BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF HARVEY E. YATES COMPANY FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO. **Case No. 13,999**

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 Harvey E. Yates Company.

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 ~~19th~~ day of September, 2007 by James Bruce.

My Commission Expires: 3/14/09

Notary Public

Oil Conservation Division
Case No. 13
Exhibit No. 3

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

August 30, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Harvey E. Yates Company, regarding the N½ of Section 18, Township 18 South, Range 32 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 20, 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, September 13, 2007 if you intend to participate at the hearing.

Very truly yours,

James Bruce

Attorney for Harvey E. Yates Company

EXHIBIT A

EXHIBIT A

XTO ENERGY INC.
Attn: NOJV Mgr.
810 Houston St., Suite 2000
Fort Worth, Texas 76102

THE GROSS FAMILY LTD. PRT.
P. O. Box 358
Roswell, NM 88202
Roswell, NM 88202

CURRY & THORNTON
905 Forth Worth Club Bldg.
Fort Worth, TX 76102-4911

LARRY ARNOLD
P. O. Box 2253
Hobbs, NM 88240

CLAYTON BARNHILL
P. O. Box 1354
Roswell, NM 88202-1354

SEALY H. CAVIN
P. O. Box 1125
Roswell, NM 88202-1125

JOHN N. BENEDICT
P. O. Box 1378
Boerne, TX 78006 **not correct

SCOTT EXPLORATION
215 W. Third
Roswell, NM 88201
Attn: Lori Lynn Scott

OCCIDENTAL PERMIAN LTD.
Attn: Leslyn Wallace
P. O. Box 50250
Midland, Texas 79710-0250

PATRICIA ANN BRUNSON
P. O. Box 1353
Springdale, Arkansas 72764-1353

THE ALLAR COMPANY
P. O. Box 1567
Graham, TX 76450

CHESAPEAKE EXPLORATION LTD.
P. O. Box 18496
Oklahoma City, OK 73154-0496

MORDKA ENTERPRISES, INC.
1800 North Grady
Tucson, AZ 85715

HAMMERSMITH REALTY, INC.
45 Beaverbrook Crescent
St. Albert - Alberta, Canada

PRM 96, LLC
3922 Bach Blvd
Roswell, NM 88201

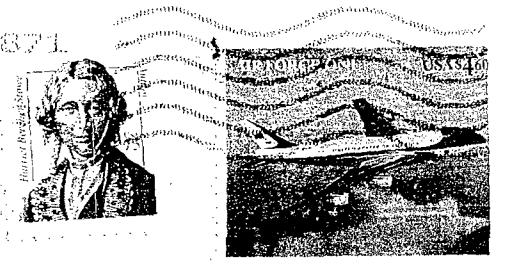
James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

CERTIFIED MAIL

7005 1820 0003 8433 0325

US NM 871

007 PM



9-12
9-4-07

JOHN N. BENEDICT
P. O. Box 1378
Boerne, TX 78006

7005 1820 0003 8433 0325

NIXIE 782 DE 1 00 09/07/07
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0660-02970-30-60

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: JOHN N. BENEDICT
Street, Apt. No.; or PO Box No.: P. O. Box 1378
City, State, ZIP+4: Boerne, TX 78006 **not correct

7005 1820 0003 8433 0325

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

7006 3450 0001 4318 9674

SEP 0 1 2007

Unclaimed
Attempted - Not Known
Insufficient Address
No such office
Not deliverable as addressed

RETURN TO SEN

PRM 96, LLC
3922 Bach Blvd
Roswell, NM 88201

SEP 0 1 2007

1ST NOTICE 9-7
2ND NOTICE
RETURN

88201/3333

7006 3450 0001 4318 9674

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

Postmark Here

Sent To
PRM 96, LLC
3922 Bach Blvd
Roswell, NM 88201
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Registered No. RA030527396US

Date Stamp

0500 19 AUG 30 2007 08/30/07

To Be Completed By Post Office

Reg. Fee $	$10.15		
Handling Charge $	$0.00	Return Receipt $	$2.15
Postage $	$0.69	Restricted Delivery $	$0.00
Received by			

Domestic Insurance up to $25,000 is included in the fee. International Indemnity is limited. (See Reverse).

Customer Must Declare Full Value $ 0.00

☒ With Postal Insurance
☐ Without Postal Insurance

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

FROM
J. Bruce
P. O. Box 1056
Santa Fe, NM 87504

TO
Hammersmith Realty, Inc.
45 Beaverbrook Crescent
St. Albert,
Alberta, CANADA T8N-2L4

PS Form 3806, June 2002 **Receipt for Registered Mail** Copy 1 - Customer (See Information on Reverse)

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

DER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete
em 4 if Restricted Delivery is desired.
Print 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.

Article Addressed to:

OCCIDENTAL PERMIAN LTD.
Attn: Leslyn Wallace
P. O. Box 50250
Midland, Texas 79710-0250

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) K Mitchell C. Date of Delivery 9/04/07

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) 7005 1820 0003 8433 0301

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

7006 0100 0005 5774 9096

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 XTO ENERGY INC.
Attn: NOJV Mgr.
810 Houston St., Suite 2000
Fort Worth, Texas 76102

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0003 8433 0301

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 OCCIDENTAL PERMIAN LTD.
Attn: Leslyn Wallace
P. O. Box 50250
Midland, Texas 79710-0250

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5774 9096

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

XTO ENERGY INC.
Attn: NOJV Mgr.
810 Houston St., Suite 2000
Fort Worth, Texas 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 9-4-07

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 0100 0005 5774 9096

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.

Article Addressed to:

THE GROSS FAMILY LTD. PRT.
P. O. Box 358
Roswell, NM 88202
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 9-4-07

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

Article Number (Transfer from service label) 7006 0100 0005 5774 9089

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

7005 1820 0003 8433 0264

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

Postmark Here
AUG 30 2007
USPS 88201

Sent To
MORDKA ENTERPRISES, INC.
Street, Apt. No.; or PO Box No. 1800 North Grady
City, State, ZIP+4 Tucson, AZ 85715

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5774 9089

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

Postmark Here
AUG 30 2007
USPS 88201

Sent To
THE GROSS FAMILY LTD. PRT.
Street, Apt. No.; or PO Box No. P. O. Box 358
City, State, ZIP+4 Roswell, NM 88202
Roswell, NM 88202

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:

MORDKA ENTERPRISES, INC.
1800 North Grady
Tucson, AZ 85715

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) G. Mordka C. Date of Delivery 9/7/7

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 1820 0003 8433 0264

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:

CHESAPEAKE EXPLORATION LTD.
P. O. Box 18496
Oklahoma City, OK 73154-0496

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) 7005 1820 0003 8433 0271

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

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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 CHESAPEAKE EXPLORATION LTD.
P. O. Box 18496
Oklahoma City, OK 73154-0496
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0003 8433 0271

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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 SCOTT EXPLORATION
215 W. Third
Roswell, NM 88201
Attn: Lori Lynn Scott
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0003 8433 0318

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:

SCOTT EXPLORATION
215 W. Third
Roswell, NM 88201
Attn: Lori Lynn Scott

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharon Scott ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sharon Scott 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 lab 7005 1820 0003 8433 0318

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

R: COMPLETE THIS SECTION

lete items 1, 2, and 3. Also complete
l 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.

Addressed to:

CURRY & THORNTON
905 Forth Worth Club Bldg.
Fort Worth, TX 76102-4911

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☑ Addressee

B. Received by (Printed Name) DONALD R. CURRY C. Date of Delivery 04 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

e Number
sfer from service label) 7006 0100 0005 5774 9065

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

7006 0100 0005 5774 9058

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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
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
CLAYTON BARNHILL
P. O. Box 1334
Roswell, NM 88202-1334

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5774 9065

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

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
CURRY & THORNTON
905 Forth Worth Club Bldg.
Fort Worth, TX 76102-4911

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:

CLAYTON BARNHILL
P. O. Box 1334
Roswell, NM 88202-1334

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 9-14-07

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) 7006 0100 0005 5774 9058

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.
int 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:

THE ALLAR COMPANY
P. O. Box 1567
Graham, TX 76450

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Renne Underwood ☐ Agent ☐ Addressee

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

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) 7005 1820 0003 8433 0288

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

7006 0100 0005 5774 9072

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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
LARRY ARNOLD
P. O. Box 2253
Hobbs, NM 88240

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0003 8433 0288

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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

Street, Apt. No.; or PO Box No.
THE ALLAR COMPANY
P. O. Box 1567
Graham, TX 76450

City, State, ZIP+4

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:

LARRY ARNOLD
P. O. Box 2253
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Larry Arnold SEP - 5 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 0100 0005 5774 9072

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

ER: 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.
ch this card to the back of the mailpiece,
the front if space permits.

e Addressed to:

SCALY H. CAVIN
P. O. Box 1125
Roswell, NM 88202-1125

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) | C. Date of Delivery 9.14.07

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

le Number (Transfer from service label) 7006 0100 0005 5774 9041

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

7005 1820 0003 8433 0295

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
AUG 30 2007

Sent To PATRICIA ANN BRUNSON
P. O. Box 1353
Springdale, Arkansas 72764-1353

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5774 9041

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
AUG 30 2007

Sent To SCALY H. CAVIN
P. O. Box 1125
Roswell, NM 88202-1125

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

City, State, ZIP+4

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:

PATRICIA ANN BRUNSON
P. O. Box 1353
Springdale, Arkansas 72764-1353

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) PATRICIA BRUNSON | C. Date of Delivery 9-13-07

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 1820 0003 8433 0295

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