



**JAMES BRUCE**  
ATTORNEY AT LAW

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(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

June 17, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for amendment of the Unit Agreement for the Rock Queen Unit, and for statutory unitization, filed with the New Mexico Oil Conservation Division by Celero Energy II, LP. Also enclosed is a copy of applicant's Plan of Development for the unit.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, July 8, 2010, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as a working interest owner within the unit area you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, July 1, 2010. This statement must be filed with the Division's Santa Fe office at the above address, and with the undersigned, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing.

Very truly yours,



James Bruce

Attorney for Celero Energy II, LP

EXHIBIT



EXHIBIT A

John Owen  
2282 Highway 15  
Rayville, Louisiana 71269

Robert Owen  
3535 Gillespie Street  
Dallas, Texas 75219

Mark Mourné  
605 Canon Ridge Trail  
Canon City, Colorado 81212-9130

Lisa Owen  
7729 Idlewood  
Dallas, Texas 75230

Jean Elizabeth Summers  
1833 Earlmont Avenue  
La Canada Flintridge, California 91011-1502

Manforth Production Co., Inc.  
Attn: Theodore N. Danforth  
P. O. Box 508  
Locust Valley, New York 11560

OBO Inc.  
Attn: Cathy Rangel  
P. O. Box 22577  
Hialeah, Florida 33002

Circle Ridge Production, Inc.  
Attn: Doug Friedel  
300 East Northside Drive  
Fort Worth, Texas 76106

Dorothy Elizabeth Clardy Barnette  
Attn: Stephen Barnette  
4339 Potomac  
Dallas, Texas 75205

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 Owen  
3535 Gillespie Street  
Dallas, Texas 75219

2. Article Number  
(Transfer from service label)

7008 0500 0001 4594 1066

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](http://www.usps.com)

**OFFICIAL USE**

Postage \$	\$5.95	0500
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees \$	\$11.05	06/17/2010

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

Robert Owen  
3535 Gillespie Street  
Dallas, Texas 75219

PS Form 3800, August 2005 See Reverse for instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Mark Mourne  
605 Canon Ridge Trail  
Canon City, Colorado 81212-9130

2. Article Number  
(Transfer from service label)

7008 0500 0001 4594 1141

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	\$5.35	0500
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees \$	\$10.45	06/17/2010

Postmark Here

Sent To

Mark Mourne  
605 Canon Ridge Trail  
Canon City, Colorado 81212-9130

PS Form 3800, August 2005

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Mark Mourne*

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Lisa Owen  
7729 Idlewood  
Dallas, Texas 75230

2. Article Number  
(Transfer from service label)

7008 0500 0001 4594 1134

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) Lisa Owen C. Date of Delivery 7/2/10
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

**3. Service Type**

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

4. Restricted Delivery? (Extra Fee)  Yes

2297 4594 1134  
0500 0001 4594 1134  
8000 0050 0001 4594 1134

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**LA CANADA FINNTRIDGE MAIL USE**

Postage	\$ 7.50	0500
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 12.60	06/17/2010

Sent To  
Jean Elizabeth Summers  
1833 Earlmont Avenue  
La Canada Flintridge, California 91011-1502

PS Form 3800, August 2006 See Reverse for Instructions

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**WILDS TEX SPECIAL USE**

Postage	\$ 5.95	0500
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 11.05	06/17/2010

Sent To  
Lisa Owen  
7729 Idlewood  
Dallas, Texas 75230

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Jean Elizabeth Summers  
1833 Earlmont Avenue  
La Canada Flintridge, California 91011-1502

2. Article Number  
(Transfer from service label)

7008 0500 0001 4594 1134

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) Jean Summers C. Date of Delivery 6/29/2010
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

**3. Service Type**

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

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Manforth Production Co., Inc.  
 Attn: Theodore N. Danforth  
 P. O. Box 508  
 Locust Valley, New York 11560

2. Article Number:  
 (Transfer from service label)

7008 0500 0001 4594 1103

Domestic Return Receipt

PS Form 3811, February 2004

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *X* *Manforth*

B. Received by (Printed Name):

C. Date of Delivery:

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3800, August 2006

See Reverse for Instructions

10/25/05 PS Form 3811-1540

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POSTAGE PAID PERMIT NO. 10509 ALBUQUERQUE, NM

Postage \$ 19.55 0500  
 Certified Fee \$2.80 03  
 Return Receipt Fee (Endorsement Required) \$2.30  
 Restricted Delivery Fee (Endorsement Required) \$0.00  
 Total Postage & Fees \$ \$14.65 06/17/2010

Sent To: Manforth Production Co., Inc.  
 Attn: Theodore N. Danforth  
 P. O. Box 508  
 Locust Valley, New York 11560

Street, Apt. 1  
 or PO Box N  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

10/25/05 PS Form 3811-1540

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POSTAGE PAID PERMIT NO. 10509 ALBUQUERQUE, NM

Postage \$ 8.60 0500  
 Certified Fee \$2.80 03  
 Return Receipt Fee (Endorsement Required) \$2.30  
 Restricted Delivery Fee (Endorsement Required) \$0.00  
 Total Postage & Fees \$ \$13.70 06/17/2010

Sent To: OBO Inc.  
 Attn: Cathy Rangel  
 P. O. Box 22577  
 Hialeah, Florida 33002

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

PS Form 3800, August 2006

See Reverse for Instructions

10/25/05 PS Form 3811-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *X* *Manforth*

B. Received by (Printed Name):

C. Date of Delivery:

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3800, August 2006

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**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

OBO Inc.  
 Attn: Cathy Rangel  
 P. O. Box 22577  
 Hialeah, Florida 33002

2. Article Number:  
 (Transfer from service label)

7008 0500 0001 4594 1103

Domestic Return Receipt

PS Form 3811, February 2004

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *X* *Manforth*

B. Received by (Printed Name):

C. Date of Delivery:

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3800, August 2006

See Reverse for Instructions

10/25/05 PS Form 3811-1540

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

POSTAGE PAID PERMIT NO. 10509 ALBUQUERQUE, NM

Postage \$ 8.60 0500  
 Certified Fee \$2.80 03  
 Return Receipt Fee (Endorsement Required) \$2.30  
 Restricted Delivery Fee (Endorsement Required) \$0.00  
 Total Postage & Fees \$ \$13.70 06/17/2010

Sent To: OBO Inc.  
 Attn: Cathy Rangel  
 P. O. Box 22577  
 Hialeah, Florida 33002

Street, Apt. 1  
 or PO Box N  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

10/25/05 PS Form 3811-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *X* *Manforth*

B. Received by (Printed Name):

C. Date of Delivery:

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

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 Hialeah, Florida 33002

2. Article Number:  
 (Transfer from service label)

7008 0500 0001 4594 1103

Domestic Return Receipt

PS Form 3811, February 2004

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *X* *Manforth*

B. Received by (Printed Name):

C. Date of Delivery:

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3800, August 2006

See Reverse for Instructions

10/25/05 PS Form 3811-1540

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

POSTAGE PAID PERMIT NO. 10509 ALBUQUERQUE, NM

Postage \$ 8.60 0500  
 Certified Fee \$2.80 03  
 Return Receipt Fee (Endorsement Required) \$2.30  
 Restricted Delivery Fee (Endorsement Required) \$0.00  
 Total Postage & Fees \$ \$13.70 06/17/2010

Sent To: OBO Inc.  
 Attn: Cathy Rangel  
 P. O. Box 22577  
 Hialeah, Florida 33002

Street, Apt. 1  
 or PO Box N  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

10/25/05 PS Form 3811-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *X* *Manforth*

B. Received by (Printed Name):

C. Date of Delivery:

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3800, August 2006

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10/25/05 PS Form 3811-1540

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1. Article Addressed to:

OBO Inc.  
 Attn: Cathy Rangel  
 P. O. Box 22577  
 Hialeah, Florida 33002

2. Article Number:  
 (Transfer from service label)

7008 0500 0001 4594 1103

Domestic Return Receipt

PS Form 3811, February 2004

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *X* *Manforth*

B. Received by (Printed Name):

C. Date of Delivery:

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3800, August 2006

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10/25/05 PS Form 3811-1540

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POSTAGE PAID PERMIT NO. 10509 ALBUQUERQUE, NM

Postage \$ 8.60 0500  
 Certified Fee \$2.80 03  
 Return Receipt Fee (Endorsement Required) \$2.30  
 Restricted Delivery Fee (Endorsement Required) \$0.00  
 Total Postage & Fees \$ \$13.70 06/17/2010

Sent To: OBO Inc.  
 Attn: Cathy Rangel  
 P. O. Box 22577  
 Hialeah, Florida 33002

Street, Apt. 1  
 or PO Box N  
 City, State, ZIP+4

PS Form 3800, August 2006

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Circle Ridge Production, Inc.  
 Attn: Doug Friedel  
 300 East Northside Drive  
 Fort Worth, Texas 76106

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4594 1080  
 Domestic Return Receipt  
 PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Daniel Capps*  
 B. Received by (Printed Name)  Date of Delivery  
*Daniel Capps* 6/17/2010  
 C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

7008 0500 0001 4594 1097  
 Domestic Return Receipt  
 PS Form 3811, February 2004

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**DOMESTIC MAIL USE**

Postage	\$ 5.95	0500
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 11.05	06/17/2010

Sent To  
 Circle Ridge Production, Inc.  
 Attn: Doug Friedel  
 300 East Northside Drive  
 Fort Worth, Texas 76106  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4594 1080  
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dorothy Elizabeth Clardy Barnette  
 Attn: Stephen Barnette  
 4339 Potomac  
 Dallas, Texas 75205

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4594 1080  
 Domestic Return Receipt  
 PS Form 3811, February 2004

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**DOMESTIC MAIL USE**

Postage	\$ 5.95	0500
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 11.05	06/17/2010

Sent To  
 Dorothy Elizabeth Clardy Barnette  
 Attn: Stephen Barnette  
 4339 Potomac  
 Dallas, Texas 75205  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, August 2006 See Reverse for Instructions



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# Track & Confirm

## Search Results

Label/Receipt Number: 7008 0500 0001 4594 1073  
Status: Delivered

Your item was delivered at 1:28 pm on June 22, 2010 in RAYVILLE, LA 71269. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

Track & Confirm

Enter Label/Receipt Number.

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OFFICIAL USE  
RAYVILLE LA 71269

Postage	\$ 7.50	0500
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 12.60	06/17/2010

Sent To: John Owen  
 Street, Apt. No., or PO Box No.: 2282 Highway 15  
 City, State, ZIP+4: Rayville, Louisiana 71269

PS Form 3800, August 2006 See Reverse for Instructions