



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For more information, visit our website at www.usps.com
7110 6605 9590 0011 8818

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

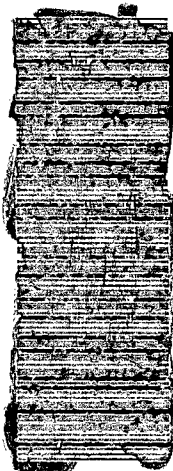
sent To
street, Apt. No.,
PO Box No.
city, State, Zip+4

1994 KENYON FAMILY TRUST
C/O DAVID G KENYON
7200 REDWOOD BLVD STE 404
NOVATO, CA 94945

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

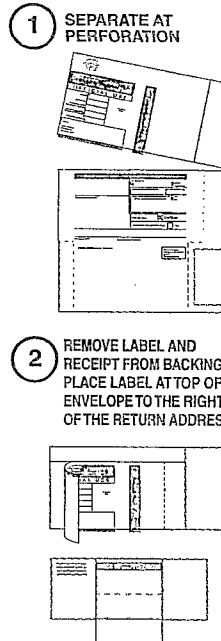


7110 6605 9590 0011 8818

1994 KENYON FAMILY TRUST
C/O DAVID G KENYON
7200 REDWOOD BLVD STE 404
NOVATO, CA 94945

Batch #: 2183
Article #: 71106605959000118818
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8818	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
1994 KENYON FAMILY TRUST C/O DAVID G KENYON 7200 REDWOOD BLVD STE 404 NOVATO, CA 94945	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811

Domestic Return Receipt

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USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000118818
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0011 8948

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Post To
ALBERT V. WORKS, JR.
10315 PIPING ROCK
HOUSTON, TX 77042
9/1/10

Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8948

ALBERT V. WORKS, JR.
10315 PIPING ROCK
HOUSTON, TX 77042

Batch #: 2183
Article #: 71106605959000118948
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-11 rev. 01/07

2. Article Number: 7110 6605 9590 0011 8948	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: ALBERT V. WORKS, JR. 10315 PIPING ROCK HOUSTON, TX 77042	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	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

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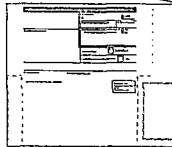
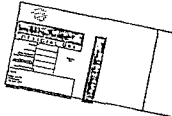
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

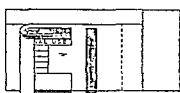
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Article #: 71106605959000118948
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS





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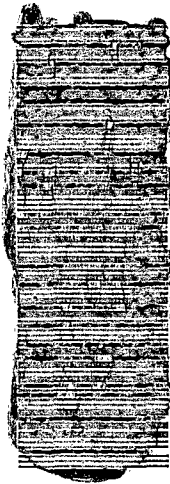
7110 6605 9590 0011 9099

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
street, Apt. No.;
PO Box No.
City, State, Zip+4
9/1/10
Form 3800, August 2006 See Reverse for Instructions

ANDREW B KELLY JR
2575 SUNSET DR
ATLANTA, GA 30345-1946

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9099

ANDREW B KELLY JR
2575 SUNSET DR
ATLANTA, GA 30345-1946

Batch #: 2183
Article #: 71106605959000119099
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0011 9099	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

ANDREW B KELLY JR
2575 SUNSET DR
ATLANTA, GA 30345-1946
Code: Allocation Project - D.Howell
PS Form 3811 Domestic Return Receipt

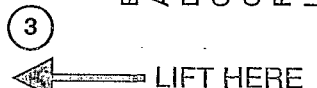
UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000119099
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9112

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To
street, Apt. No.,
PO Box No.
ity, State, Zip+4

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9112

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Batch #: 2183
Article #: 71106605959000119112
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9112	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANGELA SLAIS 17020 CALLE DE LINA MURRIETA, CA 92562	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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USPS
Permit No. G-10

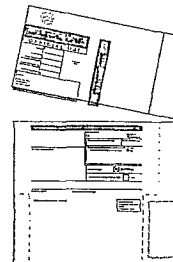
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000119112
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

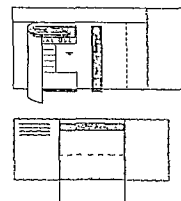
3

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1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS





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7110 6605 9590 0011 9075

Postage	\$	1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
Address, Apt. No.,
PO Box No.
City, State, Zip+4

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9075

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Batch #: 2183
Article #: 71106605959000119075
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9075	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANDREA DAVENPORT PO BOX 311852 NEW BRAUNFELS, TX 78130	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000119075
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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Verify information visit our website at www.usps.com
7110 6605 9590 0011 9204

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Mail To
ANNE MAE COOPER
1301 CR 406
TAYLOR, TX 76574
96/110
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9204

ANNE MAE COOPER
1301 CR 406
TAYLOR, TX 76574

Batch #: 2183
Article #: 71106605959000119204
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0011 9204	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: ANNE MAE COOPER 1301 CR 406 TAYLOR, TX 76574	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 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell

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Postage & Fees Paid
USPS
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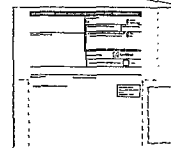
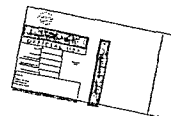
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000119204
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Code2:
File #:
Internal File #:
Internal Code #:

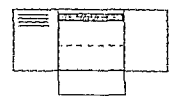
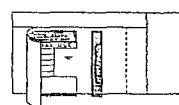
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1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS





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7110 6605 9590 0011 8825

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

A RAY DAVIS
P. O. BOX 79188
HOUSTON, TX 77279
9/1/10

Form 3800, August 2006/PSN See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8825

A RAY DAVIS
P. O. BOX 79188
HOUSTON, TX 77279

Batch #: 2183
Article #: 71106605959000118825
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

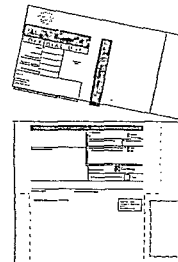
2. Article Number 7110 6605 9590 0011 8825	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: A RAY DAVIS P. O. BOX 79188 HOUSTON, TX 77279 Code: Allocation Project - D.Howell	

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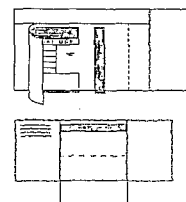
2. Article Number 7110 6605 9590 0011 8825	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Ray Davis</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: A RAY DAVIS P. O. BOX 79188 HOUSTON, TX 77279 Code: Allocation Project - D.Howell	

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1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2183
Article #: 71106605959000118825
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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Automatically voided on delivery at www.usps.com
7110 6605 9590 0011 8832

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
A WILLIAM RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702-3186
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



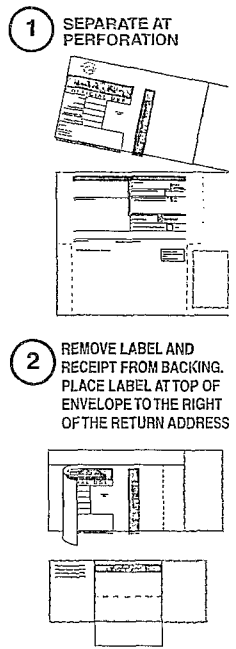
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A WILLIAM RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702-3186

Batch #: 2183
Article #: 71106605959000118832
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

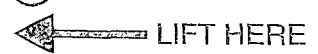
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 8832	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: A WILLIAM RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702-3186 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 8832	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery H.W. Rutter 9/1/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: A WILLIAM RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702-3186 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000118832
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
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7110 6605 9590 0011 8849

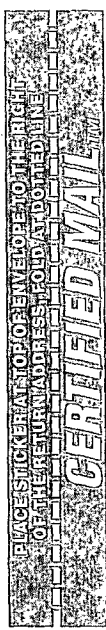
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Address, Apt. No.,
PO Box No.
City, State, Zip+4

ABEL LOBATO
4206 LEHIGH DR
MIDLAND, TX 79707
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



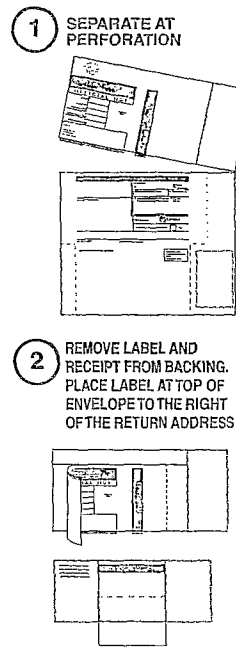
7110 6605 9590 0011 8849

ABEL LOBATO
4206 LEHIGH DR
MIDLAND, TX 79707

Batch #: 2183
Article #: 71106605959000118849
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

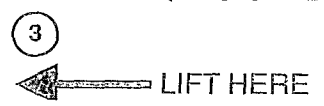
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 8849	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ABEL LOBATO 4206 LEHIGH DR MIDLAND, TX 79707 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 8849	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Abel Lobato</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Abel Lobato</i> <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ABEL LOBATO 4206 LEHIGH DR MIDLAND, TX 79707 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000118849
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Not for Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0011 8856

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ent To
rest, Apt. No.;
PO Box No.
ty, State, Zip+4

ABQ ENERGY GROUP LTD
3022 CORRALES RD
CORRALES, NM 87048

9/11/10

Form 3800, August 2006 (Rev. 1/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



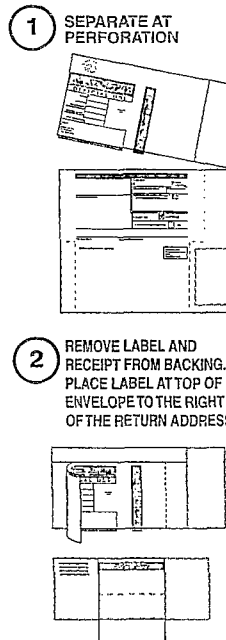
7110 6605 9590 0011 8856

ABQ ENERGY GROUP LTD
3022 CORRALES RD
CORRALES, NM 87048

Batch #: 2183
Article #: 71106605959000118856
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8856	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ABQ ENERGY GROUP LTD 3022 CORRALES RD CORRALES, NM 87048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8856	A. Signature X <i>Maria Webb</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Maria Webb</i> <i>9/10</i>
ABQ ENERGY GROUP LTD 3022 CORRALES RD CORRALES, NM 87048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118856
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
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(Certified Mail Only, No Insurance Coverage Provided)
For information on available services, visit usps.com

7110 6605 9590 0011 8863

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Street, Apt. No.;
PO Box No.
City, State, Zip+4

ACCORD DU LAC PARTNERSHIP LLLP
P O BOX 676281
RANCHO SANTA FE, CA 92067-6281
9/1/10

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0011 8863

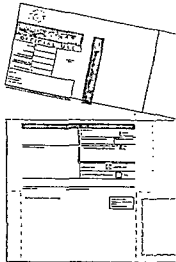
ACCORD DU LAC PARTNERSHIP LLLP
P O BOX 676281
RANCHO SANTA FE, CA 92067-6281

Batch #: 2183
Article #: 71106605959000118863
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

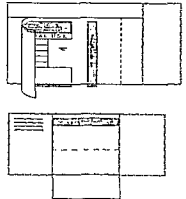
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8863	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ACCORD DU LAC PARTNERSHIP LLLP P O BOX 676281 RANCHO SANTA FE, CA 92067-6281	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8863	A. Signature X <i>Ressee</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Raymond Alarcon</i>
ACCORD DU LAC PARTNERSHIP LLLP P O BOX 676281 RANCHO SANTA FE, CA 92067-6281	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118863
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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7110 6605 9590 0011 8870

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ACOMA OIL CORPORATION
408 ST PETER STREET #434
SAINT PAUL, MN 55102
9/1/10

Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2009, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



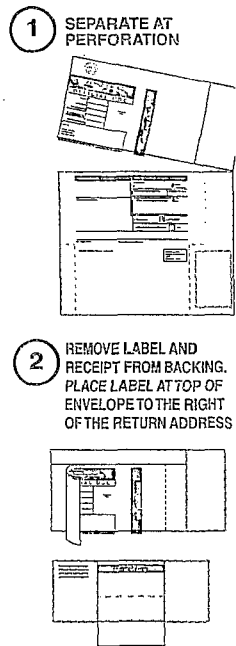
7110 6605 9590 0011 8870

ACOMA OIL CORPORATION
408 ST PETER STREET #434
SAINT PAUL, MN 55102

Batch #: 2183
Article #: 71106605959000118870
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-11 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8870	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ACOMA OIL CORPORATION 408 ST PETER STREET #434 SAINT PAUL, MN 55102	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8870	A. Signature X <i>Sheryl Bale</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ACOMA OIL CORPORATION 408 ST PETER STREET #434 SAINT PAUL, MN 55102	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No <i>Sheryl Bale</i>
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118870
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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For more information visit our Web site at www.usps.com

7110 6605 9590 0011 8887

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ACTON ENERGY LP
508 W WALL, SUITE 500
MIDLAND, TX 79701
9/11/10

Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8887

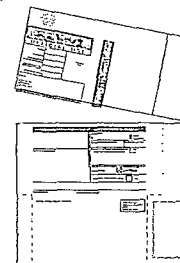
ACTON ENERGY LP
508 W WALL, SUITE 500
MIDLAND, TX 79701

Batch #: 2183
Article #: 71106605959000118887
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

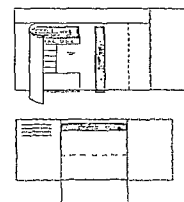
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 8887	COMPLETE THIS SECTION ON DELIVERY A. Signature X 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
1. Article Addressed to: ACTON ENERGY LP 508 W WALL, SUITE 500 MIDLAND, TX 79701	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0011 8887	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Hayden</i> B. Received by (Printed Name) <i>Hayden</i> C. Date of Delivery <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: ACTON ENERGY LP 508 W WALL, SUITE 500 MIDLAND, TX 79701	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000118887
Date/Time: 8/31/2010 9:48:14 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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(No Insurance Coverage Provided)
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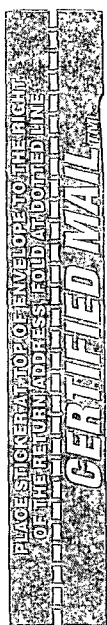
7110 6605 9590 0011 8894

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Post To
ADELANTE OIL & GAS LLC
P O BOX 2471
DURANGO, CO 81302
9/1/10

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8894

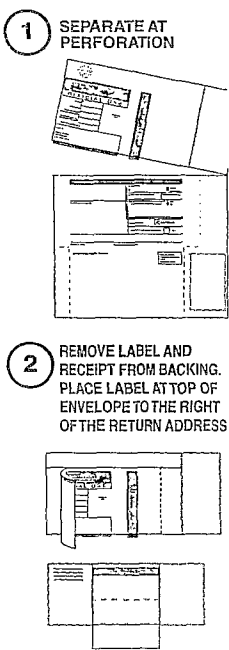
ADELANTE OIL & GAS LLC
P O BOX 2471
DURANGO, CO 81302

Batch #: 2183
Article #: 71106605959000118894
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-7 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8894	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ADELANTE OIL & GAS LLC P O BOX 2471 DURANGO, CO 81302	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

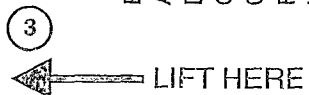
PS Form 3811 Domestic Return Receipt



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8894	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ADELANTE OIL & GAS LLC P O BOX 2471 DURANGO, CO 81302	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811 Domestic Return Receipt

Batch #: 2183
Article #: 71106605959000118894
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



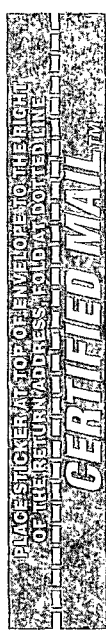


U.S. Postal Service
CERTIFIED MAIL RECEIPT
No Insurance Coverage Provided
7110 6605 9590 0011 8900

Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

Post To
ALAN D JERMAN
344 N ALTA VISTA AVE
MONROVIA, CA 91016
9/1/10
Form 3811, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



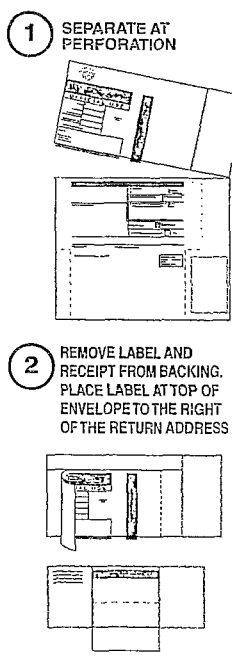
7110 6605 9590 0011 8900

ALAN D JERMAN
344 N ALTA VISTA AVE
MONROVIA, CA 91016

Batch #: 2183
Article #: 71106605959000118900
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number 7110 6605 9590 0011 8900	COMPLETE THIS SECTION ON DELIVERY A. Signature X 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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ALAN D JERMAN 344 N ALTA VISTA AVE MONROVIA, CA 91016 Code: Allocation Project - D.Howell	



PS Form 3811

2. Article Number 7110 6605 9590 0011 8900	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> 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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ALAN D JERMAN 344 N ALTA VISTA AVE MONROVIA, CA 91016 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000118900
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 8917

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Address, Apt. No.,
PO Box No.,
City, State, Zip+4
ALAN HANNIFIN
PO BOX 8874
DENVER, CO 80201-8874
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8917

ALAN HANNIFIN
PO BOX 8874
DENVER, CO 80201-8874

Batch #: 2183
Article #: 71106605959000118917
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number 7110 6605 9590 0011 8917	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ALAN HANNIFIN PO BOX 8874 DENVER, CO 80201-8874 Code: Allocation Project - D.Howell	

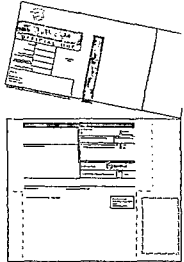
PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 8917	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Alan L.</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Alan L.</i> C. Date of Delivery <i>9/1/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ALAN HANNIFIN PO BOX 8874 DENVER, CO 80201-8874 Code: Allocation Project - D.Howell	

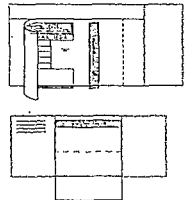
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



3

LIFT HERE

Batch #: 2183
Article #: 71106605959000118917
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
First-Class Mail Only. No Insurance Coverage Provided.
For Allocation Project Website: www.usps.com

7110 6605 9590 0011 8924

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered To
Albert Holly
7919 Friars Court LN
Spring, TX 77379
9/11/10

Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



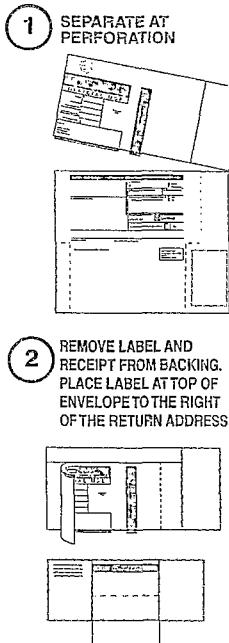
7110 6605 9590 0011 8924

ALBERT HOLLY
7919 FRIARS COURT LN
SPRING, TX 77379

Batch #: 2183
Article #: 71106605959000118924
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8924	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ALBERT HOLLY 7919 FRIARS COURT LN SPRING, TX 77379	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8924	A. Signature X <i>Albert Holly</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Albert Holly</i>	C. Date of Delivery <i>9/4/10</i>
ALBERT HOLLY 7919 FRIARS COURT LN SPRING, TX 77379	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118924
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0011 8931

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
street, Apt. No.,
PO Box No.
City, State, Zip+4

ALBERT L HOPKINS JR
6 LA COSTA WAY
PALM COAST, FL 32137-4701

9/1/10

Form 3800, August 2009 Use Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8931

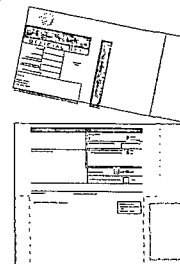
ALBERT L HOPKINS JR
6 LA COSTA WAY
PALM COAST, FL 32137-4701

Batch #: 2183
Article #: 71106605959000118931
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

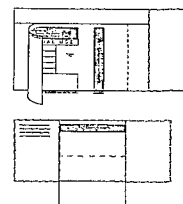
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8931		
1. Article Addressed to:		
ALBERT L HOPKINS JR 6 LA COSTA WAY PALM COAST, FL 32137-4701		
	A. 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	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 8931		
1. Article Addressed to:		
ALBERT L HOPKINS JR 6 LA COSTA WAY PALM COAST, FL 32137-4701		
	A. 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	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2183
Article #: 71106605959000118931
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
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7110 6605 9590 0011 8955

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Print To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

ALICE BROWN
PO BOX 554
GREENWOOD, IN 46142-0554
9/1/10

Form 3809, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8955

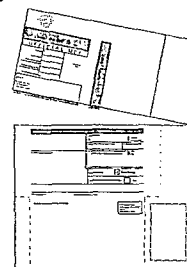
ALICE BROWN
PO BOX 554
GREENWOOD, IN 46142-0554

Batch #: 2183
Article #: 71106605959000118955
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

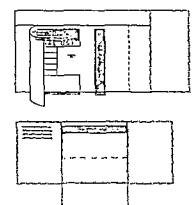
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8955	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALICE BROWN PO BOX 554 GREENWOOD, IN 46142-0554	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8955	A. Signature X <i>Alice Brown</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Alice Brown</i> <i>9-7-10</i>
ALICE BROWN PO BOX 554 GREENWOOD, IN 46142-0554	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000118955
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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PS Form 3811

Domestic Return Receipt



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7110 6605 9590 0011 8962

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

ALICE JANE WEBB
3525 TURTLE CREEK BLVD #19A
DALLAS, TX 75219-5514

9/1/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8962

ALICE JANE WEBB
3525 TURTLE CREEK BLVD #19A
DALLAS, TX 75219-5514

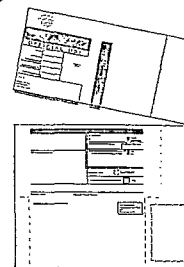
Batch #: 2183
Article #: 71106605959000118962
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

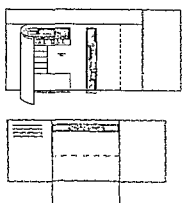
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8962	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALICE JANE WEBB 3525 TURTLE CREEK BLVD #19A DALLAS, TX 75219-5514	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8962	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
ALICE JANE WEBB 3525 TURTLE CREEK BLVD #19A DALLAS, TX 75219-5514	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

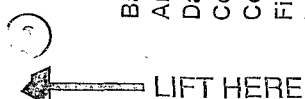
1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2183
Article #: 71106605959000118962
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 8979

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

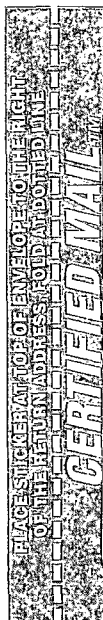
Post To

Alice M VICENTI
9020 TWIN HARBOR NW
ALBUQUERQUE, NM 87121

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8979

ALICE M VICENTI
9020 TWIN HARBOR NW
ALBUQUERQUE, NM 87121

Batch #: 2183
Article #: 71106605959000118979
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8979	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALICE M VICENTI 9020 TWIN HARBOR NW ALBUQUERQUE, NM 87121	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

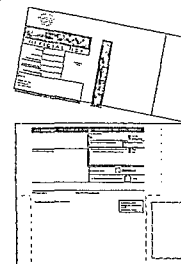
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8979	A. Signature X <i>Mary H. Jones</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Mary H. Jones - 9/1/10</i>
ALICE M VICENTI 9020 TWIN HARBOR NW ALBUQUERQUE, NM 87121	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

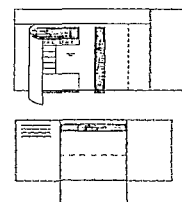
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2183
Article #: 71106605959000118979
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0011 8993

Postage	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Post To
ALISON A GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004
91110

Form 3811, August 2006 See Rate Schedule for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 8993

ALISON A GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

Batch #: 2183
Article #: 71106605959000118993
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8993	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALISON A GOTTSTEIN 9433 NE 14TH ST CLYDE HILL, WA 98004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

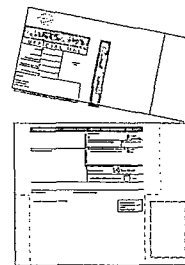
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 8993	A. Signature X <i>Alison Gottstein</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ALISON A GOTTSTEIN 9433 NE 14TH ST CLYDE HILL, WA 98004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

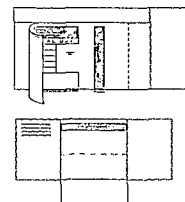
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



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Batch #: 2183
Article #: 71106605959000118993
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9006

Postage	\$	1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
street, Apt. No.,
PO Box No.
city, State, Zip+4

AMBER CROWLEY
934 EAST 300 S
PROVO, UT 84606

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9006

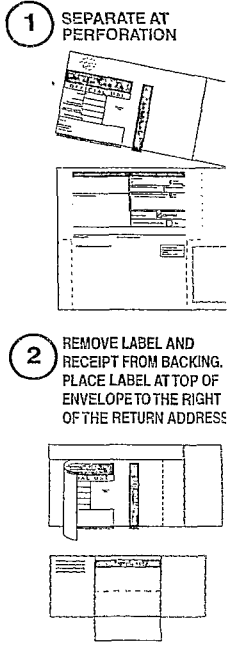
AMBER CROWLEY
934 EAST 300 S
PROVO, UT 84606

Batch #: 2183
Article #: 71106605959000119006
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCC-100 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9006	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AMBER CROWLEY 934 EAST 300 S PROVO, UT 84606	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9006	A. Signature X <i>Amber Hennrich</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Amber Hennrich</i> SEP - 7 2010
AMBER CROWLEY 934 EAST 300 S PROVO, UT 84606	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No <i>2:09 pm</i>
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Batch #: 2183
Article #: 71106605959000119006
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





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7110 6605 9590 0011 9013

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postage To: AMELIA ANNE SUNDBERG
1915 BROWN SCHOOL CT
RICHMOND, TX 77406
9/11/10

PS Form 3800, August 2006. For more information, see Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9013

AMELIA ANNE SUNDBERG
1915 BROWN SCHOOL CT
RICHMOND, TX 77406

Batch #: 2183
Article #: 71106605959000119013
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 9013	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ 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 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Code: Allocation Project - D.Howell	

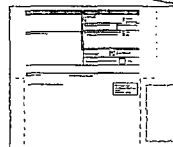
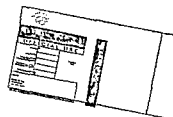
PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 9013	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Sam Sundberg 9/8/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: AMELIA ANNE SUNDBERG 1915 BROWN SCHOOL CT RICHMOND, TX 77406	
Code: Allocation Project - D.Howell	

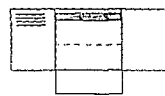
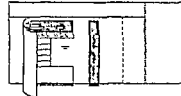
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



3

Batch #: 2183
Article #: 71106605959000119013
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9020

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Delivered To
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

AMELIA C KELLY
4585 JORDAN SPUR RD
BOZEMAN, MT 59715
9/11/10

Form 3800, August 2010 - See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9020

AMELIA C KELLY
4585 JORDAN SPUR RD
BOZEMAN, MT 59715

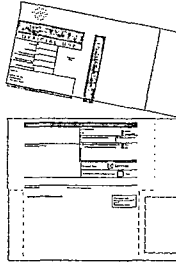
Batch #: 2183
Article #: 71106605959000119020
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

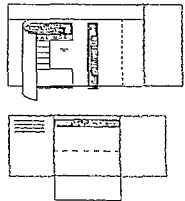
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9020	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AMELIA C KELLY 4585 JORDAN SPUR RD BOZEMAN, MT 59715	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9020	A. Signature X <i>Amelia C Kelly</i> ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Amelia C Kelly</i> <i>9/9/10</i>
AMELIA C KELLY 4585 JORDAN SPUR RD BOZEMAN, MT 59715	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



Batch #: 2183
Article #: 71106605959000119020
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0011 9037

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Post To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

AMERICAN ASSURANCE 2000 LP
PO BOX 41027
HOUSTON, TX 77241-1027

9/1/10

Form 3800, August 2008, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9037

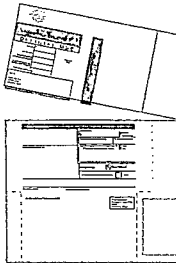
AMERICAN ASSURANCE 2000 LP
PO BOX 41027
HOUSTON, TX 77241-1027

Batch #: 2183
Article #: 71106605959000119037
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

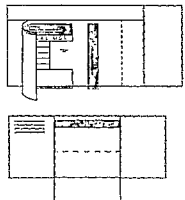
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9037	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AMERICAN ASSURANCE 2000 LP PO BOX 41027 HOUSTON, TX 77241-1027	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9037	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AMERICAN ASSURANCE 2000 LP PO BOX 41027 HOUSTON, TX 77241-1027	GUARDINO TASSINOW 9-7-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119037
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9044

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

Form 3800, August 2006, v. 2. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9044

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

Batch #: 2183
Article #: 71106605959000119044
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0011 9044

1. Article Addressed to:

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

Code: Allocation Project - D.Howell

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9044

1. Article Addressed to:

AMIRA F BOISSON
PMB 8355
511 E SAN YSIDRO BLVD
SAN YSIDRO, CA 92173-3111

Code: Allocation Project - D.Howell

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

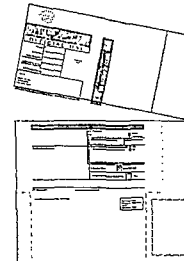
PS Form 3811

Domestic Return Receipt

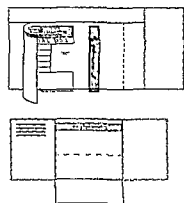
3

Batch #: 2183
Article #: 71106605959000119044
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



LIFT HERE



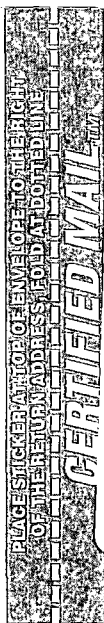
7110 6605 9590 0011 9051

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



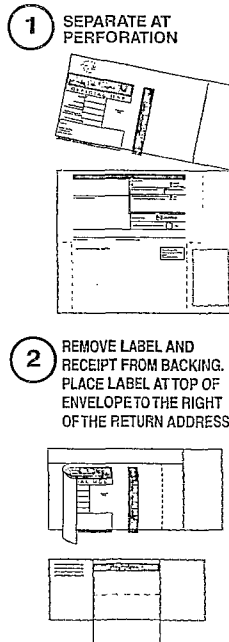
7110 6605 9590 0011 9051

AMMO INVESTEMENT
500 N AKARD
DALLAS, TX 75201

Batch #: 2183
Article #: 71106605959000119051
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0011 9051	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: AMMO INVESTEMENT 500 N AKARD DALLAS, TX 75201	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9051	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Debra M. Good</i> ☐ 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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: AMMO INVESTEMENT 500 N AKARD DALLAS, TX 75201	
Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119051
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9068

Postage	\$	1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

ANDERSON LIVING TRUST APRIL 29 2003
JAMES & JACQUELINE ANDERSON TRUSTEE
2401 STATEHOOD DR
BLUFFDALE, UT 84065

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9068

ANDERSON LIVING TRUST APRIL 29 2003
JAMES & JACQUELINE ANDERSON TRUSTEE
2401 STATEHOOD DR
BLUFFDALE, UT 84065

Batch #: 2183
Article #: 71106605959000119068
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-R-1 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9068		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ANDERSON LIVING TRUST APRIL 29 2003 JAMES & JACQUELINE ANDERSON TRUSTEE 2401 STATEHOOD DR BLUFFDALE, UT 84065		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type	☒ Certified
		4. Restricted Delivery? (Extra Fee)	☐ Yes

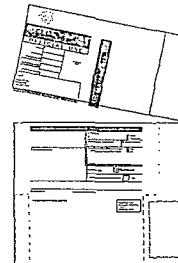
PS Form 3811

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9068		A. Signature X <i>Jackie Anderson</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ANDERSON LIVING TRUST APRIL 29 2003 JAMES & JACQUELINE ANDERSON TRUSTEE 2401 STATEHOOD DR BLUFFDALE, UT 84065		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type	☒ Certified
		4. Restricted Delivery? (Extra Fee)	☐ Yes

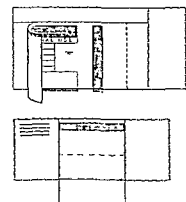
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2183
Article #: 71106605959000119068
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
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7110 6605 9590 0011 9075

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Postage

Postage, Apt. No.;
PO Box No.
City, State, Zip+4

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9075

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Batch #: 2183
Article #: 71106605959000119075
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0011 9075

1. Article Addressed to:

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Code: Allocation Project - D.Howell

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

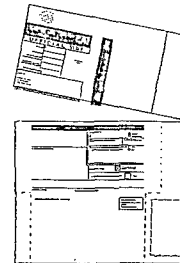
3. Service Type

☒ Certified

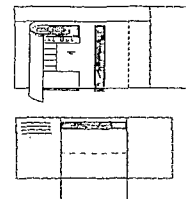
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9075

1. Article Addressed to:

ANDREA DAVENPORT
PO BOX 311852
NEW BRAUNFELS, TX 78130

Code: Allocation Project - D.Howell

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2183
Article #: 71106605959000119075
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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7110 6605 9590 0011 9082

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

nt To

ANDREA T LUCERO
505 N. 4TH
BLOOMFIELD, NM 87413

Post, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9082

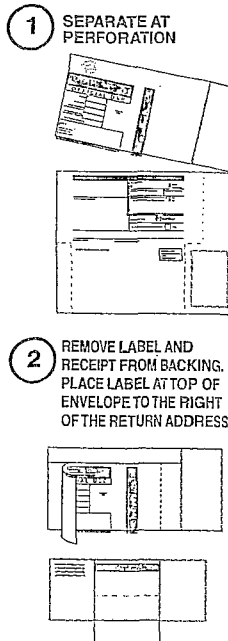
ANDREA T LUCERO
505 N. 4TH
BLOOMFIELD, NM 87413

Batch #: 2183
Article #: 71106605959000119082
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9082	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANDREA T LUCERO 505 N. 4TH BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9082	A. Signature X <i>Andrea Lucero</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Andrea Lucero</i> <i>9/2/10</i>
ANDREA T LUCERO 505 N. 4TH BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

3



Batch #: 2183
Article #: 71106605959000119082
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9105

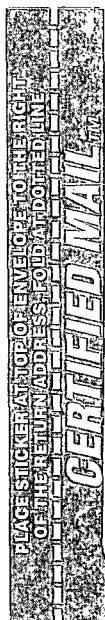
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Sent To

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210Street, Apt. No.;
PO Box No.
City, State, Zip+4

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9105

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210Batch #: 2183
Article #: 71106605959000119105
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0011 9105

1. Article Addressed to:

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9105

1. Article Addressed to:

ANDREW J HOMBURGER
2417 S ADAMS ST
DENVER, CO 80210

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

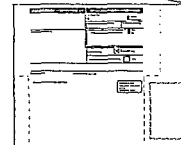
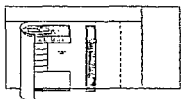
4. Restricted Delivery? (Extra Fee)

☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

1 SEPARATE AT
PERFORATION2 REMOVE LABEL AND
RECEIPT FROM BACKING.
PLACE LABEL AT TOP OF
ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESSBatch #: 2183
Article #: 71106605959000119105
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0011 9112

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
Street, Apt. No.;
PO Box No.
City, State, Zip+4

ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9112

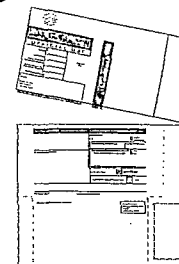
ANGELA SLAIS
17020 CALLE DE LINA
MURRIETA, CA 92562

Batch #: 2183
Article #: 71106605959000119112
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

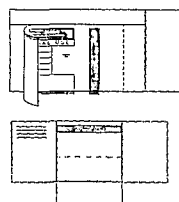
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9112	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANGELA SLAIS 17020 CALLE DE LINA MURRIETA, CA 92562	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9112	A. Signature X <i>Betty K. Hicks</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Betty Hicks</i> <i>9/13/10</i>
ANGELA SLAIS 17020 CALLE DE LINA MURRIETA, CA 92562	D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No <i>1243 Jones Ranch Rd Gardnerville NV 89460</i>
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119112
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2722

Postage	\$	\$0.44	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.54	

sent To
street, Apt. No.,
PO Box No.
city, State, Zip+4

ANGELINA BURKIN
PO BOX 12882
WILMINGTON, NC 28405

PS Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™

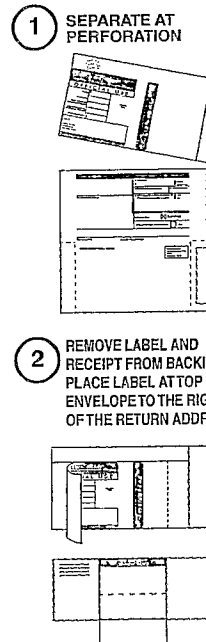
7110 6605 9590 0013 2722

ANGELINA BURKIN
PO BOX 12882

WILMINGTON, NC 28405

Batch #: 2269
Article #: 71106605959000132722
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2722	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANGELINA BURKIN PO BOX 12882 WILMINGTON, NC 28405	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2722	A. Signature X <i>Angelina Burkin</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>ANGELINA BURKIN</i> <i>9/14/2010</i>
ANGELINA BURKIN PO BOX 12882 WILMINGTON, NC 28405	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000132722
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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(Certified Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0011 9129

Postage	\$	1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4

ANITA BRIGGS
115 FISH & GAME RD
CHERRY VALLEY, NY 13320

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9129

ANITA BRIGGS
115 FISH & GAME RD
CHERRY VALLEY, NY 13320

Batch #: 2183
Article #: 71106605959000119129
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

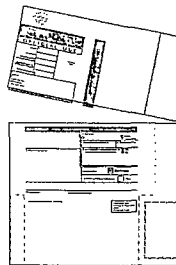
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9129	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANITA BRIGGS 115 FISH & GAME RD CHERRY VALLEY, NY 13320	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

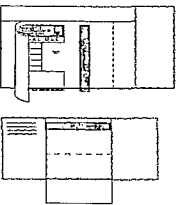
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9129	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANITA BRIGGS 115 FISH & GAME RD CHERRY VALLEY, NY 13320	WALTER BOUGA 9/7/10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2183
Article #: 71106605959000119129
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0011 9136

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

int To
rest, Apt. No.,
PO Box No.
y, State, Zip+4
9/1/10
Form 3800, August 2006 See Reverse for Instructions

ANN BOYD
6140 DELOACHE
DALLAS, TX 75225-2811

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9136

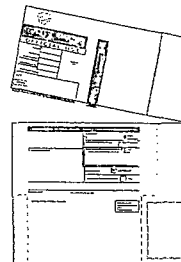
ANN BOYD
6140 DELOACHE
DALLAS, TX 75225-2811

Batch #: 2183
Article #: 71106605959000119136
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

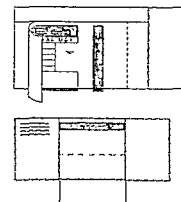
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9136	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANN BOYD 6140 DELOACHE DALLAS, TX 75225-2811	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9136	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANN BOYD 6140 DELOACHE DALLAS, TX 75225-2811	Charles Boyd 9/3/10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119136
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0011 9143

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Return To
ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9143

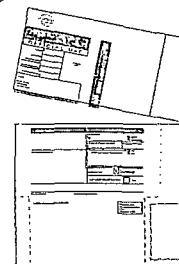
ANN HOME EMMERSON TRUST
4047 SW GREENHILLS WAY
PORTLAND, OR 97221-3205

Batch #: 2183
Article #: 71106605959000119143
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

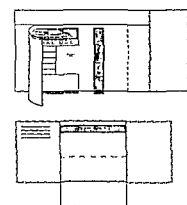
Reorder Form LCD-01 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9143	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANN HOME EMMERSON TRUST 4047 SW GREENHILLS WAY PORTLAND, OR 97221-3205	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9143	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANN HOME EMMERSON TRUST 4047 SW GREENHILLS WAY PORTLAND, OR 97221-3205	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119143
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9150

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

ANN MARIE MITCHELL
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9150

ANN MARIE MITCHELL
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2183
Article #: 7110605959000119150
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9150

1. Article Addressed to:

ANN MARIE MITCHELL
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

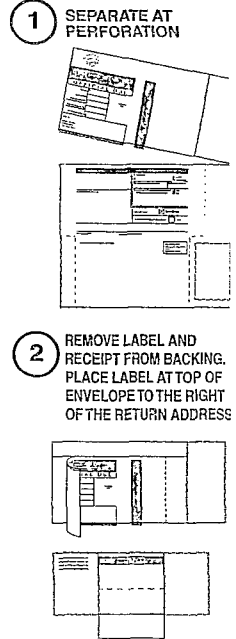
A. Signature ☒ Agent ☐ Addressee
X

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0011 9150

1. Article Addressed to:

ANN MARIE MITCHELL
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 7110605959000119150
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9167

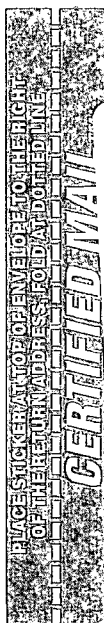
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Post To
ANNA CELIA HOWELL HILTON
1507 E LA RUA ST
PENSACOLA, FL 32501

Post Office No.
Post Office Box No.
City, State, Zip+4

PS Form 3800, August 2006 (Rev. 01/07) (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9167

ANNA CELIA HOWELL HILTON
1507 E LA RUA ST
PENSACOLA, FL 32501

Batch #: 2183
Article #: 71106605959000119167
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

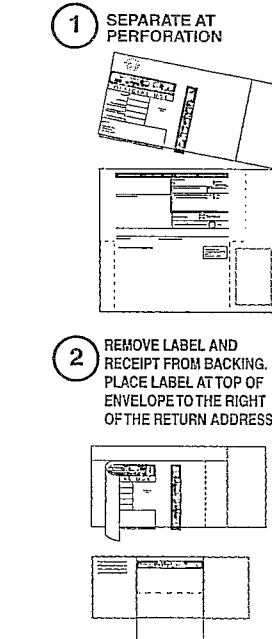
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0011 9167	COMPLETE THIS SECTION ON DELIVERY A. Signature X 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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANNA CELIA HOWELL HILTON 1507 E LA RUA ST PENSACOLA, FL 32501	

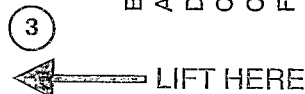
Code: Allocation Project - D.Howell

2. Article Number 7110 6605 9590 0011 9167	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Celia Hilton</i> B. Received by (Printed Name) <i>Celia Hilton</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANNA CELIA HOWELL HILTON 1507 E LA RUA ST PENSACOLA, FL 32501	

Code: Allocation Project - D.Howell



Batch #: 2183
Article #: 71106605959000119167
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9174

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Return To: ANNA MARIE LUCAS
14431 FAIR KNOLL WAY
HOUSTON, TX 77062

9/11/10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



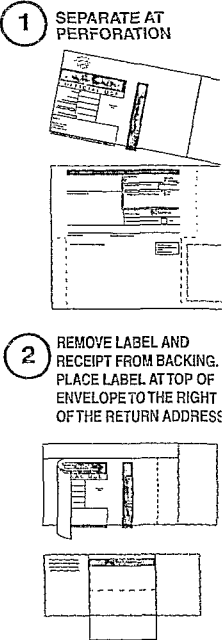
7110 6605 9590 0011 9174

ANNA MARIE LUCAS
14431 FAIR KNOLL WAY
HOUSTON, TX 77062

Batch #: 2183
Article #: 71106605959000119174
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

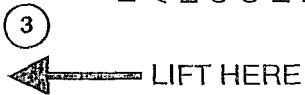
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9174	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANNA MARIE LUCAS 14431 FAIR KNOLL WAY HOUSTON, TX 77062	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9174	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANNA MARIE LUCAS 14431 FAIR KNOLL WAY HOUSTON, TX 77062	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119174
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9181

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Ant To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



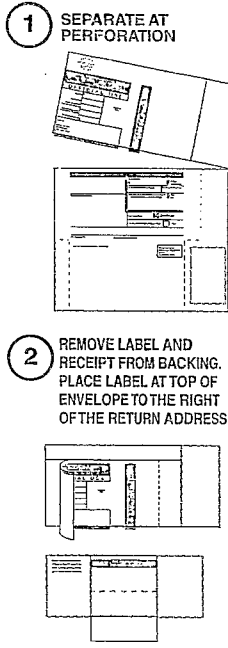
7110 6605 9590 0011 9181

ANNA REBECCA WARD DELKRUG
15402 STONEHILL DR
HOUSTON, TX 77062

Batch #: 2183
Article #: 71106605959000119181
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

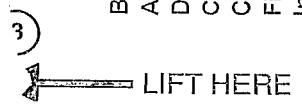
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9181	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ANNA REBECCA WARD DELKRUG 15402 STONEHILL DR HOUSTON, TX 77062	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811 Domestic Return Receipt

2. Article	3. Service Type
7110 6605 9590 0011 9181	☒ Certified
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes
ANNA REBECCA WARD DELKRUG 15402 STONEHILL DR HOUSTON, TX 77062	
Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119181
Date/Time: 8/31/2010 9:48:15 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

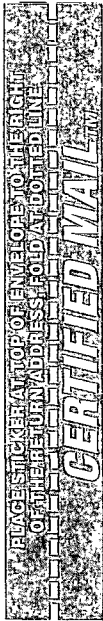




Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
ANNE MCCORD MILLER
PO BOX 840738
DALLAS, TX 75284-0738
9/11/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



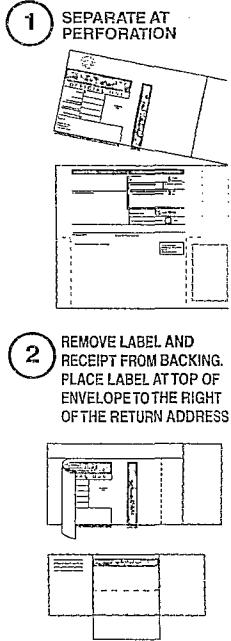
7110 6605 9590 0011 9198

ANNE MCCORD MILLER
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2183
Article #: 71106605959000119198
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

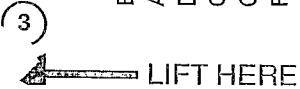
2. Article Number 7110 6605 9590 0011 9198	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANNE MCCORD MILLER PO BOX 840738 DALLAS, TX 75284-0738 Code: Allocation Project - D.Howell	



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 9198	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANNE MCCORD MILLER PO BOX 840738 DALLAS, TX 75284-0738 Code: Allocation Project - D.Howell	

PS Form 3811 Domestic Return Receipt



Batch #: 2183
Article #: 71106605959000119198
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9211



0006557587 SEP 01 2010
MAILED FROM ZIP CODE 87402

*Refer
fund*

ANTHONY BARD BOAND
25464 W CUBARD
BARBERS PT, IL 60003

BOAND

-  **Do Not Detach**
- ☐ Unable to Forward
 - ☐ Invalid Address
 - ☐ Return, Left No Address
 - ☐ Unreplied ☐ Returned
 - ☐ No Such Street ☐ No Known
 - ☐ Vacant ☐ No Reply
 - ☐ Box Closed - No Order
 - ☐ Returned For Better Address
 - ☐ Postage Due



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7110 6605 9590 0011 9211

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
Anthony Bard Board
25464 W CUBA RD
BARRINGTON, IL 60010
9/1/10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9211

ANTHONY BARD BOARD
25464 W CUBA RD
BARRINGTON, IL 60010

Batch #: 2183
Article #: 71106605959000119211
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 9211	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ANTHONY BARD BOARD 25464 W CUBA RD BARRINGTON, IL 60010 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2183
Article #: 71106605959000119211
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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(Mail Only, No Insurance Coverage Provided)
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7110 6605 9590 0011 9228

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To: APCO MINERALS LTD
221 JACKSON PL
CORPUS CHRISTI, TX 78411
Street, Apt. No.,
PO Box No.,
City, State, Zip+4
911810
PS Form 3811, August 2005 PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



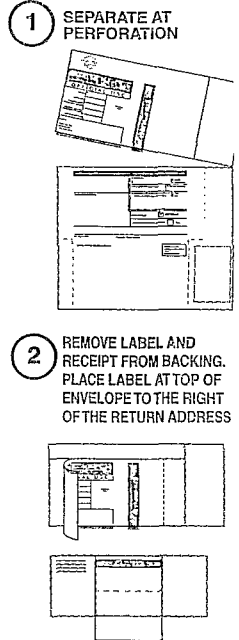
7110 6605 9590 0011 9228

APCO MINERALS LTD
221 JACKSON PL
CORPUS CHRISTI, TX 78411

Batch #: 2183
Article #: 71106605959000119228
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number 7110 6605 9590 0011 9228	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: APCO MINERALS LTD 221 JACKSON PL CORPUS CHRISTI, TX 78411 Code: Allocation Project - D.Howell	



PS Form 3811

2. Article Number 7110 6605 9590 0011 9228	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Ella Kucharski</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>E. Kucharski 8-4-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: APCO MINERALS LTD 221 JACKSON PL CORPUS CHRISTI, TX 78411 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119228
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0011 9235

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postage To
Post, Apt. No.,
PO Box No.
City, State, Zip+4

ARCH W SHAW II TRUST UAD FEB 1 1971
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

9/1/10

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



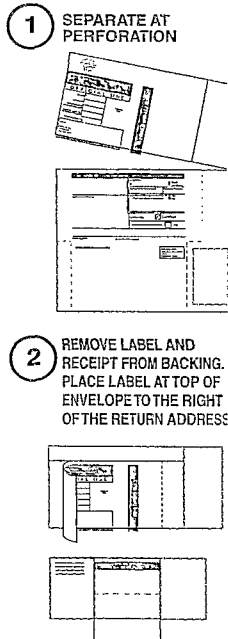
7110 6605 9590 0011 9235

ARCH W SHAW II TRUST UAD FEB 1 1971
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Batch #: 2183
Article #: 71106605959000119235
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9235	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ARCH W SHAW II TRUST UAD FEB 1 1971 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9235	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Arch W Shaw</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>4-4-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ARCH W SHAW II TRUST UAD FEB 1 1971 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119235
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0011 9242

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Post To
Archer Pearl Energy LLC
112 E PECAN ST, SUITE 500
SAN ANTONIO, TX 78205

Post Office
PO Box No.
City, State, Zip+4
91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9242

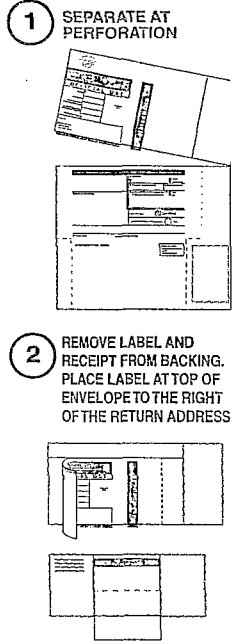
ARCHER PEARL ENERGY LLC
112 E PECAN ST, SUITE 500
SAN ANTONIO, TX 78205

Batch #: 2183
Article #: 711066059590000119242
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9242	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ARCHER PEARL ENERGY LLC 112 E PECAN ST, SUITE 500 SAN ANTONIO, TX 78205	

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0011 9242	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>B. Scheel</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>B. Scheel</i> <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ARCHER PEARL ENERGY LLC 112 E PECAN ST, SUITE 500 SAN ANTONIO, TX 78205	

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 711066059590000119242
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0013 3231

Postage	\$	\$0.44	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.54	

ARMONDO E ESPINOSA
PO BOX 371

BLANCO, NM 87412

ent To
street, Apt. No.,
r PO Box No.
ity, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3231

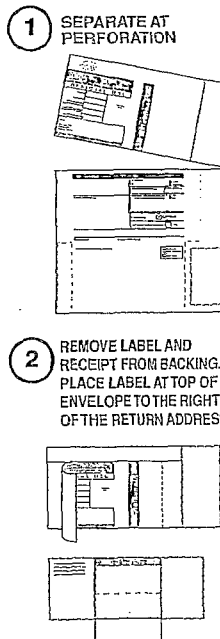
ARMONDO E ESPINOSA
PO BOX 371

BLANCO, NM 87412

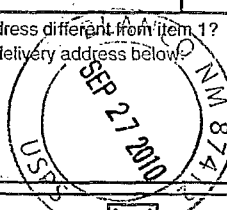
Batch #: 2272
Article #: 71106605959000133231
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3231	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ARMONDO E ESPINOSA PO BOX 371 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3231	A. Signature X <i>Armondo Espinosa</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ARMONDO E ESPINOSA PO BOX 371 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2272
Article #: 71106605959000133231
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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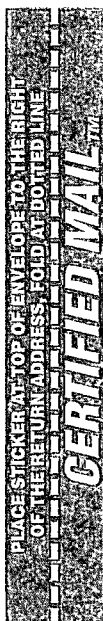
7110 6605 9590 0013 2739

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

ent To
street, Apt. No.;
PO Box No.
ity, State, Zip+4

ARNE L FILAN
40 S DIVISION ST
WALLA WALLA, WA 99362

Form 3800, August 2006 See Reverse for Instructions



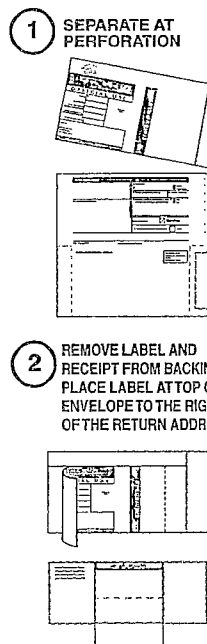
7110 6605 9590 0013 2739

ARNE L FILAN
40 S DIVISION ST
WALLA WALLA, WA 99362

Batch #: 2269
Article #: 71106605959000132739
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 (Rev. 01/07)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2739	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ARNE L FILAN 40 S DIVISION ST WALLA WALLA, WA 99362	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2739	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ARNE L FILAN 40 S DIVISION ST WALLA WALLA, WA 99362	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000132739
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9259

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

ART CUNNINGHAM
5141 N 40 ST
PHOENIX, AZ 85018

9/1/10

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



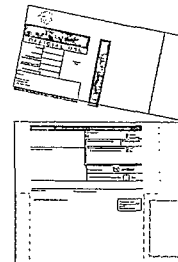
ART CUNNINGHAM
5141 N 40 ST
PHOENIX, AZ 85018

Batch #: 2183
Article #: 71106605959000119259
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

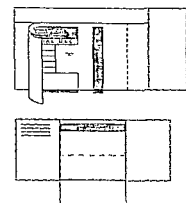
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9259	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ART CUNNINGHAM 5141 N 40 ST PHOENIX, AZ 85018	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9259	A. Signature X ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CUNN141# 850182070 1310 29 09/06/10 NOTIFY SENDER OF NEW ADDRESS CUNNINGHAM, ART PMB 819 3219 E CAMELBACK RD PHOENIX AZ 85018-2307	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	Certified ☐ Yes	

Batch #: 2183
Article #: 71106605959000119259
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE

PS Form 3811

Domestic Return Receipt



U.S. Postal Service
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(Certified Mail Only, No Insurance Coverage Provided)
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7110 6605 9590 0011 9266

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
street, Apt. No.,
PO Box No.
City, State, Zip+4

ASCENCION T WALKER
606 MESA RIDGE
SAN ANTONIO, TX 78258

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



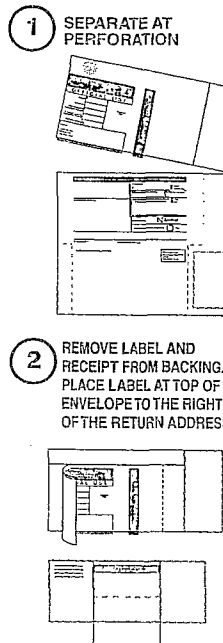
7110 6605 9590 0011 9266

ASCENCION T WALKER
606 MESA RIDGE
SAN ANTONIO, TX 78258

Batch #: 2183
Article #: 71106605959000119266
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9266	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ASCENCION T WALKER 606 MESA RIDGE SAN ANTONIO, TX 78258	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9266	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ASCENCION T WALKER 606 MESA RIDGE SAN ANTONIO, TX 78258	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119266
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9273

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

ASHBURN LIVING TRUST
7095 69TH ST.
VERO BEACH, FL 32967-4810

9/1/10
Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

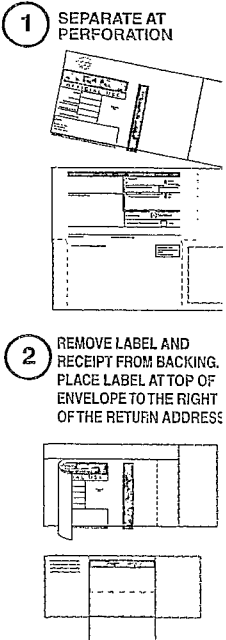


7110 6605 9590 0011 9273

ASHBURN LIVING TRUST
7095 69TH ST.
VERO BEACH, FL 32967-4810

Batch #: 2183
Article #: 71106605959000119273
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9273	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ASHBURN LIVING TRUST 7095 69TH ST. VERO BEACH, FL 32967-4810	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9273	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ASHBURN LIVING TRUST 7095 69TH ST. VERO BEACH, FL 32967-4810	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119273
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9280

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Mail To
Attko Partners Ltd
260 IH 45 S, SUITE A
HUNTSVILLE, TX 77340
9/11/10
Form 3800, August 2003, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



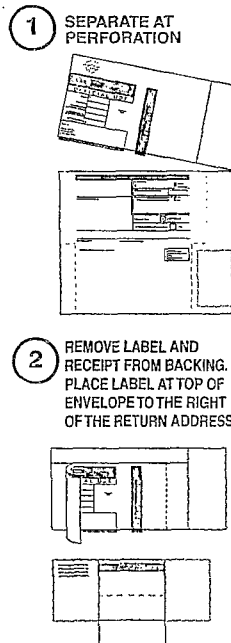
7110 6605 9590 0011 9280

ATKO PARTNERS LTD
260 IH 45 S, SUITE A
HUNTSVILLE, TX 77340

Batch #: 2183
Article #: 71106605959000119280
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0011 9280	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ATKO PARTNERS LTD 260 IH 45 S, SUITE A HUNTSVILLE, TX 77340 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9280	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>PA. Duncan</i> <i>4-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ATKO PARTNERS LTD 260 IH 45 S, SUITE A HUNTSVILLE, TX 77340 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119280
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9297

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

nt To
et, Apt. No.;
PO Box No.
y, State, Zip+4

ATLANTIC PARTNERS
P. O. BOX 3759
MIDLAND, TX 79702
9/11/10

Form 3800, August 2008, Ver. 1 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9297

ATLANTIC PARTNERS
P. O. BOX 3759
MIDLAND, TX 79702

Batch #: 2183
Article #: 71106605959000119297
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0011 9297

1. Article Addressed to:

ATLANTIC PARTNERS
P. O. BOX 3759
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

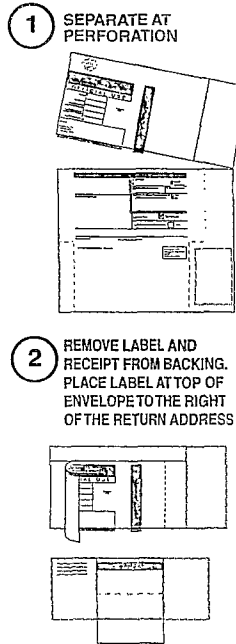
A. Signature ☒ Agent ☐ Addressee
X

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0011 9297

1. Article Addressed to:

ATLANTIC PARTNERS
P. O. BOX 3759
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *Kathryn Clark*

B. Received by (Printed Name) C. Date of Delivery
Kathryn Clark 9/7/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119297
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

