street, Apt. No.; or PO Box No.: 27 Smokey Trail Cr.
City, State, ZIP+4: Artesia, New Mexico 88210

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:

Ronald Dal Alexander
Rt. 2, Box 40
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
5/3/07

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 3450 0001 4326 7761

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:

Marilyn Allen
27 Smokey Trail Cr.
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marilyn Allen ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Marilyn Allen 5-5-07

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

Article Number (Transfer from service label): 7006 3450 0001 4326 4968

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

7006 3450 0001 4326 7761

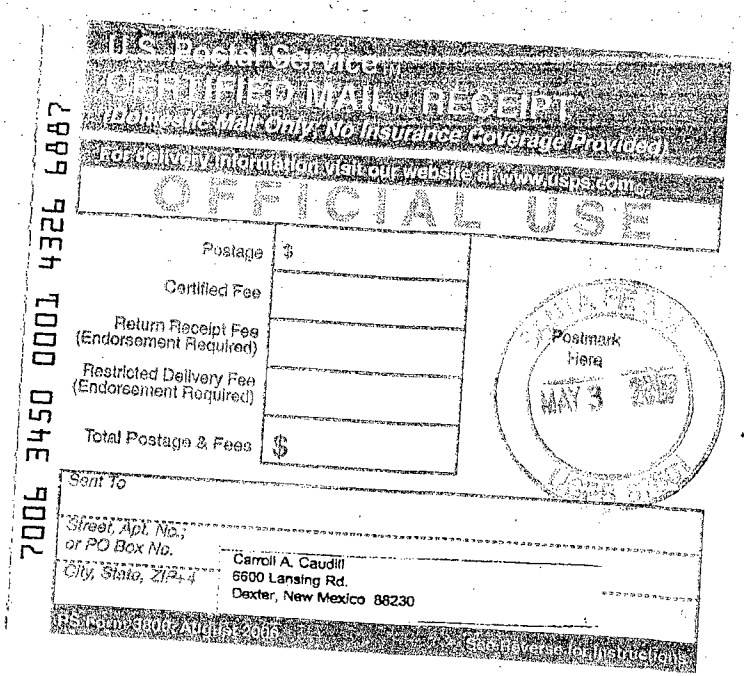
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

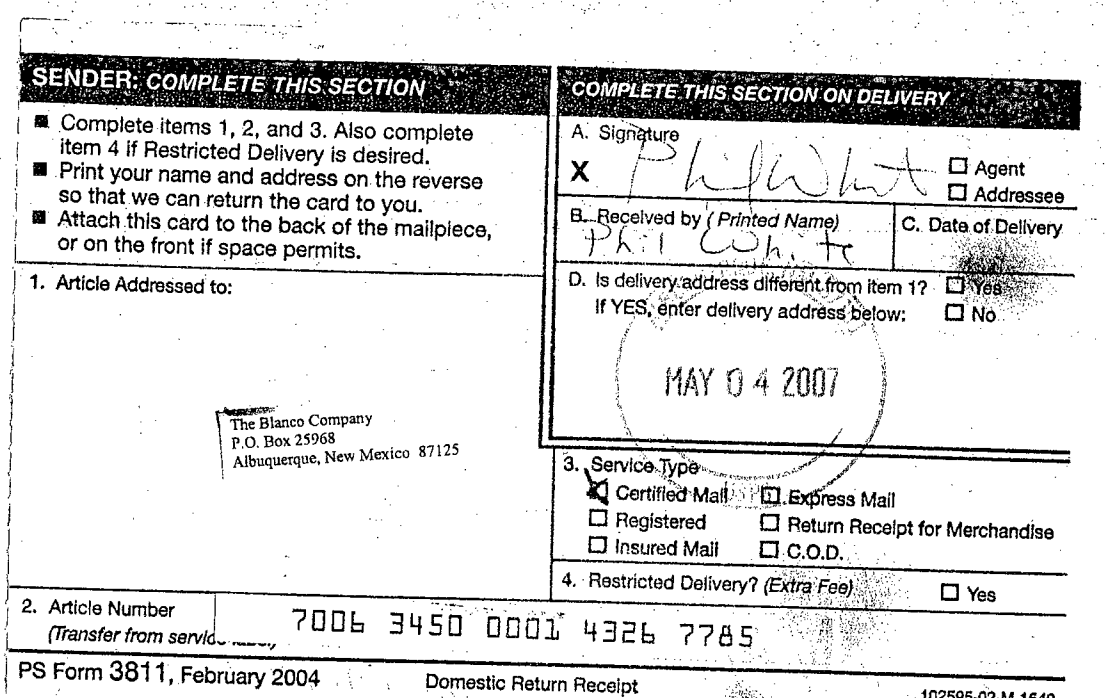
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Ronald Dal Alexander
Street, Apt. No.; or PO Box No.: Rt. 2, Box 40
City, State, ZIP+4: Lovington, New Mexico 88260



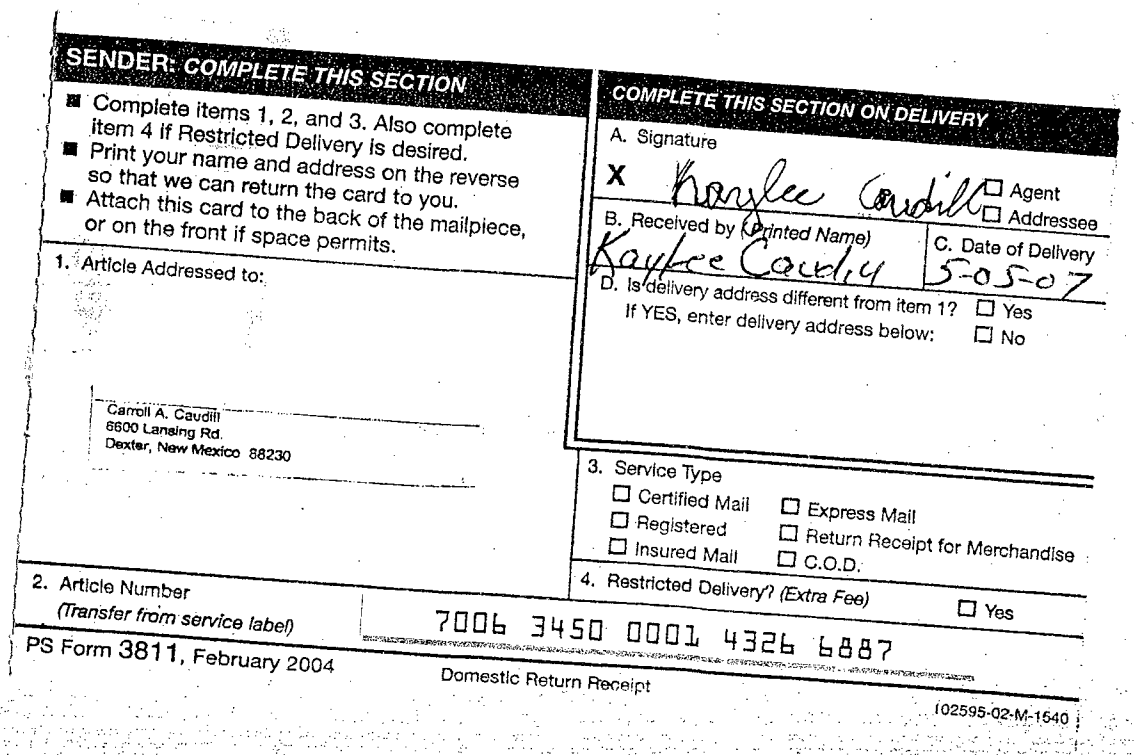
U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
MAY 3 2007
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Carroll A. Caudill
6600 Lansing Rd.
Dexter, New Mexico 88230
PS Form 3800, August 2006 See Reverse for Instructions
7006 3450 0001 4326 6887



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:
The Blanco Company
P.O. Box 25968
Albuquerque, New Mexico 87125

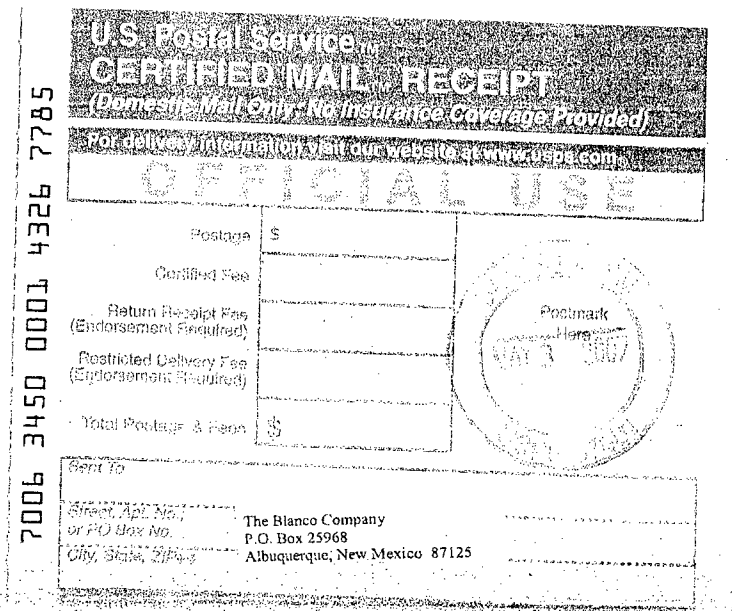
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Phil White ☐ Agent ☐ Addressee
B. Received by (Printed Name) Phil White
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
MAY 04 2007
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7006 3450 0001 4326 7785
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:
Carroll A. Caudill
6600 Lansing Rd.
Dexter, New Mexico 88230

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Kaylee Caudill ☐ Agent ☐ Addressee
B. Received by (Printed Name) Kaylee Caudill
C. Date of Delivery 5-05-07
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 3450 0001 4326 6887
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
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
MAY 3 2007
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
The Blanco Company
P.O. Box 25968
Albuquerque, New Mexico 87125
7006 3450 0001 4326 7785

UNITED STATES POSTAL SERVICE

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Postmark Here

Sent To
Barbara A. Caudill Cruz
Street, Apt. No.; or PO Box No. 1006 Avenida Del Sumbre
City, State, ZIP+4 Roswell, New Mexico 88203

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4326 6962

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:

Joyce Parent
P.O. Box 486
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Daniel Parent ☐ Agent ☐ Addressee

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

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

LOVINGTON NM 88260

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 3450 0001 4326 4869

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

DER: COMPLETE THIS SECTION

omplete items 1, 2, and 3. Also complete
em 4 if Restricted Delivery is desired.
rint your name and address on the reverse
o that we can return the card to you.
ttach this card to the back of the mailpiece,
r on the front if space permits.

rticle Addressed to:

Barbara A. Caudill Cruz
1006 Avenida Del Sumbre
Roswell, New Mexico 88203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Barbara A. Caudill Cruz ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5/5/07

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

Article Number (Transfer from service label) 7006 3450 0001 4326 6962

Form 3811, February 2004 ...ipt 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

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

Postmark Here

Sent To
Joyce Parent
Street, Apt. No.; or PO Box No. P.O. Box 486
City, State, ZIP+4 Lovington, New Mexico 88260

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4326 4869

7006 3450 0001 4326 4784

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

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

Postmark Here

Sent To
Eunice I. Hudgens, ssp
Street, Apt. No.; or PO Box No.
610 W. Gore St.
City, State, ZIP+4
Lovington, New Mexico 88260

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:

Hershal Caudill, Jr.
816 West Avenue B
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharron Caudill ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sharron Caudill C. Date of Delivery 5-5-07

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 3450 0001 4326 7105

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:

Eunice I. Hudgens, ssp
610 W. Gore St.
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Eunice I. Hudgens ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5-5-07

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 3450 0001 4326 4784

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

7006 3450 0001 4326 7105

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

Postmark Here

Sent To
Hershal Caudill, Jr.
816 West Avenue B
Lovington, New Mexico 88260

7006 3450 0001 4326 8645

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

Postmark Here
MAY 3 2007

Sent To	Walter A. Cope and Vada M. Cope Revocable Living Trust
Street, Apt. or PO Box	8249 Wren Rd.
City, State, ZIP+4	San Angelo, Texas 76901

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:

William Oliver Langlitz
#18 County Road 3394
Aztec, New Mexico 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy J Langlitz ☐ Agent ☐ Addressee

B. Received by (Printed Name) NANCY J LANGLITZ — 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)* 7006 3450 0001 4326 8584

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:

Walter A. Cope and Vada M. Cope Revocable Living Trust
8249 Wren Rd.
San Angelo, Texas 76901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Vada M. Cope ☐ Agent ☒ Addressee

B. Received by (Printed Name) — C. Date of Delivery 5-7-07

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 3450 0001 4326 8645

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

7006 3450 0001 4326 8584

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

Postmark Here
MAY 3 2007

Sent To	
Street, Apt. No.; or PO Box No.	William Oliver Langlitz #18 County Road 3394
City, State, ZIP+4	Aztec, New Mexico 87410

PS Form 3800, August 2006 — See Reverse for Instructions

U.S. Postal Service

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

Postmark Here

Sent To

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

City, State, ZIP+4

Dennis Earl Crockett
2008 Isler Rd.
Roswell, New Mexico 88201

7006 3450 0001 4326 7129

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:

Elvis Peaird Caudill
HC 70, Box 205E
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ 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 3450 0001 4326 7174

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:

Dennis Earl Crockett
2008 Isler Rd.
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dennis Crockett ☐ Agent ☐ Addressee

B. Received by (Printed Name) DENNIS CROCKETT | C. Date of Delivery 5/5/07

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 3450 0001 4326 7129

PS Form 3811, February 2004 Domestic Return Receipt

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

Postmark Here
MAY 3 2007

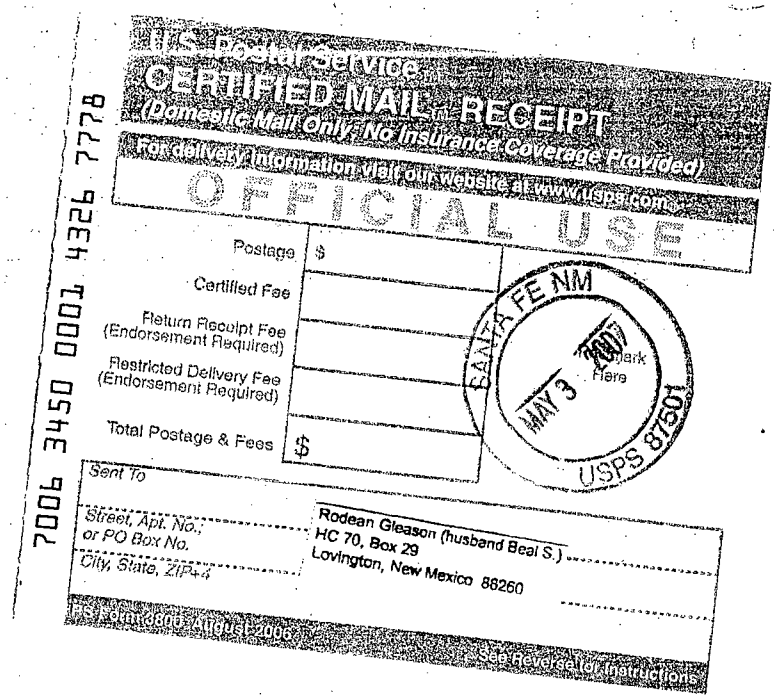
Sent To

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

City, State, ZIP+4

Elvis Peaird Caudill
HC 70, Box 205E
Lovington, New Mexico 88260

7006 3450 0001 4326 7174



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:

Dennis Langlitz, a/k/a Lester Dennis Langlitz, ssp
1425 S. Country Club
Carlsbad, New Mexico 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. Langlitz
C. Date of Delivery 5-5-07

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 3450 0001 4326 7136

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:

Rodean Gleason (husband Beal S.)
HC 70, Box 29
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) RODEAN GLEASON
C. Date of Delivery 5-7-07

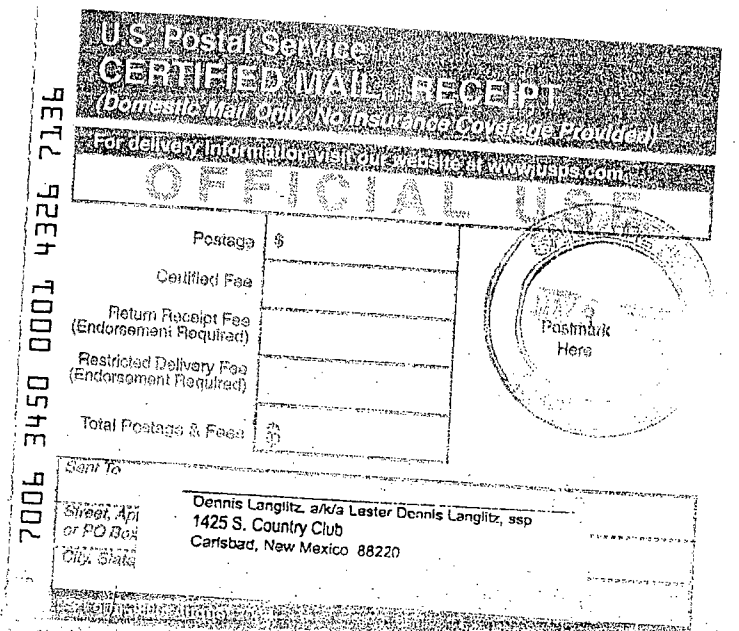
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 3450 0001 4326 7778

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



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

Postmark Here

Sent To

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

City, State, ZIP+4

Lisa Spears
Rt. 1, Box 172
Lovington, New Mexico 88260

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4326 4982

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:

Perl H. Harris
P.O. Box
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ 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 3450 0001 4326 7617

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:

Lisa Spears
Rt. 1, Box 172
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lisa Spears ☐ Agent ☐ Addressee

B. Received by (Printed Name) LISA SPEARS | C. Date of Delivery 5-7-07

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

Rt 1 · Box 101

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 3450 0001 4326 4982

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

U.S. Postal Service

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

Postmark Here

Sent To

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

City, State, ZIP+4

Perl H. Harris
P.O. Box
Lovington, New Mexico 88260

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4326 7617

7006 3450 0001 4326 8669

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

Postmark Here
JAN 3 2007
USPS

Sent To: Velma E. Boland
c/o Glendon R. Boland
HC-60 Box 530
Lovington, New Mexico 88260

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

City, State, ZIP+4

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:

Triangle Royalty Corporation
1019-A Waterwood Parkway
Edmond, Oklahoma 73034

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X L Browning ☐ Agent ☐ Addressee

B. Received by (Printed Name) L Browning 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) 7006 3450 0001 4326 8676

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:

Velma E. Boland
c/o Glendon R. Boland
HC-60 Box 530
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Glen Boland ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAY 3 2007

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

USPS

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 3450 0001 4326 8669

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

7006 3450 0001 4326 8676

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

Postmark Here
MAY 3 2007
USPS

Sent To: Triangle Royalty Corporation
1019-A Waterwood Parkway
Edmond, Oklahoma 73034

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

City, State, ZIP+4

7006 3450 0001 4326 4821

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

Postmark Here

Sent To
Ernest Roy Caudill
c/o Karl L. Caudill
300 S. Kurdwig #47
Lebanon, Missouri 65536

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

City, State, ZIP+4

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:

Nugent Family Operating Company
P.O. Box 10185
Amarillo, Texas 79116

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tyson R Zacha ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 5-7-07

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) 7005 1160 0003 1171 9020

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:

Ernest Roy Caudill
c/o Karl L. Caudill
300 S. Kurdwig #47
Lebanon, Missouri 65536

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karl Caudill ☐ Agent ☐ Addressee

B. Received by (Printed Name) KARL Caudill | C. Date of Delivery 5-7-07

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

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 3450 0001 4326 4821

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

7005 1160 0003 1171 9020

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

Postmark Here

Sent To
Nugent Family Operating Company
P.O. Box 10185
Amarillo, Texas 79116

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

City, State, ZIP+4

7006 3450 0001 4326 7624

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

OFFICIAL USE

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

Postmark Here
MAY 3 2007
SANTA FE, NM

Sent To
Pauline M. Reasar Revocable Living Trust
Street, Apt. No.; or PO Box No. P.O. Box 127
City, State, ZIP+4 Deland, Florida 32720

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:

Nancy Kay Hughlett
1106 W. 14th St.
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
5-9-07

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 3450 0001 4326 7679

PS Form 3811 y 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:

Pauline M. Reasar Revocable Living Trust
P.O. Box 127
Deland, Florida 32720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Bruce W Pratt | 5/8/07

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 3450 0001 4326 7624

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

7006 3450 0001 4326 7679

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

Postmark Here
MAY 3 2007
SANTA FE, NM

Sent To
Nancy Kay Hughlett
Street, Apt. No.; or PO Box No. 1106 W. 14th St.
City, State, ZIP+4 Roswell, New Mexico 88201

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4326 4906

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

Postmark Here
MAY 3 2007

Sent To
Morris E. Schertz (wife Holly)
Street, Apt. No.; or PO Box No. P.O. Box 2588
City, State, ZIP+4 Roswell, New Mexico 88202

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:

Perry J. Hollifield
2207 186th Ave., NE
Redmond, Washington 98052

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Perry Hollifield C. Date of Delivery 05-07-07

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 3450 0001 4326 7600

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:

Morris E. Schertz (wife Holly)
P.O. Box 2588
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Morris Schertz C. Date of Delivery 5-2-07

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 3450 0001 4326 4906

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

7006 3450 0001 4326 7600

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

Postmark Here
MAY 3 2007

Sent To
Perry J. Hollifield
Street, Apt. No.; or PO Box No. 2207 186th Ave., NE
City, State, ZIP+4 Redmond, Washington 98052

7006 3450 0001 4326 4838

U.S. Postal Service
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OFFICIAL USE

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

Postmark Here

Sent To
Eunice I. Hudgens, Trustee of the Hudgens Family Trust
Street, Apt. No.; or PO Box No. 610 W. Gora St.
City, State, ZIP+4 Lovington, New Mexico 88260

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:

David Crockett
P.O. Box 868
San Juan Capistrano, California 92693

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

488 E. Ocean blvd #1102
Long Beach, CA 90802-4776

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 3450 0001 4326 7013

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:

Eunice I. Hudgens, Trustee of the Hudgens Family Trust
610 W. Gora St.
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Eunice I. Hudgens ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5-5-07

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 3450 0001 4326 4838

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

7006 3450 0001 4326 7013

U.S. Postal Service
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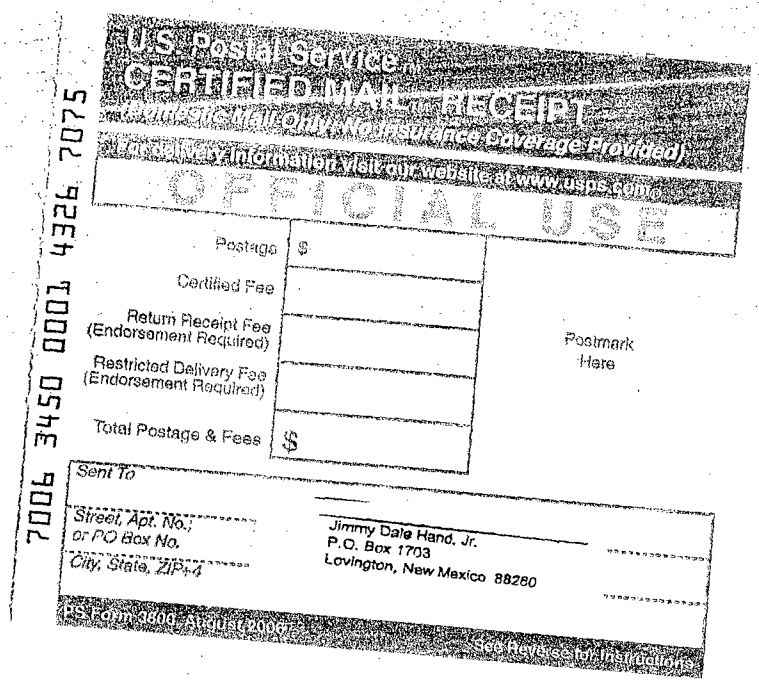
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

MAY 3 Postmark Here

Sent To
David Crockett
Street, Apt. No.; or PO Box No. P.O. Box 868
City, State, ZIP+4 San Juan Capistrano, California 92693



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

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

Postmark Here

7006 3450 0001 4326 7075

Sent To
Jimmy Dale Hand, Jr.
P.O. Box 1703
Lovington, New Mexico 88260
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

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:

Kathleen L. Tatro, ssp
805 Cellbridge Ct.
Charlotte, North Carolina 28070

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ 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 3450 0001 4326 4890

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:

Jimmy Dale Hand, Jr.
P.O. Box 1703
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

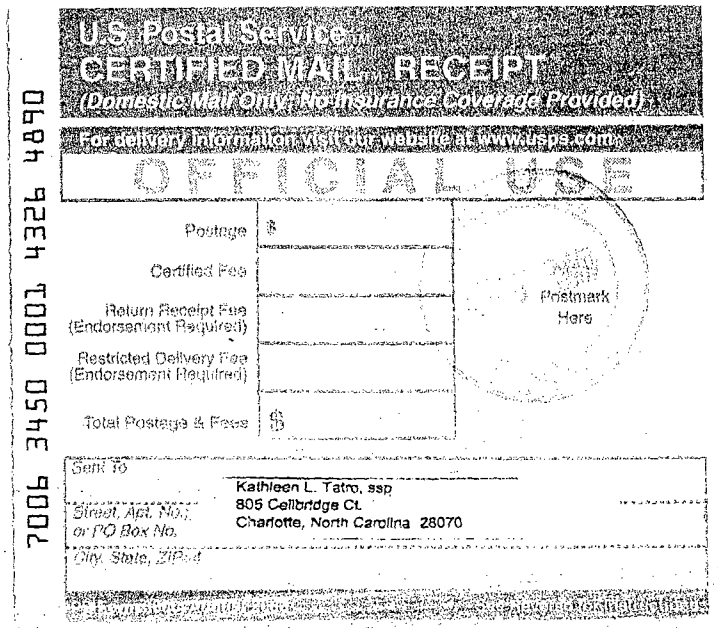
LOVINGTON MAY 8 2006

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 3450 0001 4326 7075

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



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CERTIFIED MAIL RECEIPT
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OFFICIAL USE

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

Postmark Here

7006 3450 0001 4326 4890

Sent To
Kathleen L. Tatro, ssp
805 Cellbridge Ct.
Charlotte, North Carolina 28070
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

7006 3450 0001 4326 6900

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OFFICIAL USE

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

Postmark Here

Sent To: Carol A. Caudill
Street, Apt. No., or PO Box No.: 2147 Malcolm St.
City, State, ZIP+4: Sima Valley, California 93065

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:

June D. Speight, mssp
P.O. Box 1687
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ 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 3450 0001 4326 4883

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:

Carol A. Caudill
2147 Malcolm St.
Sima Valley, California 93065

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

SIMI VALLEY MAY 3 2006

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 3450 0001 4326 6900

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

7006 3450 0001 4326 4883

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OFFICIAL USE

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

Postmark Here

Sent To: June D. Speight, mssp
Street, Apt. No., or PO Box No.: P.O. Box 1687
City, State, ZIP+4: Lovington, New Mexico 88260

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM
Postmark Here
MAY 3 2007
USPS

Sent To: The Frost National Bank and Mary Ann Swierc, Co-Trustees of the Imogene and Harold Herndon Charitable Trust u/w/o Harold D.
Street, Apt. No. or PO Box: Herndon P.O. Box 1600
City, State: San Antonio, Texas 78296

7006 3450 0001 4326 8713

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:

The Carlsbad National Bank,
Successor Trustee of the Jean S. Sullivan First Amended Revocable Trust dated 09/01/77
P.O. Box 1359
Carlsbad, New Mexico 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Irene Campos
☐ Agent ☐ Addressee

B. Received by (Printed Name) I. Irene Campos
C. Date of Delivery 5-8-07

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 3450 0001 4326 8720

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:

The Frost National Bank and Mary Ann Swierc, Co-Trustees of the Imogene and Harold Herndon Charitable Trust u/w/o Harold D.
Herndon
P.O. Box 1600
San Antonio, Texas 78296

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent ☐ Addressee

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

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

MAY 07 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 3450 0001 4326 8713

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

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

SANTA FE NM
Postmark Here
MAY 3 2007
USPS

Sent To: The Carlsbad National Bank,
Street, Apt. No. or PO Box: Successor Trustee of the Jean S. Sullivan First Amended Revocable Trust dated 09/01/77 P.O. Box 1359
City, State: Carlsbad, New Mexico 88220

7006 3450 0001 4326 8720

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4326 8515

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

Postmark Here

Sent To
Evangelical Lutheran Church in America,
Lutheran Church
8765 W. Higgins Rd.
Chicago, Illinois 60631
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

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:

Linda N. Hays
8623 Quail Wisper
San Antonio, Texas 78250

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
5/8/07

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 3450 0001 4326 4999

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:

Evangelical Lutheran Church in America,
Lutheran Church
8765 W. Higgins Rd.
Chicago, Illinois 60631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
5/09/07

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

MAY - 2 2007

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Number (Transfer from service label) 7006 3450 0001 4326 8515

Domestic Return Receipt 102595-02-M-1540

7006 3450 0001 4326 4999

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

Postmark Here

Sent To
Linda N. Hays
8623 Quail Wisper
San Antonio, Texas 78250
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

7006 3450 0001 4326 8690

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM
MAY 3
Postmark Here
USPS

Sent To
Tierra Oil Company
Street, Apt. or PO Box
P.O. Box 700968
City, State
San Antonio, Texas 78270-0988

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:

The Frost National Bank and Mary Ann Swierc, Co-Trustees of the Imogene and Harold Herndon Charitable Trust u/w/o Imogene A. Herndon
P.O. Box 1600
San Antonio, Texas 78296

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery
MAY 07 2007

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7006 3450 0001 4326 8706

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:

Tierra Oil Company
P.O. Box 700968
San Antonio, Texas 78270-0988

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery
MAY 08 2007

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7006 3450 0001 4326 8690

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

7006 3450 0001 4326 8706

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

SANTA FE NM
MAY 7
Postmark Here
USPS

Sent To
The Frost National Bank and Mary Ann Swierc, Co-Trustees of the Imogene and Harold Herndon Charitable Trust u/w/o Imogene A. Herndon
Street, Apt. or PO Box
P.O. Box 1600
City, State
San Antonio, Texas 78296

7006 3450 0001 4326 8621

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

Postmark Here

Sent To: Wesley D. Harris, ssp
Street, Apt. No.; or PO Box No.: P.O. Box 790
City, State, ZIP+4: Plains, Texas 79355

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:

William I. Jones
935 Crasthaven Ave.
Los Angeles, California 90042

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William I. Jones ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 5-27-07

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 3450 0001 4326 8614

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:

Wesley D. Harris, ssp
P.O. Box 790
Plains, Texas 79355

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Harris ☐ Agent ☐ Addressee

B. Received by (Printed Name) Barbara Harris | 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

2. Article Number (Transfer from service label) 7006 3450 0001 4326 8621

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

7006 3450 0001 4326 8614

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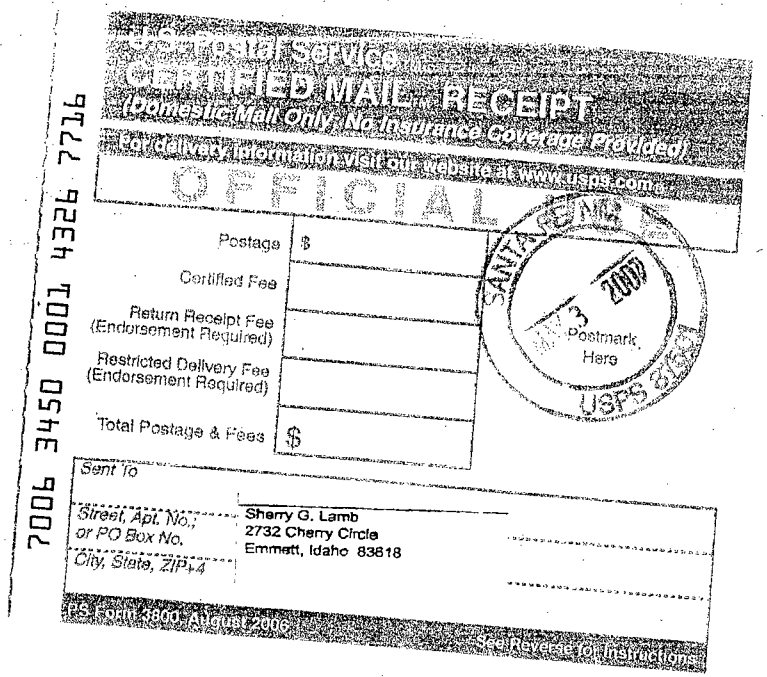
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: William I. Jones
Street, Apt. No.; or PO Box No.: 935 Crasthaven Ave.
City, State, ZIP+4: Los Angeles, California 90042



U.S. Postal Service
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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
SANTA FE NM 87501 MAY 03 2007
USPS 87501

Sent To
Sherry G. Lamb
Street, Apt. No.; or PO Box No. 2732 Cherry Circle
City, State, ZIP+4 Emmett, Idaho 83618

7006 3450 0001 4326 7716

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:

Carols Dean Alexander, a/k/a Carloss Dean Alexander
Rt. 1, Box 580
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ 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 3450 0001 4326 6894

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:

Sherry G. Lamb
2732 Cherry Circle
Emmett, Idaho 83618

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sherry Lamb ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sherry Lamb C. Date of Delivery 5-7-07

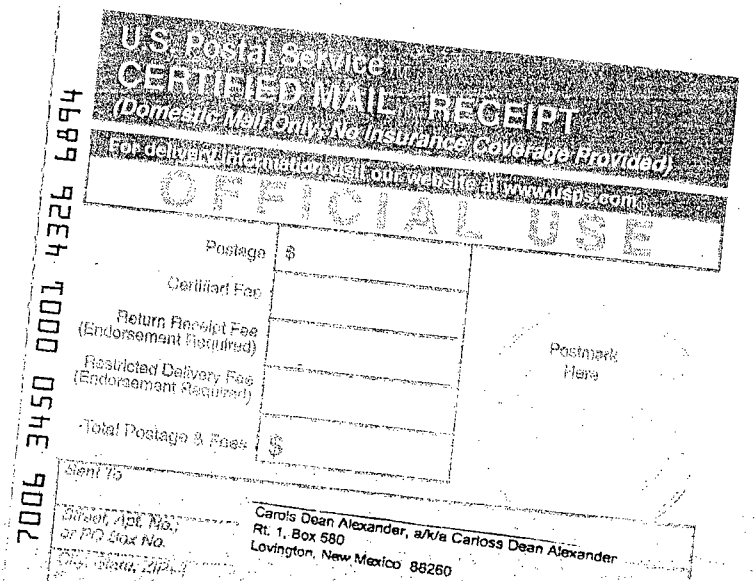
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 3450 0001 4326 7716

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



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

Postmark Here

Sent To
Carols Dean Alexander, a/k/a Carloss Dean Alexander
Street, Apt. No.; or PO Box No. Rt. 1, Box 580
City, State, ZIP+4 Lovington, New Mexico 88260

7006 3450 0001 4326 6894

7006 3450 0001 4326 7655

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

Postmark Here
MAY 3

Sent To
Occidental Permain Ltd.
(formerly Altura Energy, Ltd.)
Street, Apt. No.; or PO Box No. P.O. Box 4294
City, State, ZIP+4 Houston, Texas 77210

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:

Nuevo Seis, Limited Partnership
P.O. Box 2588
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 5-8-07

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 3450 0001 4326 7662

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:

Occidental Permain Ltd.
(formerly Altura Energy, Ltd.)
P.O. Box 4294
Houston, Texas 77210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] 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) 7006 3450 0001 4326 7655

PS Form 3811, February 2004 Domestic Return Receipt

7006 3450 0001 4326 7662

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

Postmark Here

Sent To
Nuevo Seis, Limited Partnership
Street, Apt. No.; or PO Box No. P.O. Box 2588
City, State, ZIP+4 Roswell, New Mexico 88202

7006 3450 0001 4326 7594

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

Postmark Here

Sent To: R. H. Hannifin (wife, Maxine)
Street, Apt. No.; or PO Box No.: P.O. Box 218
City, State, ZIP+4: Midland, Texas 79702

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:

Opal Sandra Cecil
809 Fawn Valley Dr.
Allen, Texas 75002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X DAVID CECIL ☐ Agent ☐ Addressee

B. Received by (Printed Name) DAVID CECIL — C. Date of Delivery

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

DAVID CECIL

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 3450 0001 4326 7648

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:

R. H. Hannifin (wife, Maxine)
P.O. Box 218
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julie Truitt ☐ Agent ☐ Addressee

B. Received by (Printed Name) Julie Truitt — C. Date of Delivery

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

POLAND, IA DOWNTOWN — 2007 — USPS

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 3450 0001 4326 7594

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

7006 3450 0001 4326 7648

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

Postmark Here

Sent To: Opal Sandra Cecil
Street, Apt. No.; or PO Box No.: 809 Fawn Valley Dr.
City, State, ZIP+4: Allen, Texas 75002

7006 3450 0001 4326 7518

U.S. Postal Service
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OFFICIAL USE

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

Postmark Here
MAY 3 2007
AUSTIN TX

Sent To
Lawrence Dahm (wife Charlotte)
Street, Apt. No.; or PO Box No.: 2938 Lazy Lake
City, State, ZIP+4: Harlington, Texas 78550

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:

Jonathan Dahm
666 Whitemarsh Valley
Austin, Texas 78746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary L. Dahm ☐ Agent ☐ Addressee

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

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

AUSTIN TX WESTLAKE HILLS BR
MAY 17 2007
USPS

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 3450 0001 4326 4852

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:

Lawrence Dahm (wife Charlotte)
2938 Lazy Lake
Harlington, Texas 78550

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Charlotte Dahm ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Dahm | 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)* 7006 3450 0001 4326 7518

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

7006 3450 0001 4326 4852

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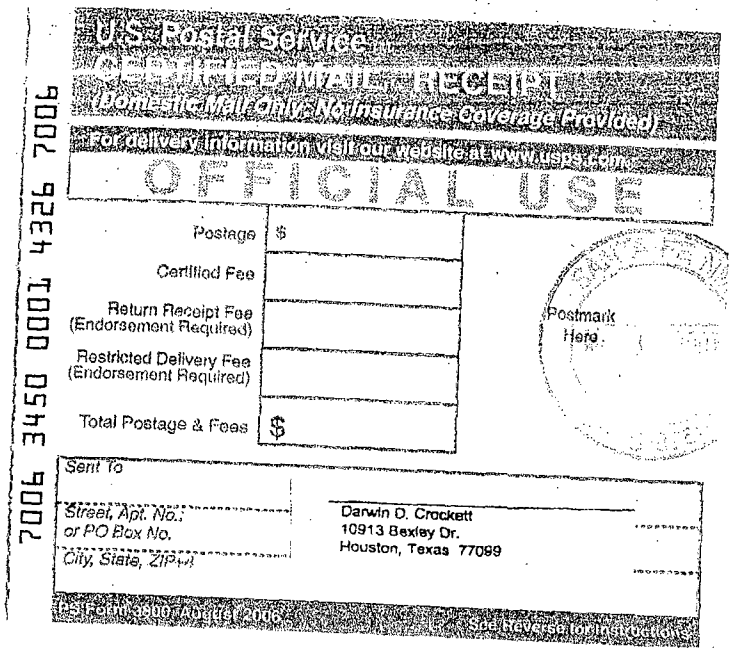
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
MAY 17 2007
AUSTIN TX

Sent To
Jonathan Dahm
Street, Apt. No. or PO Box No.: 666 Whitemarsh Valley
City, State, ZIP: Austin, Texas 78746



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

Postmark Here

Sent To
Darwin D. Crockett
Street, Apt. No.; or PO Box No.
10913 Bexley Dr.
City, State, ZIP+4
Houston, Texas 77099

PS Form 3800, June 2002 See Reverse for Instructions

7006 3450 0001 4326 7006

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:

L. G. Caudill, as Personal Representative of
Greydon Caudill
1801 W. Ave J
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X L. G. Caudill ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ 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 3450 0001 4326 7525

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:

Darwin D. Crockett
10913 Bexley Dr.
Houston, Texas 77099

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Darwin D. Crockett ☐ Agent ☐ Addressee

B. Received by (Printed Name) DARWIN CROCKETT C. Date of Delivery 5/9/07

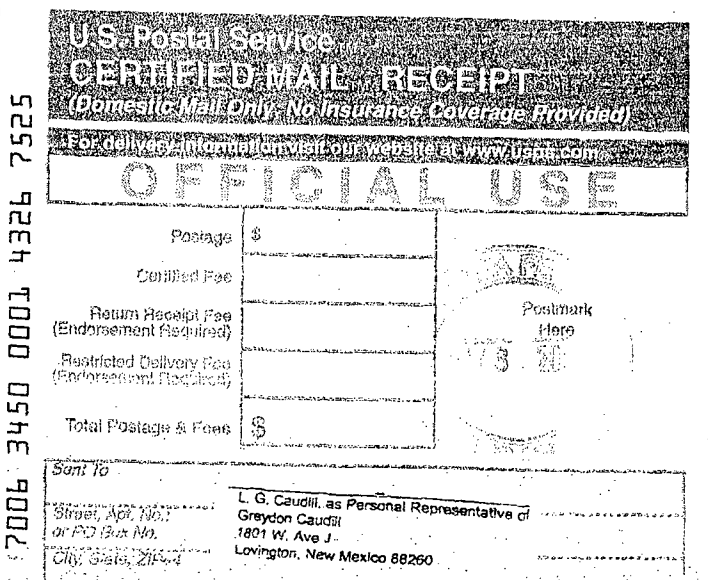
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 3450 0001 4326 7006

February 2004 Domestic Return Receipt 102595-02-M-1540



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

Postmark Here

Sent To
L. G. Caudill, as Personal Representative of
Street, Apt. No.; or PO Box No.
Greydon Caudill
1801 W. Ave J
City, State, ZIP+4
Lovington, New Mexico 88260

7006 3450 0001 4326 7525

7006 3450 0001 4326 8638

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

Postmark Here

MAY 3

Sent To: Wells Fargo Bank, N.A., Trustee of the J. E. Simmons & Bulah Simmons Trusts A & B
Street, Apt. No. or PO Box No.: P.O. Box 1959
City, State, ZIP+4: Midland, Texas 79701

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:

Fred W. Shields and Company
1442 Milam Bldg.
San Antonio, Texas 78205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alice DeLeon ☐ Agent ☐ Addressee

B. Received by (Printed Name): Alice De Leon
C. Date of Delivery: 5-9-07

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 3450 0001 4326 7112

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:

Wells Fargo Bank, N.A., Trustee of the J. E. Simmons Bulah
Simmons Trusts A & B
P.O. Box 1959
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): C. Date of Delivery: 5.9.07

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 3450 0001 4326 8638

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

7006 3450 0001 4326 7112

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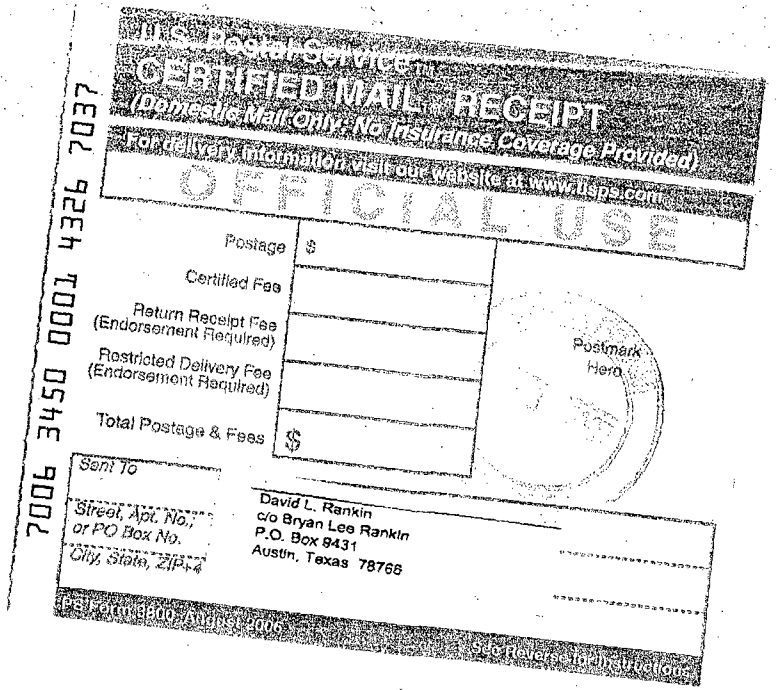
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Fred W. Shields and Company
Street, Apt. No., or PO Box No.: 1442 Milam Bldg.
City, State, ZIP+4: San Antonio, Texas 78205



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:

Farrell Haskins
5249 Herston Way
Antelope, California 95843

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
5/9

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 3450 0001 4326 8508

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

DER: COMPLETE THIS SECTION

mplete items 1, 2, and 3. Also complete
m 4 if Restricted Delivery is desired.
nt your name and address on the reverse
that we can return the card to you.
tach this card to the back of the mailpiece,
on the front if space permits.

ticle Addressed to:

David L. Rankin
c/o Bryan Lee Rankin
P.O. Box 9431
Austin, Texas 78766

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) SHARON Rankin | C. Date of Delivery 5/11/07

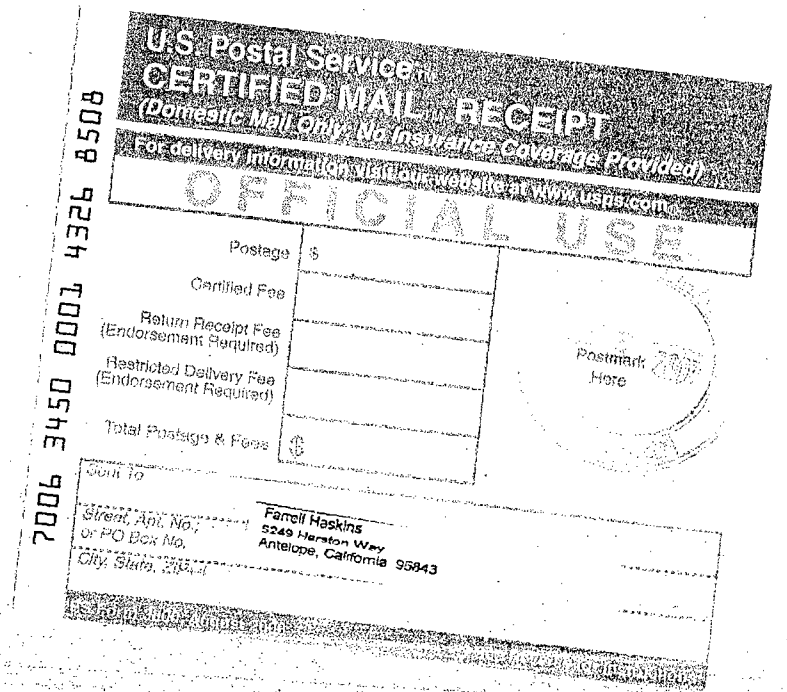
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

ticle Number (ransfer from service label) 7006 3450 0001 4326 7037

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



7006 3450 0001 4326 6979

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OFFICIAL USE

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

Postmark Here
SANTA FE NM
MAY 3 2007

Sent To
Catherine Crockett Legett
Street, Apt. No.; or PO Box No. P.O. Box 124
City, State, ZIP+4 Santa, Idaho 83868

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:

Betty Jean Calkins
646 24th Street
San Pedro, California 90731

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty Jean Calkins ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
5-7-07

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 3450 0001 4326 6924

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:

Catherine Crockett Legett
P.O. Box 124
Santa, Idaho 83868

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda C. Allman ~~Agent~~ ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Linda C. Allman | 5/7/07

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

Number (from service label) 7006 3450 0001 4326 6979

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

7006 3450 0001 4326 6924

U.S. Postal Service
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OFFICIAL USE

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

Postmark Here
MAY 7 2007

Sent To
Betty Jean Calkins
Street, Apt. No.; or PO Box No. 646 24th Street
City, State, ZIP+4 San Pedro, California 90731

7006 3450 0001 4326 6917

U.S. Postal Service
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OFFICIAL USE

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

MAY Postmark Here

Sent To: Bill Roden
Street, Apt. No.; or PO Box No.: 107 Larry Lee
City, State, ZIP+4: Kerrville, Texas 78028

PS Form 3800, April 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:

Sandy McFadden
330 West Hwy. 248-221
Bueliton, California 93427-9442

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): Sandy McFadden — C. Date of Delivery: 5/8/06

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 3450 0001 4326 7747

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

ENDER: 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.

. Article Addressed to:

Bill Roden
107 Larry Lee
Kerrville, Texas 78028

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Juan Soliz ☐ Agent ☐ Addressee

B. Received by (Printed Name): Juan Soliz — C. Date of Delivery: 5/10/06

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 3450 0001 4326 6917

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

1326 7747

U.S. Postal Service
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OFFICIAL USE

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

Sent To: Sandy McFadden
Street, Apt. No.; or PO Box No.: 330 West Hwy. 248-221
City, State, ZIP+4: Bueliton, California 93427-9442

7006 3450 0001 4326 4845

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: John M. Crockett
C/O Sandy McFadden
Street, Apt. No. or PO Box No.: 330 West Hwy. 246-221
City, State, ZIP: Buellton, CA 93427-9442

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:

Claudia Jean Starritt
1108 W. 14th St.
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Claudia J Starritt ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 3/10/07

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 3450 0001 4326 6993

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 M. Crockett
C/O Sandy McFadden
330 West Hwy. 246-221
Buellton, CA 93427-9442

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): Sandy McFadden | 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): 7006 3450 0001 4326 4845

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

7006 3450 0001 4326 6993

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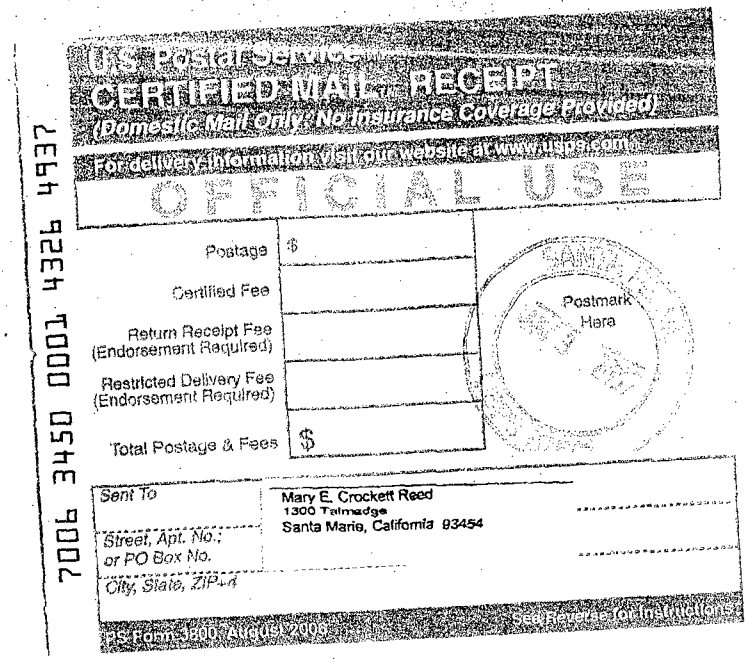
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Claudia Jean Starritt
Street, Apt. No. or PO Box No.: 1108 W. 14th St.
City, State, ZIP: Roswell, New Mexico 88201



U.S. Postal Service
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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Mary E. Crockett Reed
Street, Apt. No.; or PO Box No.: 1300 Talmadge
City, State, ZIP+4: Santa Marie, California 93454

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4326 4937

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:

Tom Roden
c/o Cynthia J. Roden
1703 Harvard Avenue
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cynthia Roden ☐ Agent ☐ Addressee

B. Received by (Printed Name) CYNTHIA RODEN
C. Date of Delivery 5-9-07

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 3450 0001 4326 8683

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:

Mary E. Crockett Reed
1300 Talmadge
Santa Marie, California 93454

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dan Reed ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 5/10/07

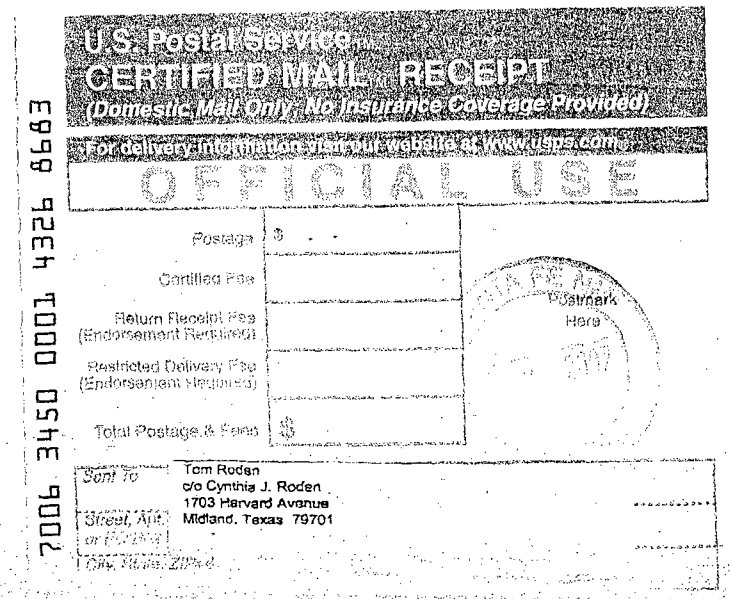
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 3450 0001 4326 4937

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



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

Postmark Here

Sent To: Tom Roden
Street, Apt. No.; or PO Box No.: c/o Cynthia J. Roden
City, State, ZIP+4: 1703 Harvard Avenue Midland, Texas 79701

7006 3450 0001 4326 8683

7006 3450 0001 4326 7631

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

MAY 3 2007
Postmark Here

Sent To: P. J. Hannifin Family Trust
Street, Apt. No.; or PO Box No.: 765 Santa Carella Dr.
City, State, ZIP+4: Solana Beach, California 92075

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:

McQuiddy Communications and Energy, Inc.
P.O. Box 2072
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 5-10-07

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 3450 0001 4326 4913

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

R: COMPLETE THIS SECTION

plete items 1, 2, and 3. Also complete
4 if Restricted Delivery is desired.
your name and address on the reverse
at we can return the card to you.
h this card to the back of the mailpiece,
the front if space permits.

e Addressed to:

P. J. Hannifin Family Trust
765 Santa Carella Dr.
Solana Beach, California 92075

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] | C. Date of Delivery: 5-7-07

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

le Number (Transfer from service label): 7006 3450 0001 4326 7631

m 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7006 3450 0001 4326 4913

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

Postmark Here

Sent To: McQuiddy Communications and Energy, Inc.
Street, Apt. No.; or PO Box No.: P.O. Box 2072
City, State, ZIP+4: Roswell, New Mexico 88202

7006 3450 0001 4326 7556

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

Postmark Here
MAY 3 2007

Sent To
Kathryn McCormick
Street, Apt. No.; or PO Box No. 2705 Westwind Road
City, State, ZIP+4 Las Cruces, NM 88007

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:

Kathryn McCormick
2705 Westwind Road
Las Cruces, NM 88007

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathryn McCormick ☐ Agent ☐ Addressee

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

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 3450 0001 4326 7556

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:

Margaret Wygocki
721 Robins Road
Lansing, Michigan 48917

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Margaret A Wygocki ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
5-10-07

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 3450 0001 4326 4975

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

7006 3450 0001 4326 4975

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

Postmark Here
MAY 3

Sent To
Margaret Wygocki
Street, Apt. No.; or PO Box No. 721 Robins Road
City, State, ZIP+4 Lansing, Michigan 48917

7006 3450 0001 4326 4876

U.S. Postal Service
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OFFICIAL USE

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

Postmark Here

Sent To
Judy E. Stockton
Street, Apt. No.; or PO Box No. 198 Val Street
City, State, ZIP+4 Sutherlin, Oregon 97479

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:

Betty Hermann
P.O. Box 6
McDonald, New Mexico 88262

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Leon Hermann ☒ Agent ☐ Addressee

B. Received by (Printed Name) Leon Herman
C. Date of Delivery 5-5-07

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 3450 0001 4326 6931

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:

Judy E. Stockton
198 Val Street
Sutherlin, Oregon 97479

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judy Stockton ☐ Agent ☐ Addressee

B. Received by (Printed Name) Judy Stockton
C. Date of Delivery 5-8-07

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 3450 0001 4326 4876

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

7006 3450 0001 4326 4869

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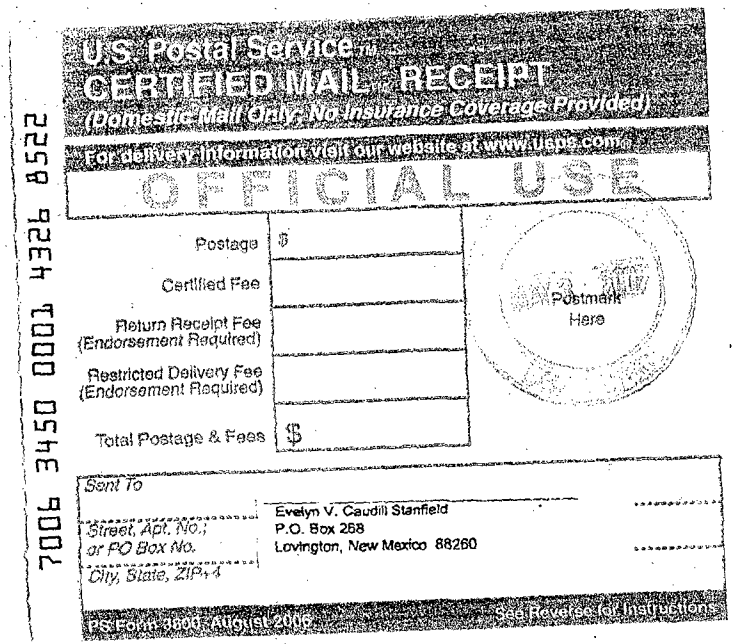
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Betty Hermann
Street, Apt. No.; or PO Box No. P.O. Box 6
City, State, ZIP+4 McDonald, New Mexico 88262

PS Form 3800, August 2006 — See Reverse for Instructions



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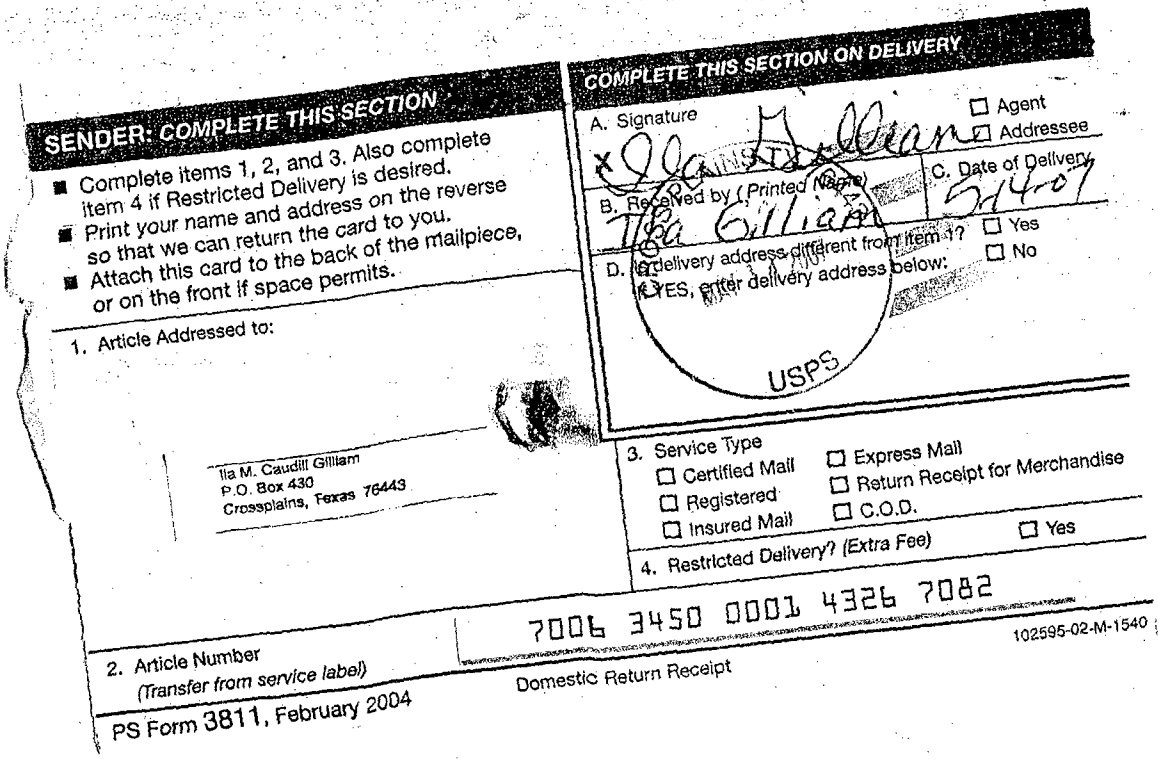
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
Evelyn V. Caudill Stanfield
Street, Apt. No.; or PO Box No. P.O. Box 268
City, State, ZIP+4 Lovington, New Mexico 88260

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4326 8522



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:

Ila M. Caudill Gilliam
P.O. Box 430
Crossplains, Texas 76443

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ila Gilliam C. Date of Delivery 5/4/07

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

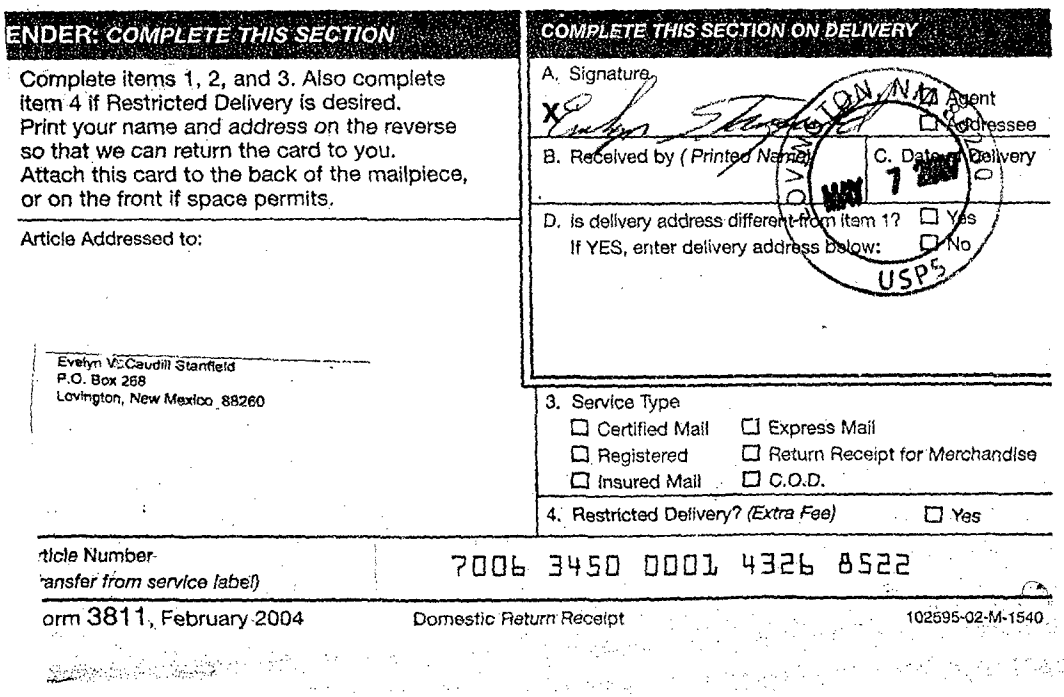
USPS

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 3450 0001 4326 7082

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



ENDER: 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.

Article Addressed to:

Evelyn V. Caudill Stanfield
P.O. Box 268
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

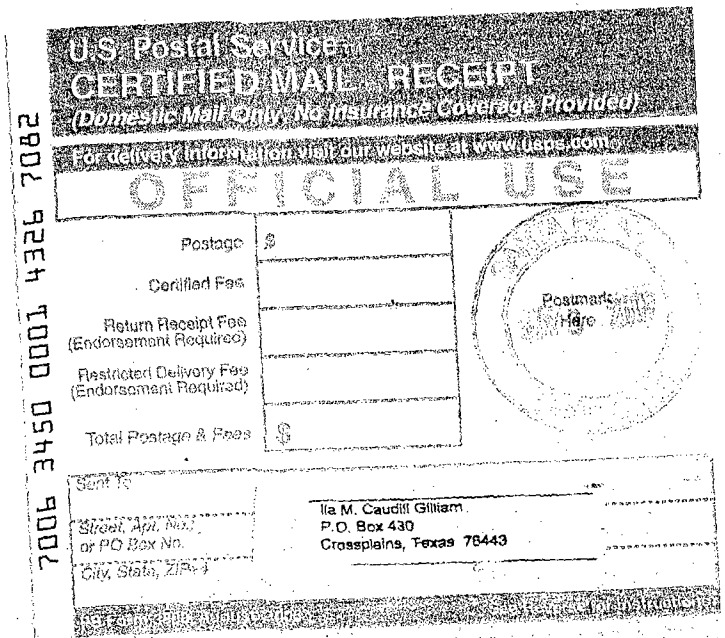
LOVINGTON, NM MAY 7 2007 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

rticle Number (ransfer from service label) 7006 3450 0001 4326 8522

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



U.S. Postal Service™
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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
Ila M. Caudill Gilliam
Street, Apt. No.; or PO Box No. P.O. Box 430
City, State, ZIP+4 Crossplains, Texas 76443

7006 3450 0001 4326 7082

7006 3450 0001 4326 8652

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

Postmark Here

SANTA FE NM MAY 2 2007 87504

Sent To: Vickie B. Caudill
Street, Apt. No.; or PO Box No.: P.O. Box 314
City, State, ZIP+4: Ruidoso, New Mexico 88355

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:

R. R. Hinkle Company, Inc.
P.O. Box 59
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
5-7-07

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

ROSWELL NM MAY 7 2007 88202

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 3450 0001 4326 7587

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:

Vickie B. Caudill
P.O. Box 314
Ruidoso, New Mexico 88355

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

ROSWELL NM MAY 8 2007 88202

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 3450 0001 4326 8652

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

7006 3450 0001 4326 7587

U.S. Postal Service

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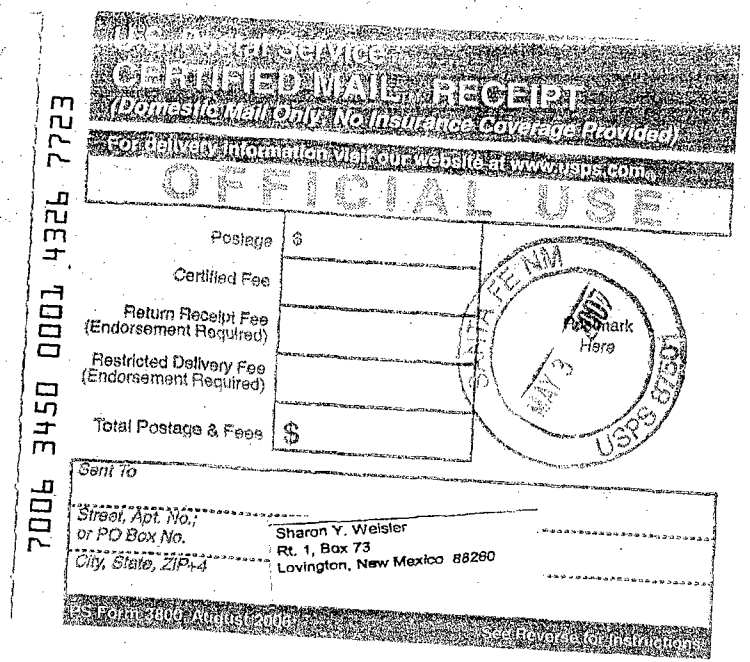
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

SANTA FE NM MAY 2 2007 87504

Sent To: R. R. Hinkle Company, Inc.
Street, Apt. No.; or PO Box No.: P.O. Box 59
City, State, ZIP+4: Roswell, New Mexico 88202



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

Postmark Here
MAY 3 2007
USPS 87501

Sent To
Sharon Y. Weisler
Street, Apt. No.; or PO Box No.: Rt. 1, Box 73
City, State, ZIP+4: Lovington, New Mexico 88260

7006 3450 0001 4326 7223

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:

Donald F. Tandy
480 Carthage Dr.
Beavercreek, Ohio 45434

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
[signature] | 5/7/07

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 3450 0001 4326 7143

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:

Sharon Y. Weisler
Rt. 1, Box 73
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Sharon Y. Weisler | 5-5-07

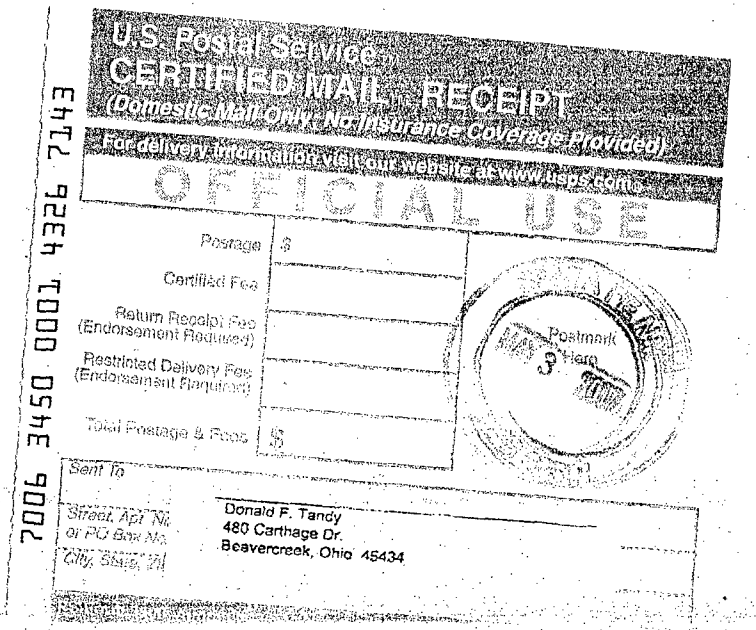
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

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 3450 0001 4326 7723

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



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

Postmark Here
MAY 3 2007

Sent To
Donald F. Tandy
Street, Apt. No.; or PO Box No.: 480 Carthage Dr.
City, State, ZIP+4: Beavercreek, Ohio 45434

7006 3450 0001 4326 7143

U.S. Postal Service
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Len Hemann
Street, Apt. No., or PO Box No.: P.O. Box M
City, State, ZIP+4: McDonald, New Mexico 88262

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4326 5002

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:

Sylvia G. Purcell
27110 Jones Loop Road
Punta Gorda, Florida 33982

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name): JR PURCELL
C. Date of Delivery: 5-10-07

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 3450 0001 4326 7693

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:

Len Hemann
P.O. Box M
McDonald, New Mexico 88262

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name): Leon Hemann
C. Date of Delivery: 5-5-07

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

Article Number (Transfer from service label): 7006 3450 0001 4326 5002

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

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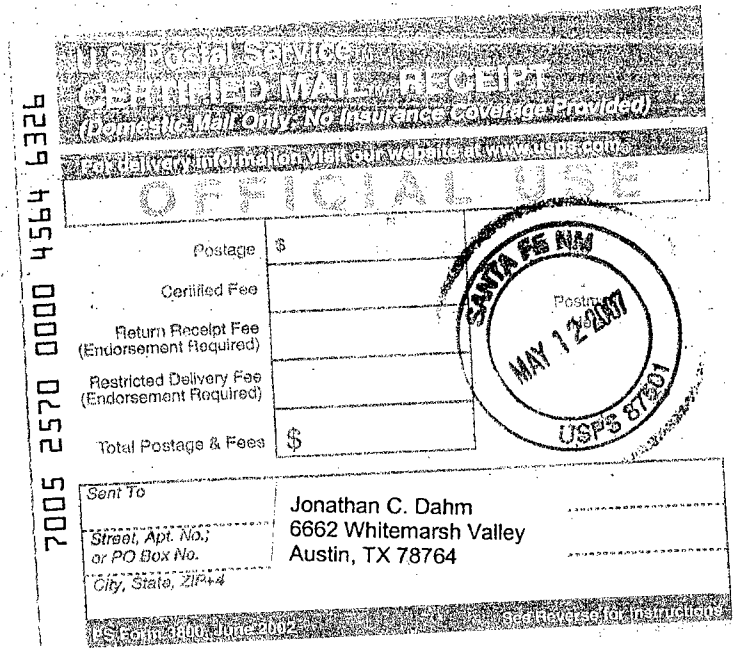
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Sylvia G. Purcell
Street, Apt. No., or PO Box No.: 27110 Jones Loop Road
City, State, ZIP+4: Punta Gorda, Florida 33982

7006 3450 0001 4326 7693



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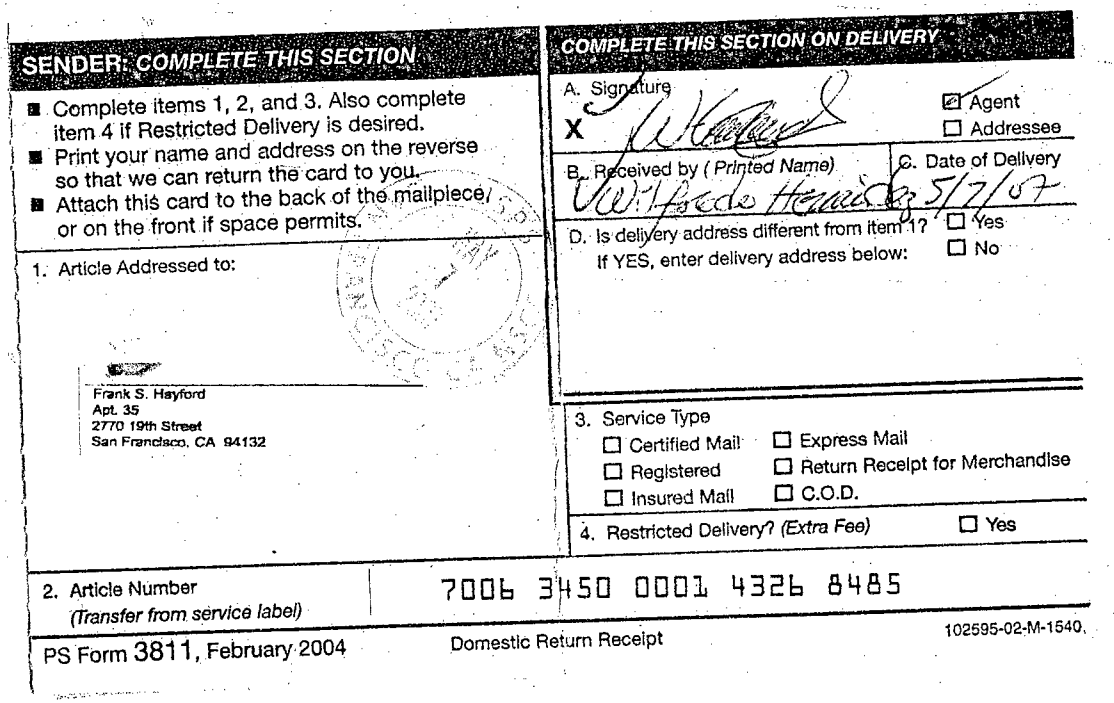
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

SANTA FE NM
MAY 12 2007
USPS 87501

7005 2570 0000 4564 6326

Sent To
Jonathan C. Dahm
Street, Apt. No.; or PO Box No. 6662 Whitemarsh Valley
City, State, ZIP+4 Austin, TX 78764

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Frank S. Hayford
Apt. 35
2770 19th Street
San Francisco, CA 94132

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
W. Wade Hennis 5/7/07

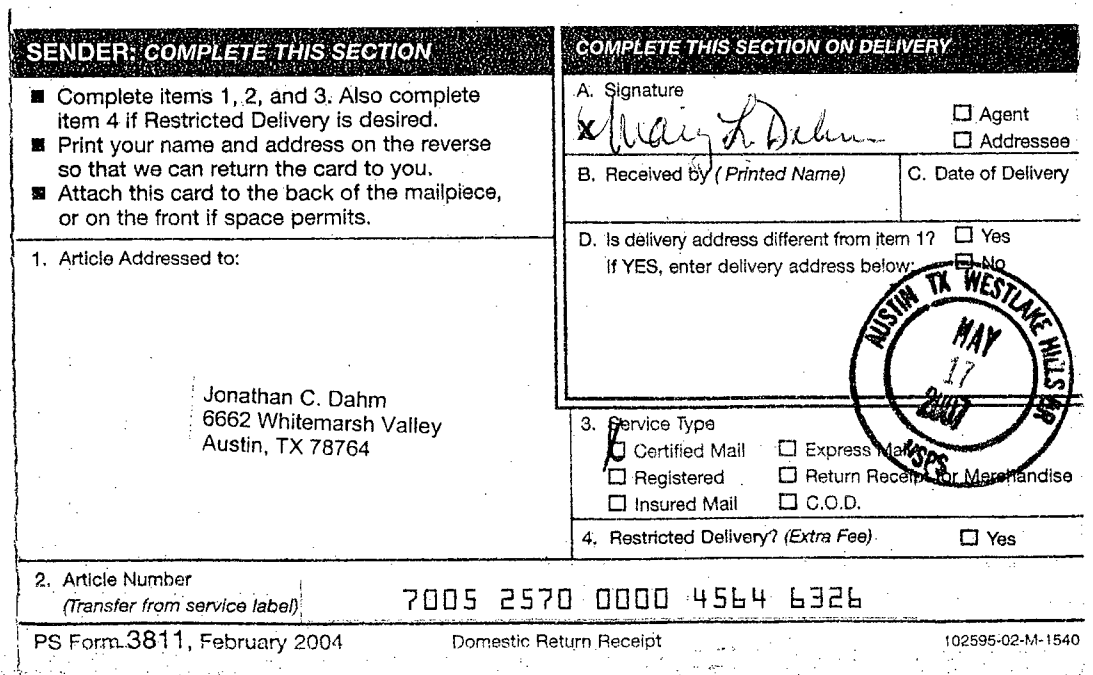
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 3450 0001 4326 8485

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:

Jonathan C. Dahm
6662 Whitemarsh Valley
Austin, TX 78764

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

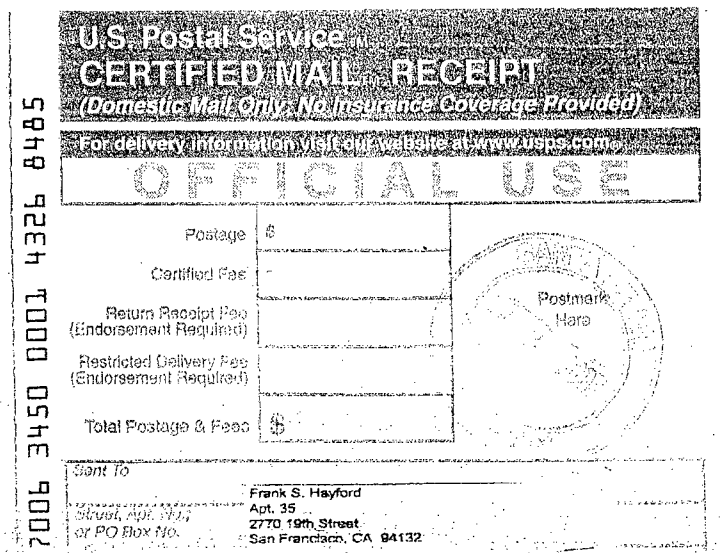
AUSTIN TX WESTLAKE HILLS
MAY 17 2007
USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 2570 0000 4564 6326

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



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

Postmark Here

7006 3450 0001 4326 8485

Sent To
Frank S. Hayford
Street, Apt. No.; or PO Box No. Apt. 35
2770 19th Street
San Francisco, CA 94132

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:

David M. Dahm
9408 Mesa Verde Circle
Wacco, TX 76712

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) D M DAHM | C. Date of Delivery 5-15-07

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) 7005 2570 0000 4564 6333

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:

Howard Crockett
37549 Turnberry Isle Drive
Palm Desert, California 92211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) G. CRANE | C. Date of Delivery 5-15-07

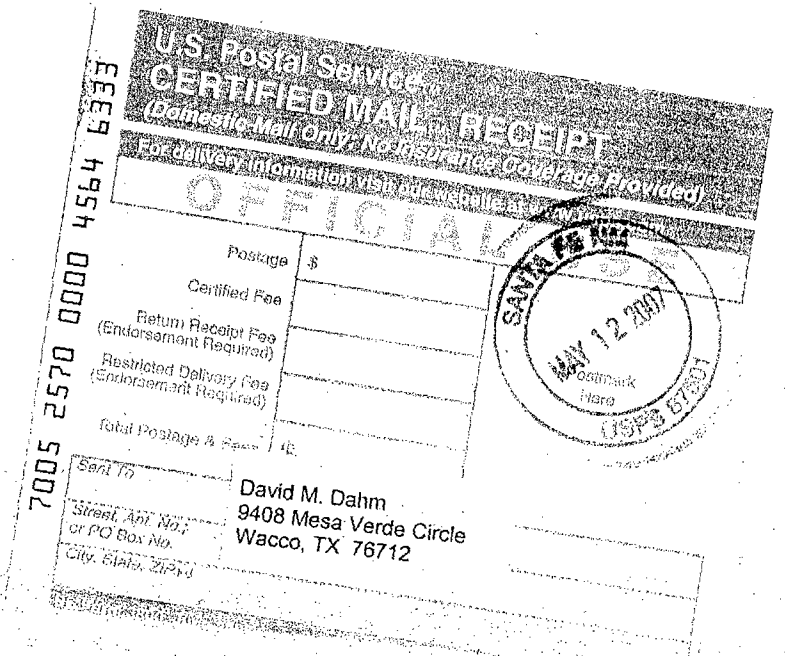
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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) 7005 2570 0000 4564 6302

PS Form 3811, February 2004 Domestic Return Receipt



7006 3450 0001 4326 8591

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

Postmark Here

Sent To: William Marvin Zahn, Jr.
1520 W. Polk
Lovington, New Mexico 88260
Street, Apt. or PO Box No.:
City, State, ZIP+4:

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:

CBR Oil Properties, LLC
Charles Read
P.O. Box 1518
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Consuelo Campos ☐ Agent ☑ Addressee

B. Received by (Printed Name): Consuelo Campos
C. Date of Delivery: 5-7-7

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

MAY 7 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): 7005 1160 0003 1171 9037

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:

William M
1520 W. P
Lovington

ZAHN520* 871 D1 1 B06 C 10 05/08/07
NOTIFY SENDER OF NEW ADDRESS
ZAHN
5705 CRANSTON PL
MIDLAND TX 79707-5022
BC: 79707502205 *0268-05065-03-47

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☑ Addressee

B. Received by (Printed Name): C. Date of Delivery: 5/15

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

2. Article Number (Transfer from service label): 7006 3450 0001 4326 8591

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

7005 1160 0003 1171 9037

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

Postmark Here

Sent To: CBR Oil Properties, LLC
Charles Read
P.O. Box 1518
Roswell, New Mexico 88202
Street, Apt. No.; or PO Box No.:
City, State, ZIP+4:

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:

Martha Dahm Koestner
1225 Sasebo Street N.E.
Albuquerque, NM 87112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Martha Koestner ☐ Agent ☒ Addressee

B. Received by (Printed Name) M. KOESTNER C. Date of Delivery 5/14/07

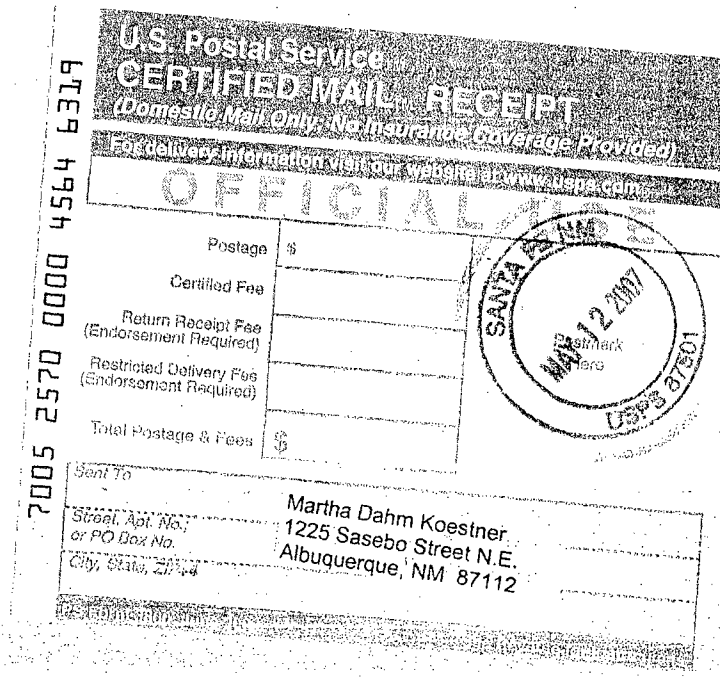
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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) 7005 2570 0000 4564 6319

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



JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 3, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A – Betty Adkins

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the SW¼NW¼ and NW¼SW¼ of Section 21, Township 15 South, Range 36 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, ~~May 24~~ June 21, 2007, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, June 14, 2007 if you intend to participate in the hearing.

Please note that all but a few of you have executed leases in favor of Cimarex Energy Co., and you are not being force pooled. However, the Oil Conservation Division has required Cimarex Energy Co. to notify all mineral interest owners of the non-standard unit portion of the application.

Very truly yours,

James Bruce

James Bruce

Attorney for Cimarex Energy Co.

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 Adkins
Apt. F-105
6500 South Dayton Street
Centennial, Colorado 80111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Toko P. Adkins
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

2. Article Number (Transfer from service label) 7006 3450 0001 4327 0266

PS Form 3811, February 2004 Domestic Return Receipt Cmix-21 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

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

Postmark Here

USPS 87501

Sent To: Betty Adkins
Apt. F-105
Street, Apt. No.; or PO Box No.: 6500 South Dayton Street
City, State, ZIP+4: Centennial, Colorado 80111

7006 3450 0001 4327 0266

PS Form 3800, August 2006 See Reverse for Instructions

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

1ST NOTICE 05-30-07
2ND NOTICE _____
RETURN _____

RETURNED TO SENDER
REASON CHECKED
- ☐ Moved, Left No Address
- ☐ Forwarding Order Expired
- ☐ Unable To Forward
- ☐ Attempted - Not Known
- ☐ Unclaimed
- ☐ No Such Street
- ☐ Insufficient Address
- ☐ Refused
- ☐ No Such Number

4/1
5-8-07

1ST NOTICE _____
2ND NOTICE 5-16
RETURN 5-23

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

Mozelle Trembly, a/k/a Thelma Mozelle Tremble
P.O. Box 5037
Clovis, New Mexico 88102

88102$5037 B056

7006 3450 0001 4326 7686

U.S. Postal Service™
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OFFICIAL USE

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

SANTA FE, NM
MAY 3
Postmark Here

Sent To: Mozelle Trembly, a/k/a Thelma Mozelle Tremble
Street, Apt. No.; or PO Box No.: P.O. Box 5037
City, State, ZIP+4: Clovis, New Mexico 88102

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4326 7686

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

T NOTICE 06-07-07
D NOTICE
URN

☐ Not Deliverable As Addressed
Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ No Such Street ☐ Number
☐ No Mail Receptacle
☐ Box Closed-No Order
☐ Returned For Better Address
☐ Postage Due

First Notice 5-7-07
Second Notice 5-24-07
Returned 5-26-07

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

CERTIFIED MAIL

7006 3450 0001 4326 8492

Faye Caudill

NIXIE 850 SE 1 40 06/04/07
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0269-05010-03-47

7006 3450 0001 4326 8492

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OFFICIAL USE

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

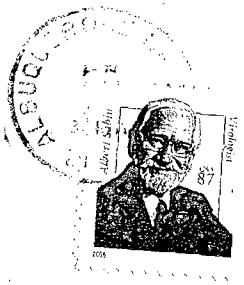
MAY
Postmark Here

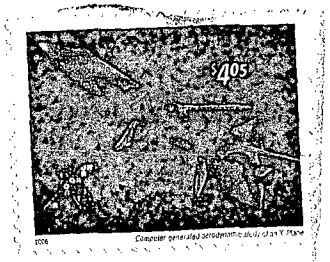
Sent To
Faye Caudill
c/o Sharon Caudill Brown & Carroll A. Caudill)
Street, Apt. No.; or PO Box No.
2421 W. Thornton Drive
City, State, ZIP+4
Show Low, Arizona 85901-3505

PS Form 3800, August 2006 See Reverse for Instructions

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

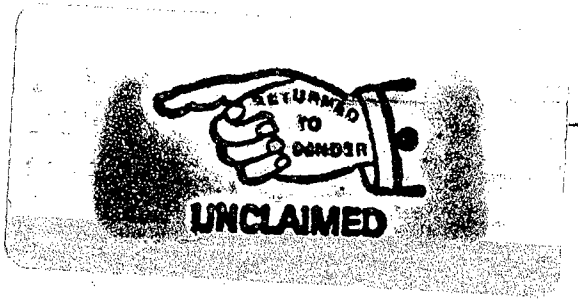
1ST NOTICE 05-31-07
2ND NOTICE
RETURN





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

CERTIFIED MAIL



7006 3450 0001 4326 7044

7006 3450 0001 4326 7044

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

MAY 3 2007 Postmark Here

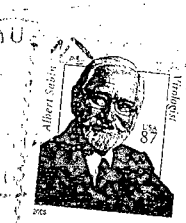
Sent To
David O. Crockett, Jr.
Street, Apt. No.; or PO Box No. 7429 Studio Road
City, State, ZIP+4 Conga Park, California 91304

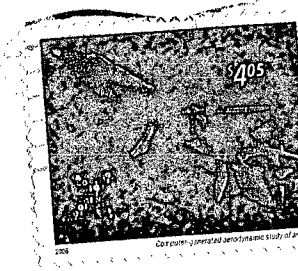
See Reverse for Instructions

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

1ST NOTICE 05-30-07
2ND NOTICE
RETURN

ATTEMPTED
NOT KNOWN
CHARLESTON, SC 29423





Bernadine R. Glenn
126-A South Battery
Charleston, South Carolina 29401

ANK

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

7006 3450 0001 4326 6955

7006 3450 0001 4326 6955

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CERTIFIED MAIL RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To
Bernadine R. Glenn
Street, Apt. No.; or PO Box No. 126-A South Battery
City, State, ZIP+4 Charleston, South Carolina 29401