OIL CONSERVATION DIVISION

CASE #: 14291

EXHIBIT

3

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

IN THE MATTER OF THE APPLICATION OF WILLIAMS PRODUCTION COMPANY, LLC FOR EXCEPTIONS TO THE SPECIAL RULES AND REGULATIONS FOR THE BLANCO-MESAVERDE GAS POOL FOR A PILOT PROJECT TO DETERMINE THE PROPER WELL DENSITY REQUIREMENTS FOR MESAVERDE FORMATION WELLS,SAN JUAN AND RIO ARRIBA COUNTIES, NEW MEXICO.

CASE NO. 14291

AFFIDAVIT

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

Ocean Munds-Dry, attorney in fact and authorized representative of Williams Production Co., LLC, the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

Ocean Munds-Dry

SUBCRIBED AND SWORN to before me this 18th day of March 2009 by Ocean Munds-Dry.

Notary Public

My Commission Expires: 3-10-12

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. ....14291 Exhibit No. 3
Submitted by:
Williams Production Co., LLC
Hearing Date: March 19, 2009

OFFICIAL SEAL
Olivia Ita
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 3-10-12

EXHIBIT A

APPLICATION OF WILLIAMS PRODUCTION COMPANY FOR EXCEPTIONS TO THE SPECIAL RULES AND REGULATIONS FOR THE BLANCO-MESAVERDE GAS POOL FOR A PILOT PROJECT TO DETERMINE THE PROPER WELL DENSITY REQUIREMENTS FOR MESAVERDE FORMATION WELLS AND APPROVAL OF UNORTHODOX WELL LOCATIONS FOR PROJECT WELLS, SAN JUAN AND RIO ARRIBA COUNTIES, NEW MEXICO.

NOTIFICATION LIST

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

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

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

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

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

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

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P.O. Box 1824
Ignacio, CO 81137-1824

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Chamisa Land Co.
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PO Box 1148
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Liberty National Bank & Trust Co.
Executor
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Tulsa, OK 74101-1588

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550 W Pabor Way
Fruita, CO 81521-2025

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Dallas, TX 75201

Henrietta Schultz, Trustee
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Dallas, TX 75201

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Lubbock, TX 79499-8670

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Fort Worth, TX 76113-2546

Forest Oil Corporation
Attn: Ken McPhee
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Denver, CO 80202

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Dallas, TX 75201

Sacramento Mun. Util.District
Attn: Thomas Ingwers
P. O. Box 15830
Sacramento, CA 95852-1830

ConocoPhillips Company
Attn: Chief Landman, San Juan/Rockies
P. O. Box 4289
Farmington, NM 87499-4289

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

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

Bureau of Land Management
Farmington Field Office X
1235 La Plata Highway Suite A
Farmington, NM 87401

Devon Energy Company X
20 N. Broadway
Oklahoma City, OK 73102-8260

HOLLAND&HART LLP

William F. Carr
wcarr@hollandhart.com

February 17, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: **Application of Williams Production Company, LLC for exceptions to the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool for a pilot project to determine the proper well density requirements for Mesaverde formation wells, San Juan and Rio Arriba Counties, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that Williams Production Company, LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking exceptions to the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool for a two year pilot project within the Rosa Unit to determine proper well density requirements for Mesaverde formation wells. The Pilot Project Area is to be located in Sections 1 through 5, Sections 8 through 17 and Sections 21 through 26 of Township 31 North, Range 6 West, and Sections 32 through 36 of Township 32 North, Range 6 West, NMPM, San Juan and Rio Arriba Counties, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on March 19, 2009. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13 to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

William F. Carr
Attorney for Williams Production Company

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on March 19, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by March 9, 2008. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO
TO:

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

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

CASE NO. 14291

Application of Williams Production Company, LLC for exceptions to the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool for a pilot project to determine the proper well density requirements for Mesaverde formation wells, San Juan and Rio Arriba Counties, New Mexico. Applicant seeks exceptions to the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool for a two year, Pilot Project in the Rosa Unit Area to be comprised of the following lands located in San Juan and Rio Arriba Counties, New Mexico:

TOWNSHIP 31 NORTH, RANGE 6 WEST, NMPM
SECTIONS 1-5: ALL
SECTIONS 8-17: ALL
SECTIONS 21-26: ALL
TOWNSHIP 32 NORTH, RANGE 6 WEST, NMPM
SECTIONS 32-36: ALL

Applicant also seeks the authorization to drill additional wells on each standard 320-acre gas proration unit in the pilot project area to increase

r's Bill

time at 72.80

times at _____

Affidavit 5.00

Subtotal 77.80

Tax 6.03

Total 83.83

P: at Rio Grande SUN

Dat

By

Affidavit of Publication

State of New Mexico
County of Rio Arriba

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

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

26 day of February 2009

and the last publication on the 26 day of

February 2009 payment for said advertisement has been duly made, or assessed as court costs. The undersigned has personal knowledge of the matters and things set forth in this affidavit.

Robert Trapp
Publisher

Subscribed and sworn to before me this 26th day of Feb. A.D. 2009

Maria G. Chavez/Notary Public
My commission expires 21 October 2012

AFFIDAVIT OF PUBLICATION

Ad No. 61246

STATE OF NEW MEXICO
County of San Juan:

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

Wednesday, February 25, 2009

And the cost of the publication is $231.12

ON 3/4/09 BOB WALLER appeared before me, whom I know personally to be the person who signed the above document.

Christine Sellers

My Commission Expires November 05, 2011

COPY OF PUBLICATION

NOTICE OF PUBLICATION

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on March 19, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by March 9, 2008. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

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

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

CASE NO. 14291

Application of Williams Production Company, LLC for exceptions to the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool for a pilot project to determine the proper well density requirements for Mesaverde formation wells, San Juan and Rio Arriba Counties, New Mexico. Applicant seeks exceptions to the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool for a two year Pilot Project in the Rosa Unit Area to be comprised of the following lands located in San Juan and Rio Arriba, Counties, New Mexico:

TOWNSHIP 31 NORTH, RANGE 6 WEST, NMPM
Sections 1-5: All
Sections 8-17: All
Sections 21-26: All

TOWNSHIP 32 NORTH, RANGE 6 WEST, NMPM
Sections 32-36: All

Applicant also seeks the authorization to drill additional wells on each standard 320-acre gas proration unit in the pilot project area to increase density from the current maximum of four wells as provided by The Special Rules and Regulations for the Blanco-Mesaverde Gas Pool, to a maximum of eight wells (40-acre infill wells) per 320-acre gas proration unit. This area is located approximately 9 miles southeast of Arbolies, Colorado.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 17th day of February.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
Mark E. Fesmire, P.E., Director

Legal No. 61246 published in The Daily Times, Farmington, New Mexico on Wednesday February 25, 2009

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☐ Registered ☒ Return Receipt for Merchandise
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P.O. Box 847581
Dallas, TX 75284-7581

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Chicago, ILL 60673-1218

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

LOAN SERVICES
LOAN TALMACIU
MAR 02 2006
JPMORGAN CHASE
CHICAGO, IL 60673

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 0627 3979

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

U.S. Postal Service™
CERTIFIED MAIL™ RECI
(Domestic Mail Only; No Insurance Co
For delivery information visit our website at

Postage $ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.92

7006 0100 0005 0627 2590

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

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

1. Article Addressed to:

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

A. Signature
X ☐ Agent ☐ Addre

B. Received by (Printed Name) C. Date

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

FEB 27 2006
USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2590

Domestic Return Receipt 102595-02-M

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our websi

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

7006 0100 0005 0627 2606

Accord DU LAC Partnersh
P.O. Box 676370
Rancho Santa Fe, CA 920

SENDER COMPLETE THIS SECTION

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

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Reggu ☐ Agent ☐ Addressee

B. Received by (Printed Name) Reginald Abad 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 0100 0005 0627 2606

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

7006 0100 0005 0627 2613

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co
For delivery information visit our website at

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Darci Heckman C. Date of Delivery 2/27/10

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 0627 2613

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

7006 0100 0005 0627 2620

U.S. Postal Service™
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For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Angelina Barela
1116 E. 4th Avenue
Durango, CO 8130

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elesida Enriquez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elesida Enriquez 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 0100 0005 0627 2620

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

7006 0100 0005 0627 2644

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insu
For delivery information visit our

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Ben R. Howard
11490 Audelia Ro
Dallas, TX 7524

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Delores Williams 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 0100 0005 0627 2644

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

7006 0100 0005 0627 2651

U.S. Postal Service™
CERTIFIED MAIL™ RI
(Domestic Mail Only; No Insuranc
For delivery information visit our webs

Postage	$ 2.02
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.42

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

SENDER: COMPLET... COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

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

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) T. HENDERSON | C. Date of Delivery 03/02/09

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 0627 2651

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

7006 0100 0005 0627 2668

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuranc
For delivery information visit our webs

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Carl Dellinger
3605 Britt Street, NE
Albuquerque, NM 8711

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

1. Article Addressed to:

Carl Dellinger
3605 Britt Street, NE
Albuquerque, NM 87111

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 2-25-09

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 0627 2668

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

7006 0100 0005 0627 2675

U.S. Postal Service™
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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

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

...or Instructions

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insura

For delivery information visit our we

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Chamisa Land Co.
P.O. Box 30281 – Upt
Albuquerque, NM 871

7006 0100 0005 0627 2682

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3/5/09

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 0627 2682

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

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insur

For delivery information visit our w

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

7006 0100 0005 0627 2699

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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 7006 0100 0005 0627 2699

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insura

For delivery information visit our we

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Christine V. Merchant
c/o David J. Sorenson
P.O. Box 1453
Roswell, NM 88202-1

7006 0100 0005 0627 2705

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B. Welsh ☐ Agent ☐ Addressee

B. Received by (Printed Name) B. Welsh C. Date of Delivery 3-6-09

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 0627 2705

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

7006 0100 0005 0627 2712

U.S. Postal Service™
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Postage	$ 2.07
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.97

Postmark Here

Claudia Lundell Gilmer
101 Oak Meadow
Georgetown, TX 78628

for instructions

7006 0100 0005 0627 2637

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

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

Postage	$ 2.07
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.97

Postmark Here

Ashley Gould
475 S. New Hampshire Avenue
Los Angeles, CA 90020

for instructions

Returned

7006 0100 0005 0627 2743

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insuranc

For delivery information visit our webs

Postage	$ 2.07
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.97

Avelinda Mascarenas
5 CR 6067 NBU 1005
Farmington, NM 87401

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Avelinda Mascarenas
5 CR 6067 NBU 1005
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Avelinda Mascarenas ☐ Agent ☐ Addressee

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

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 lat* 7006 0100 0005 0627 2743

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

7006 0100 0005 0627 4044

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuranc

For delivery information visit our web

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

New Mexico State Land (
PO Box 1148
Santa Fe, NM 87504-114

SENDER: COM

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

1. Article Addressed to:

New Mexico State Land Office
PO Box 1148
Santa Fe, NM 87504-1148

TE 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 lab) 7006 0100 0005 0627 4044

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

7006 0100 0005 0627 2750

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co

For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

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

1. Article Addressed to:

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

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
4-26-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2750

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

7006 0100 0005 0627 2767

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C

For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

- 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:

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

ETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

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

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 0627 2767

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

7006 0100 0005 0627 3962

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our websit

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

Elesida Enriquez
1115 4th Ave
Durango, CO 81301

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:

Elesida Enriquez
1115 4th Ave
Durango, CO 81301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elesida Enriquez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elesida Enriquez 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 0100 0005 0627 3962

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

7006 0100 0005 0627 2781

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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

FEB 17 2009 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 7006 0100 0005 0627 2781

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

7006 0100 0005 0627 2798

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insuranc
For delivery information visit our web

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Faye Lopez Romero
550 W Pabor Way
Fruita, CO 81521-202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lori Aguirre ☐ 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 0100 0005 0627 2798

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

7006 0100 0005 0627 2804

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our webs

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 1.92

Fred E. Turner
4925 Greenville Ave # 8
Dallas, TX 75206

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sherry Gibbs ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
2/26

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 0627 2804

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

7006 0100 0005 0627 2811

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here
JUL 07 ETHOS

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

Returned

7006 0100 0005 0627 2729

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Consuela Mascarenas Gooc
1001 Tucker
Farmington, NM 87401

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:

Consuela Mascarenas Gooch
1001 Tucker
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Connie Gooch ☐ Agent ☑ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Consuelo Gooch 2-25-

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 0627 2729

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

7006 0100 0005 0627 2736

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Postage & Fees	$

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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 0100 0005 0627 2736

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

7006 0100 0005 0627 2835

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our websit

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Daniel D. Lopez
1608 Oakway Drive
Baltimore, MD 21222

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Daniel D. Lopez
1608 Oakway Drive
Baltimore, MD 21222

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Daniel Lopez ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
2-17-09

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 0627 2835

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

7006 0100 0005 0627 2842

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Debbie Moran
3819 Latma Drive
Houston, TX 77025-4120

for Instructions

7006 0100 0005 0627 2859

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance

For delivery information visit

Postage	2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Douglas Cameron Mcle
518 17th Street, Suite 1
Denver Clb Bldg.
Denver, CO 80202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Deliver 2-26-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2859

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

7006 0100 0005 0627 2866

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran

For delivery information visit our we

Postage	$ 2.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 7.32

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

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Williams ☐ Agent ☐ Addressee

B. Received by (Printed Name) Robert Williams C. Date of Delivery 2/27/09

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 0627 2866

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2873

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

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

Postage	$ 2.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

RICHARD STATION SANTA FE FEB 2009 USPS

Postmark Here

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

See Reverse for Instructions

7006 0100 0005 0627 2880

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insura

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Postage	$ 2.62
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.72

Florence Vallejos
PO Box 702
Ignacio, CO 8113

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Florence Vallejos
PO Box 702
Ignacio, CO 8113

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elsida Enriquez ☐ Agent ☐ Addressee

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

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

MAR - 2 2009

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 0627 2880

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2897

U.S. Postal Service™
CERTIFIED MAIL™ RE
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For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Fred E. Turner LLC
One Energy Square, Ste 8
4925 Greenville Ave.
Dallas, TX 75206-4079

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sherry Gibbs ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 2/26

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 0627 2897

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

7006 0100 0005 0627 2903

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insuranc

For delivery information visit our webs

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	6.92

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

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:

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

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

SANTA FE NEW MEXICO FEB 25 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 2828

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insu

For delivery information visit our

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Herbert R Briggs
Reynolds Hix & Co POA
6729 Academy Road, Sui
Albuquerque NM 8710

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cheryl Good ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Cheryl Good 2-25-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2828

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

7006 0100 0005 0627 2927

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cove

For delivery information visit our website at

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$

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

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

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 Merchandi
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2927

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

7006 0100 0005 0627 2934

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance

For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

James Lopez
2837 Pinnacle
Colorado Springs, CO 8

SEN

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

1. Article Addressed to:
James Lopez
2837 Pinnacle
Colorado Springs, CO 80910

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kath. Lopez C. Date of Deliver 2/2/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2934

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

7006 0100 0005 0627 2941

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance

For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

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

CERTIFIED MAIL

SE

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

THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 2-21-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2941

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

7006 0100 0005 0627 2958

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co
For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

John L Turner
PMB 285
317 S Sidney Baker Ste 40
Kerrville, TX 78028

CERTIFIED MAIL

SENDE — SECTION ON DELIVERY

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

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

1. Article Addressed to:

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

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name): Bill Bull — C. Date of Delivery: 2/27/09

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 0627 2958

7006 0100 0005 0627 2965

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our websit

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Tr	$ 6.92

John S McDonald
1550 Cherry St Apt 164
Wenatchee, WA 9880

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION — COMPLETE THIS SECTION ON DELIVERY

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

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

1. Article Addressed to:

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

A. Signature
X Beverly Selland ☑ Agent ☐ Addressee

B. Received by (Printed Name): Beverly Selland — C. Date of Delivery: 3/2/09

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 0627 2965

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

7006 0100 0005 0627 2972

U.S. Postal Service™
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(Domestic Mail Only; No Insurar
For delivery information visit our webs

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

Jose L Candelaria
PO Box 1754
Arboles, CO 81121

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

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

1. Article Addressed to:

Jose L Candelaria
PO Box 1754
Arboles, CO 81121

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name): Nicholas Mapa — C. Date of Delivery: 3-3-09

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 0627 2972

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

7006 0100 0005 0627 2989

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

Postmark Here

Julian Lopez
130 Mulberry
Fruita, CO 81521

7006 0100 0005 0627 2996

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance C

For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

Kenneth H Barber
39 Marland Rd
Colorado Springs, CO 809(

SEN

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

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

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

A. Signature
X Carolyn Barber ☐ Agent ☐ Addressee

B. Received by (Printed Name) K. BARBER C. Date of Delivery 2.24

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 0627 2996

PS Form 3811, February 2004 Domestic Return Receipt 595-02-M-1540

7006 0100 0005 0627 2910

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

Postmark Here

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

for Instructions

Returned

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

7006 0100 0005 0627 3856

J. Glenn Turner, Jr. LL
3838 Oak Lawn
Suite 1450
Dallas, TX 75219

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J Glenn Turner Jr LLC
3838 Oak Lawn Suite 1450
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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 0627 3856

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

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

7006 0100 0005 0627 3023

Jerry J Andrew
408 Longwoods Ln
Houston, TX 77024

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jerry J Andrew
408 Longwoods Ln
Houston, TX 77024

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 2/27/09

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 0627 3023

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

U.S. Postal Service™
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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

7006 0100 0005 0627 3030

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

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

1. Article Addressed to:

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

X [signature] ☐ 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 0100 0005 0627 3030

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7006 0100 0005 0627 3047

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Johnson Tr Uad 1/24/85
Sp Johnson III & Barbara Jo Johnson C
Trustees
P.O. Box 1641
Roswell, NM 88202

7006 0100 0005 0627 3054

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insurar

For delivery information visit our we

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

JTV Ptrshp
Tracy C Thompson Man
PO Box 1713
Roswell, NM 8820

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:

JTV Ptrshp
Tracy C Thompson Managing Partner
PO Box 1713
Roswell, NM 8820

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tracy Thompson C. Date of Delivery 3/05/09

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 0627 3054

7006 0100 0005 0627 3061

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For delivery information visit our w

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.21
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.9

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

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B. Welsh ☐ Agent ☐ Addressee

B. Received by (Printed Name) B. Welsh C. Date of Delivery 3-6-09

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 0627 3061

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

7006 0100 0005 0627 3078

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	6.92

Postmark Here

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

Instructions

7006 0100 0005 0627 3085

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Linda Lundell Lindsey
PO Box 631565
Nacogdoches, TX 75963

Instructions

7006 0100 0005 0627 3009

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

Postmark Here

Lee Lopez
2041 College Cr
Las Vegas, NV 89115

for Instructions

7006 0100 0005 0627 3108

U.S. Postal Service™
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For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	6.92

Manuel R Lopez
12871 Johns Rd
Anchorage, AK 99515-3

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Address

B. Received by (Printed Name) C. Date of Deliv
MANUEL LOPEZ 2-27

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 Merchandi
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 3108

PS Form 3800, June 2002

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7006 0100 0005 0627 3115

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Sent To: Marie Gould
Street, Apt. No., or PO Box No.: 475 S New Hampshire Ave
City, State, ZIP+4: Los Angeles, CA 90020

PS Form ... Instructions

7006 0100 0005 0627 3122

U.S. Postal Service™
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(Domestic Mail Only; No Insura
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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	6.92

Matthew N Sorenson
PO Box 1453
Roswell, NM 88202-1

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B. Welsh ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
B. Welsh 3-6-09

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 0627 3122

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

7006 0100 0005 0627 3139

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tonkin Cutter ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tonkin Cutter | C. Date of Delivery 3/25/09

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

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 0627 3139

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

7006 0100 0005 0627 3146

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Tot	6.92

Osprey Resources Inc
PO Box 56449
Houston, TX 77256-

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. 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 0100 0005 0627 3146

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

7006 0100 0005 0627 3153

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

Paul Jay Lewis
309 W 43rd St Ste 1(
Sioux Falls, SD 571

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Paul J. Lewis | C. Date of Delivery 3/27/09

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 0627 3153

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

7006 0100 0005 0627 3160

U.S. Postal Service™
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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pedro F Lopez ☐ Agent ☐ Addressee

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

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

MAR - 2 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 0100 0005 0627 3160

7006 0100 0005 0627 3177

U.S. Postal Service™
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For delivery information visit our websi

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Pennies From Heaven L
Bank Of America Agent
PO Box 840738
Dallas, TX 75283-030

or 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Wright ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery FEB 2

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 0627 3177

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

7006 0100 0005 0627 3184

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

FEB 2 2006 Postmark Here

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

or Instructions

7006 0100 0005 0627 3092

U.S. Postal Service™
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For delivery information visit our websit

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Address

B. Received by (Printed Name) C. Date of Delive
Ann Hartpence

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 Merchandi
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 3092

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7006 0100 0005 0627 3870

U.S. Postal Service™
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For delivery information visit our websit

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Mary Frances Turner, Jr Trust
Attn: Barry L. Dominick
TX1-2931
PO Box 660197
Dallas, TX 75266-0197

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Frances Turner, Jr Trust
Attn: Barry L. Dominick
TX1-2931
PO Box 660197
Dallas, TX 75266-0197

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Address

B. Received by (Printed Name) C. Date of Delive
FEB 27 2008

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 Merchandi
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 3870

7006 0100 0005 0627 3207

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Moran Oil Enterprises
PO Box 1295
Seminole, OK 74818-12

SENDER: COMPL

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

1. Article Addressed to:

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

N DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Address

B. Received by (Printed Name) C. Date of Delive
B. Jones 2-26-0

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 Merchandi
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service lab 7006 0100 0005 0627 3207

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

U.S. Postal Service™
CERTIFIED MAIL™ RE
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For delivery information visit our websit

Postage	$ 2.62
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

7006 0100 0005 0627 3214

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 2/26/09

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

1. Article Number 7006 0100 0005 0627 3214

U.S. Postal Service™
CERTIFIED MAIL™ F
(Domestic Mail Only; No Insuran
For delivery information visit our we

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Patricia F Wise
PO Box 157
Patton, CA 92369-0

7006 0100 0005 0627 3221

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 F Wise
PO Box 157
Patton, CA 92369-0157

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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 0627 3221

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

U.S. Postal Service™
CERTIFIED MAIL™ RE
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For delivery information visit our websit

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Paul Lopez
2828 B 4/10 Rd
Grand Junction, CO 815

7006 0100 0005 0627 3238

SENDER

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

1. Article Addressed to:

Paul Lopez
2828 B 4/10 Rd
Grand Junction, CO 81503-218

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

GRAND JUNCTION
FEB 26 2009
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 0100 0005 0627 3238

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

U.S. Postal Service™
CERTIFIED MAIL™ RE
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For delivery information visit our webs

Postage $ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
$ 6.92

Se Peggy Mascarenas McWill
PO Box 427
Flora Vista, NM 87415

PS

7006 0100 0005 0627 3245

SENDER:

CERTIFIED MAIL

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

TION ON DELIVERY

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

1. Article Addressed to:

Peggy Mascarenas McWilliams
PO Box 427
Flora Vista, NM 87415

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Dave McWilliams 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 0100 0005 0627 3245

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

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran

For delivery information visit our web

Postage $ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
$ 6.92

PJC LP
1409 S Sunset
Roswell, NM 88201

7006 0100 0005 0627 3252

SENDER: C

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

TION ON DELIVERY

- 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:

PJC LP
1409 S Sunset
Roswell, NM 88201

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) PS Cooper C. Date of Delivery 3-27-09

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 0627 3252

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

U.S. Postal Service™
CERTIFIED MAIL™ F
(Domestic Mail Only; No Insura

For delivery information visit our we

Postage $ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
$ 6.92

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

7006 0100 0005 0627 3269

SENDER: C

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

ON ON DELIVERY

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

1. Article Addressed to:

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

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Nancy Kobel 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 0100 0005 0627 3269

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

7006 0100 0005 0627 3276

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

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

for Instructions

7006 0100 0005 0627 3283

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co

For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

RL Zinn Et Al Ltd
C/O Zinn Petroleum Co
3400 Bissonnet St # 250
Houston, TX 77005-215

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

SENDER: COMPLETE THIS SECTION — **ECTION ON DELIVERY**

- 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:

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

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 2-27-09

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

Naomi Lincoln
Naomi Lincoln

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 0627 3283

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

7006 0100 0005 0627 3290

U.S. Postal Service™
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For delivery information visit our website at w

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Robert W Isham Est
Eleanor Joy & R W Isham III Per
PO Box 290
Gordon, NE 69343

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

SENDER: COMPLET — **ELIVERY**

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

1. Article Addressed to:

Robert W Isham Est
Eleanor Joy & R W Isham III Pers Rep
PO Box 290
Gordon, NE 69343

A. Signature
X Don F Schaer ☐ Agent ☐ Addresse

B. Received by (Printed Name) Don F Schaer | C. Date of Deliver 3-2-09

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 Merchandis
☐ Insured Mail ☐ C.O.D.

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

2. Article Number *(Transfer from service label)* 7006 0100 0005 0627 3290

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7006 0100 0005 0627 3306

U.S. Postal Service™
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For delivery information visit our website at

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Robert Walter Lundell
2450 Fondren # 304
Houston, TX 77063

SENDER: C — THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Robert Walter Lundell
2450 Fondren # 304
Houston, TX 77063

A. Signature
X Walt Lundell ☐ Agent ☑ Addressee

B. Received by (Printed Name) Walt Lundell — C. Date of Delivery 3-3-09

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 0627 3306

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

7006 0100 0005 0627 3313

U.S. Postal Service™
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For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT — THIS SECTION ON DELIVERY

- 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:

ROGE630 757072015 1209 19 02/27/09
NOTIFY SENDER OF NEW ADDRESS
:ROGERS-GIBBARD TRUST
PO BOX 624
SULPHUR OK 73086-0624

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elaine B. Hunt — C. Date of Delivery 3-3-09

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

ipt for Merchandise

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 3313

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

7006 0100 0005 0627 3320

U.S. Postal Service™
CERTIFIED MAIL™ RECEI
(Domestic Mail Only; No Insurance Cover
For delivery information visit our website at ww

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Rose Mascarenas Carter
PO Box 323
Flora Vista, NM 87415

SENDER: COMPLETE THIS SECTION — PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT — THIS SECTION ON DELIVERY

- 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:

Rose Mascarenas Carter
PO Box 323
Flora Vista, NM 87415

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (Printed Name) Rose Mascarenas — 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 0100 0005 0627 3320

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

7006 0100 0005 0627 3337

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

CERTIFIED MAIL™

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

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

1. Article Addressed to:

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

A. Signature
X Cheryl Sommers ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cheryl Sommers C. Date of Delivery 2-27

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 0627 3337

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

7006 0100 0005 0627 3344

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Stricker Petroleum Corp
Dover, DE 19901

or Instructions

Returned

7006 0100 0005 0627 3351

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Tab Riley Smith
PO Box 2267
Bellaire, TX 77402

for Instructions

7006 0100 0005 0627 3450

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

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Tina M Carpenter
5211 Autumn Way
Mchenry, IL 60050

for Instructions

Returned

7006 0100 0005 0627 3368

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance C

For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Richard L Lopez
1400 N 24th St
Grand Junction, CO 81501-5

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Richard Lopez ☐ Agent ☐ Addressee

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

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

GRAND JUNCTION CO
MAR 9 2009

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 0627 3368

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

7006 0100 0005 0627 3375

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance

For delivery information visit our websit

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

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

1. Article Addressed to:

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

A. Signature
X M. Wilber ☑ Agent ☐ Addressee

B. Received by (Printed Name) M. Wilber C. Date of Delivery 3/10/09

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 0627 3375

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

7006 0100 0005 0627 3382

U.S. Postal Service™
CERTIFIED MAIL™ RECEIP
(Domestic Mail Only; No Insurance Coverag

For delivery information visit our website at www

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.26
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.98

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Robert W Umbach Cancer Foundation Inc
Wells Fargo Bank Na Agent
PO Box 5383
Denver, CO 80217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X JASON MAHAN ☐ Agent ☐ Address

B. Received by (Printed Name) | C. Date of Delive
2-27-07

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 Merchandis
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 3382

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

7006 0100 0005 0627 3399

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cove

For delivery information visit our website at w

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.26
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.98

Roger B Nielsen
1200 Danbury Dr
Mansfield, TX 76063

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Roger B Nielsen
1200 Danbury Dr
Mansfield, TX 76063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Nielsen ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
3/24

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 0627 3399

7006 0100 0005 0627 3405

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co

For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.26
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.98

Rose M Lopez Atencio
222 S Peach
Fruita, CO 81521

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:
Rose M Lopez Atencio
222 S Peach
Fruita, CO 81521

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rose Atencio ☐ Agent ☒ Addressee

B. Received by (Printed Name) Rose Atencio | C. Date of Delivery 2/26/07

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 0627 3405

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
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For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Sidney Moran
18 Hudson Cir
Houston, TX 77024-7254

7006 0100 0005 0627 3412

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sidney Moran
18 Hudson Cir
Houston, TX 77024-7254

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 2/28/05

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 0627 3412

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

U.S. Postal Service™
CERTIFIED MAIL™ RE
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For delivery information visit our webs

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Stevens Partners LP
C/O Walter J Melendres E
1069 Encantado Dr
Santa Fe, NM 87501

7006 0100 0005 0627 3429

- 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:

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

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

SANTA FE NM MAR - 4 2005

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 0627 3429

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

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

T Patrick Nacol
611 Druid Rd E Ste 711
Clearwater, FL 33756-3931

for Instructions

7006 0100 0005 0627 3436

Returned

7006 0100 0005 0627 3443

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

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

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

for Instructions

Returned

7006 0100 0005 0627 3542

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

For delivery information visit our website at

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Tommy Mascarenas
PO Box 616
Jamul, CA 91935-0616

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Tommy Mascarenas
PO Box 616
Jamul, CA 91935-0616

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom Mascarenas ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tom Mascarenas C. Date of Delivery 3-7-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0627 3542

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

7006 0100 0005 0627 3467

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Tony S Lopez
PO Box 371154
Denver, CO 80237

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Tony S Lopez
PO Box 371154
Denver, CO 80237

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sandra Dominguez C. Date of Delivery 3/2

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 0627 3467

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

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran
For delivery information visit our web

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

7006 0100 0005 0627 3474

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
David H. Prewitt 3-4-09

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 0627 3474

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

-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuranc
For delivery information visit our web

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Walter R. Gould
PO Box 903
Espanola, NM 87532-09

7006 0100 0005 0627 4051

SENDER: COMPL

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

N DELIVERY

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

1. Article Addressed to:
Walter R. Gould
PO Box 903
Espanola, NM 87532-0903

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

MAR - 2

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 0627 4051

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

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Cove
For delivery information visit our website at w

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

William Poleson
620 Penrose Blvd
Colorado Springs, CO 809(

7006 0100 0005 0627 3498

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
William Poleson
620 Penrose Blvd
Colorado Springs, CO 80906

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
2/26/09

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 0627 3498

PS Form 3811, February 2004 Domestic Return Receipt 595-02-M-1540

7006 0100 0005 0627 3504

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.us

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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 0627 3504

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

7006 0100 0005 0627 3511

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
M DONALD 2-9-09

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 ...)* 7006 0100 0005 0627 3511

7006 0100 0005 0627 3528

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
HENRY GUMZ 03-02-09

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...)* 7006 0100 0005 0627 3528

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

7006 0100 0005 0627 3535

U.S. Postal Service™
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For delivery information visit our website at

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 2-26

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 0627 3535

7006 0100 0005 0627 3634

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	6.92

Robert Mascarenas
Rd 3581 #13
Flora Vista, NM 87415-9

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Robert MASCARENAS 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 0100 0005 0627 3634

PS Form 3800, June 2002

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

7006 0100 0005 0627 3559

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insur
For delivery information visit our w

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 2/26/09

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 0627 3559

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Viola Mascarenas Lucero
PO Box 841
Bloomfield, NM 87413

7006 0100 0005 0627 3566

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Viola Mascarenas Lucero
PO Box 841
Bloomfield, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Viola Mascarenas Lucero ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Deliver
Viola Mascarenas Lucero 2/25/09

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 lat 7006 0100 0005 0627 3566

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cov
For delivery information visit our website at

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

7006 0100 0005 0627 3573

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Meryl Good ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Meryl Good 2/25/09

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 0627 3573

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

7006 0100 0005 0627 3580

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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 0100 0005 0627 3580

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

7006 0100 0005 0627 3597

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Kleimor Energy LLC
8451 E Oregon Pl
Denver, CO 80231

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kleimor Energy LLC
8451 E Oregon Pl
Denver, CO 80231

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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 0100 0005 0627 3597

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

7006 0100 0005 0627 3603

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

For delivery information visit our website at www

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 2/27/09
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

FARMINGTON NM FEB 27 2009 USPS

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

7006 0100 0005 0627 3610

U.S. Postal Service™
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For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☒ Addressee
B. Received by (Printed Name) C. Date of Delivery 2-23
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 0627 3610

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

7006 0100 0005 0627 3627

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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

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

See Reverse for Instructions

7006 0100 0005 0627 3733

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

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

See Reverse for Instructions

Returned

7006 0100 0005 0627 3641

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT — SENDER: COMPLETE THIS SECTION
(Domestic Mail Only; No Insu

For delivery information visit our

Postage	$ 2.0
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.9

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

1. Article Addressed to:

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

Robert E. Oade
9665 Southern Belle
Brookville, FL 3461

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert E Oade ☐ 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 0100 0005 0627 3641

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

U.S. Postal Service™
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For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Victoria Webb
806 Cordova
Dallas, TX 75223

7006 0100 0005 0627 3658

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Victoria Webb
806 Cordova
Dallas, TX 75223

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) CINDY RENDES 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 0100 0005 0627 3658

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service™
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For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

7006 0100 0005 0627 3863

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

RECEIVED
FEB 27 2009
MAIL CENTER

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 0100 0005 0627 3863

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

U.S. Postal Service™
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For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Freda O Axtell Rev Tr
PO Box 801
Durango, CO 81302

7006 0100 0005 0627 3672

- 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:

Freda O Axtell Rev Tr
PO Box 801
Durango, CO 81302

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

CO 81301 2009

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 0627 3672

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

For instructions

7006 0100 0005 0627 3689

U.S. Postal Service™
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For delivery information visit our website at v

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Florence Vallejos
PO Box 702
Ignacio, CO 81137

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Florence Vallejos
PO Box 702
Ignacio, CO 81137

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Eleuida Enrique ☐ Agent ☐ Addressee

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

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 0627 3689

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

7006 0100 0005 0627 3696

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

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Lee A. Lopez
PO Box 621660
Las Vegas, NV 89162-1660

for Instructions

7006 0100 0005 0627 3702

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

George Umbach
PO Box 1588
Tulsa, OK 74101

for Instructions

7006 0100 0005 0627 3719

U.S. Postal Service™
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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

JRB Investments LLC
c/o Reynolds Hix & CO PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

for Instructions

7006 0100 0005 0627 3726

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co

For delivery information visit our website at

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

RHB Investments LLC
c/o Reynolds Hix & CO PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

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:

RHB Investments LLC
c/o Reynolds Hix & CO PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Cheryl Good ☒ Agent ☐ Addressee

B. Received by (Printed Name) Cheryl Good C. Date of Delivery 5/25/09

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 0627 3726

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7006 0100 0005 0627 3771

U.S. Postal Service™
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For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

WCB Investments
c/o Reynolds Hix & CO
6729 Academy Road NE
Albuquerque, NM 8721(

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:

WCB Investments
c/o Reynolds Hix & CO PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Cheryl Good ☒ Agent ☐ Addressee

B. Received by (Printed Name) Cheryl Good C. Date of Delivery 5/25/09

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 lal* 7006 0100 0005 0627 3771

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

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

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

7006 0100 0005 0627 3740

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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 0100 0005 0627 3740

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

U.S. Postal Service™
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Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

7006 0100 0005 0627 3757

Schultz Management, Lt
500 N. Akard, Suite 294
Dallas, TX 75201

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) B Patterson | 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 0100 0005 0627 3757

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance C
For delivery information visit our website at

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

7006 0100 0005 0627 3825

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Patterson | 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 0100 0005 0627 3825

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Grayfore Partners LP
PO Box 98670
Lubbock, TX 79499-867

7006 0100 0005 0627 3788

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:

Grayfore Partners LP
PO Box 98670
Lubbock, TX 79499-8670

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 0100 0005 0627 3788

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

VA Johnston Ltd
PO Box 825
Ralls, TX 79357

7006 0100 0005 0627 3795

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VA Johnston Ltd
PO Box 825
Ralls, TX 79357

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☑ Addressee

B. Received by (Printed Name) David A. Prewitt C. Date of Delivery 3-4-09

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 0627 3795

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

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insu
For delivery information visit our

Postage	$ 2.(
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
	¢ 6.1

Elesida Enriquez
1115 4th Ave.
Durango, CO 8130

7006 0100 0005 0627 2774

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

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:

Elesida Enriquez
1115 4th Ave.
Durango, CO 81301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elesida Enriquez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elesida Enriquez 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 0100 0005 0627 c7774

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

7006 0100 0005 0627 3801

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our webs

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

BP America Production Co.
Attn: John Larson, W11 Ro
501 Westlake Boulevard
Houston, TX 77079-3092

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BP America Production Co.
Attn: John Larson, W11 Rom 19.158
501 Westlake Boulevard
Houston, TX 77079-3092

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tim Rice C. Date of Delivery FEB 27 2009

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

ONE

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 0627 [illegible]

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

7006 0100 0005 0627 3818

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 [illegible]

7006 0100 0005 0627 3832

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Ms. Elizabeth T. Calloway
P.O. Box 191767
Dallas, TX 75219-1767

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:

Ms. Elizabeth T. Calloway
P.O. Box 191767
Dallas, TX 75219-1767

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Wilburn ☐ Agent ☐ Addressee

B. Received by (Printed Name) Robert Wilburn C. Date of Delivery 2/27/09

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 0627 3832

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

See Instructions

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

7006 0100 0005 0627 3849

U.S. Postal Service™
CERTIFIED MAIL™ F
(Domestic Mail Only; No Insura

For delivery information visit our we

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Fred E. Turner, LLC
4925 Greenville Ave.,
Dallas, TX 75206-407

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Fred E. Turner, LLC
925 Greenville Ave., Suite 852
Dallas, TX 75206-4079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 2/24

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 0627 3849

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

7006 0100 0005 0627 3014

U.S. Postal Service™
CERTIFIED MAIL™ RECEI
(Domestic Mail Only; No Insurance Cover

For delivery information visit our website at ww

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

J Glenn Turner Jr LLC
3838 Oak Lawn Suite 1450
Dallas, TX 75219

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J. Glenn Turner, Jr. LLC
3838 Oak Lawn
Suite 1450
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addre

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

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 Merchanc
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7006 0100 0005 0627 3665

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran

For delivery information visit our web

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

XTO Energy, Inc.
Attn: Edwin S. Ryan,
810 Houston St., Ste
Fort Worth, TX 7610

RECEIVED
FEB 2005
MAIL CENTER

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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 serv 7006 0100 0005 0627 3665

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

7006 0100 0005 0627 3191

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cov

For delivery information visit our website at

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	6.92

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

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Deliver
[illegible]

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

FORT WORTH TX JACKSON GMF FEB 28 2009 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 0100 0005 0627 3191

7006 0100 0005 0627 3887

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran

For delivery information visit our web

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Mr. John Turner
Pmb 285
317 Sidney Baker South #40
Kerrville, TX 78028

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. John Turner
Pmb 285
317 Sidney Baker South #400
Kerrville, TX 78028

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Bill Bell 2/27/09

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 0627 3887

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

7006 0100 0005 0627 3894

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran

For delivery information visit our web

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Patricia P. Schieffer Trust
Bank of America, N.A. A
Attn: Jeff Anderson
P.O. Box 2546
Fort Worh, TX 76113-25

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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 0627 3894

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Forest Oil Corporation
Attn: Ken McPhee
707 17th Street
Denver, CO 80202

7006 0100 0005 0627 4013

SENDER: COMP

CERTIFIED MAIL™

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

ON DELIVERY

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

1. Article Addressed to:

Forest Oil Corporation
Attn: Ken McPhee
707 17th Street
Denver, CO 80202

X J MANISCALCO ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 3/21/9

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 0100 0005 0627 4013

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Ms. Victoria Webb
806 Cordova
Dallas, TX 75223

7006 0100 0005 0627 3917

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:

Ms. Victoria Webb
806 Cordova
Dallas, TX 75223

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) CLAY PUPE | 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 0100 0005 0627 3917

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Henrietta Schultz, Trustee
500 North Akard, Suite 294(
Dallas, TX 75201

7006 0100 0005 0627 3764

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

1. Article Addressed to:

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

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 0100 0005 0627 3764

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

7006 0100 0005 0627 3924

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

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Sacremento Municipal Utilities District
Attn: Thomas Ingwers
P.O. Box 15830
Denver, CO 80217-5810

See Reverse for Instructions

Returned

7006 0100 0005 0627 4006

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

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

Conocophillips Company
Attn: Chief Landman,
San Juan/ Rockies
P.O. Box 87499-4289

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:

Conocophillips Company
Attn: Chief Landman,
San Juan/ Rockies
P.O. Box 87499-4289

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 2-27-08

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 0627 4006

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

7006 0100 0005 0627 3948

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

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

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Postmark Here

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

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received [illegible] C. Date of Delivery

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

FEB 26 2009
RECEIVED
LAKEWOOD, COLORADO

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 0627 3948

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

7006 0100 0005 0627 3955

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our websit

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

New Mexico State Royalt
310 Old Santa Fe Trail
Santa Fe, NM 87501

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Sue Montoya C. Date of Delivery 2/21/01

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 0627 3955

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

7006 0100 0005 0627 4037

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co
For delivery information visit our website a

Postage	$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.92

Sent
Stree
or PO
City,
Bureau of Land Managen
Farmington Field Office
1235 La Plata Highway S
Farmington, NM 87041

PS F

SENDER: COMPLE

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

CERTIFIED MAIL™

DELIVERY

- 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:

Bureau of Land Management
Farmington Field Office
1235 La Plata Highway Suite A
Farmington, NM 87041

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 0100 0005 0627 4037

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

7006 0100 0005 0627 3986

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website

Postage	$ .57
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.49

Devon Energy Company
20 N. Broadway
Oklahoma City, OK 73102-82

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

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:

Devon Energy Company
20 N. Broadway
Oklahoma City, OK 73102-8260

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 0100 0005 0627 3986

PS Form 3811, February 2004 Domestic Return Receipt 2595-02-M-154(