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7110 6605 9590 0011 9310

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

BALLARD E SPENCER TRUST INC
PO BOX AA
ARTESIA, NM 88211-7526

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9310

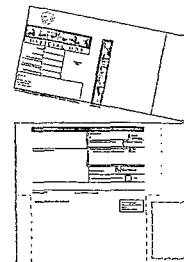
BALLARD E SPENCER TRUST INC
PO BOX AA
ARTESIA, NM 88211-7526

Batch #: 2183
Article #: 71106605959000119310
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

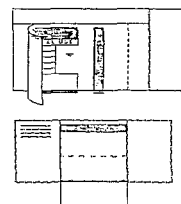
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9310	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BALLARD E SPENCER TRUST INC PO BOX AA ARTESIA, NM 88211-7526	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 9310	A. Signature X <i>Philip Lawson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Philip Lawson</i> 9-2-10
BALLARD E SPENCER TRUST INC PO BOX AA ARTESIA, NM 88211-7526	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 #: 71106605959000119310
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

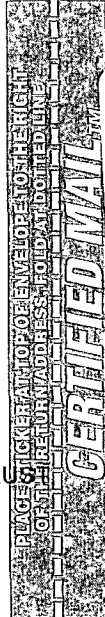


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7110 6605 9590 0011 9327

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 Office, Apt. No.,
PO Box No.,
City, State, Zip+4
BARBARA A BRYANT 2003 GRANTOR TRUST
143 POP CASTLE ROAD
WHITE STONE, VA 22578
9/1/10
Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



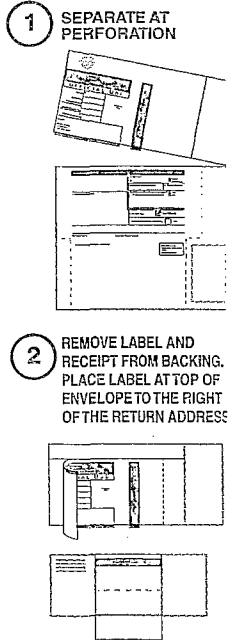
7110 6605 9590 0011 9327

BARBARA A BRYANT 2003 GRANTOR TRUST
143 POP CASTLE ROAD
WHITE STONE, VA 22578

Batch #: 2183
Article #: 71106605959000119327
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 9327	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 Code: Allocation Project - D.Howell
--	---



2. Article Number 7110 6605 9590 0011 9327	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent <i>Barbara A Bryant</i> ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 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 Code: Allocation Project - D.Howell
--	--

Batch #: 2183
Article #: 71106605959000119327
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 9341

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

BARBARA EVANS
PO BOX 582
PALACIOS, TX 77465-0582
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



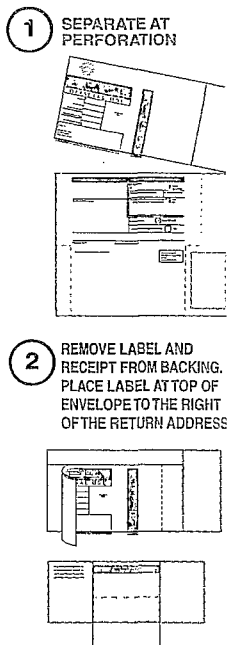
7110 6605 9590 0011 9341

BARBARA EVANS
PO BOX 582
PALACIOS, TX 77465-0582

Batch #: 2183
Article #: 71106605959000119341
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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9341	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA EVANS PO BOX 582 PALACIOS, TX 77465-0582	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 9341	A. Signature X <i>Barbara Evans</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Barbara Evans</i> <i>9-07-2010</i>
BARBARA EVANS PO BOX 582 PALACIOS, TX 77465-0582	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 #: 71106605959000119341
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 9334

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: **BARBARA ANN HAMILTON**
6602 GRIST MILL ST
SAN ANTONIO, TX 78238
9/11/10

Postage To: **BARBARA ANN HAMILTON**
6602 GRIST MILL ST
SAN ANTONIO, TX 78238

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



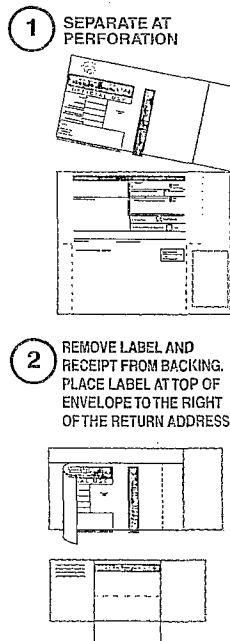
7110 6605 9590 0011 9334

BARBARA ANN HAMILTON
6602 GRIST MILL ST
SAN ANTONIO, TX 78238

Batch #: 2183
Article #: 71106605959000119334
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

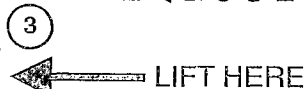
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9334	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA ANN HAMILTON 6602 GRIST MILL ST SAN ANTONIO, TX 78238	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 9334	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA ANN HAMILTON 6602 GRIST MILL ST SAN ANTONIO, TX 78238	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 #: 71106605959000119334
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 9358

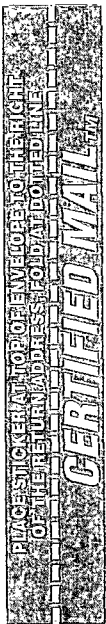
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (indorsement Required)	\$2.30	
Restricted Delivery Fee (indorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

BARBARA J CONN
135 RIVERVIEW DRIVE
DENVER, CO 81301
9/11/10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



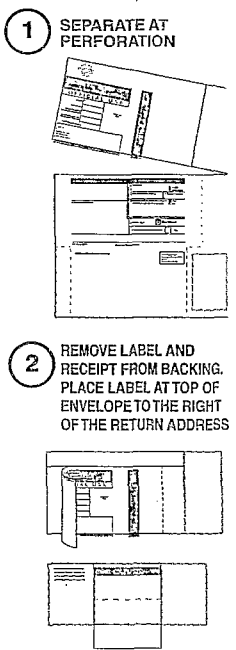
7110 6605 9590 0011 9358

BARBARA J CONN
135 RIVERVIEW DRIVE
DENVER, CO 81301

Batch #: 2183
Article #: 71106605959000119358
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

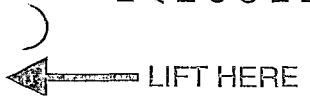
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9358	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA J CONN 135 RIVERVIEW DRIVE DENVER, CO 81301	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	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9358	A. Signature X <i>Barbara J Conn</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA J CONN 135 RIVERVIEW DRIVE DENVER, CO 81301	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 #: 71106605959000119358
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 9365

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

BARBARA JOHNSON
10240 BOYLES RD
GENTRY, AR 72734

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

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9365

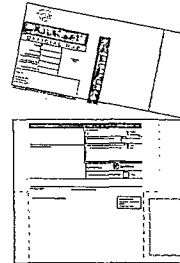
BARBARA JOHNSON
10240 BOYLES RD
GENTRY, AR 72734

Batch #: 2183
Article #: 71106605959000119365
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

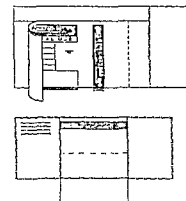
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9365	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA JOHNSON 10240 BOYLES RD GENTRY, AR 72734	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



PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9365	A. Signature X <i>Anna M. Wald</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA JOHNSON 10240 BOYLES RD GENTRY, AR 72734	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 #: 71106605959000119365
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

PS Form 3811

Domestic Return Receipt

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7110 6605 9590 0011 9389

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

BARBARA N KOONS TRUST
1514 LAS LOMAS NE
ALBUQUERQUE, NM 87106
91110

Form 3800, August 2008. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9389

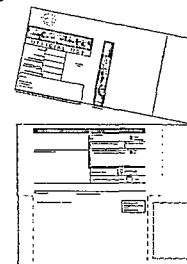
BARBARA N KOONS TRUST
1514 LAS LOMAS NE
ALBUQUERQUE, NM 87106

Batch #: 2183
Article #: 71106605959000119389
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

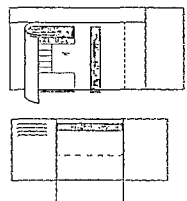
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9389	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA N KOONS TRUST 1514 LAS LOMAS NE ALBUQUERQUE, NM 87106	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 9389	A. Signature X <i>Brown</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>S. Brown</i> <i>9/2/10</i>
BARBARA N KOONS TRUST 1514 LAS LOMAS NE ALBUQUERQUE, NM 87106	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 #: 71106605959000119389
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0011 9372

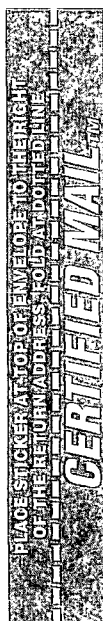
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

BARBARA LEIGH FARAH
PO BOX 420837
HOUSTON, TX 77242-0837

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9372

BARBARA LEIGH FARAH
PO BOX 420837
HOUSTON, TX 77242-0837

Batch #: 2183
Article #: 71106605959000119372
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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9372	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA LEIGH FARAH PO BOX 420837 HOUSTON, TX 77242-0837	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

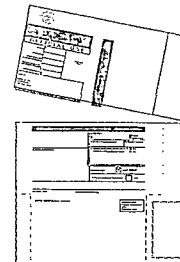
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9372	A. Signature X <i>F. Farah</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>F. FARAH</i> <i>9-8-10</i>
BARBARA LEIGH FARAH PO BOX 420837 HOUSTON, TX 77242-0837	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

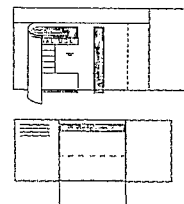
PS Form 3811

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



3

Batch #: 2183
Article #: 71106605959000119372
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0011 9419

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
BARRON U KIDD
TWO TURTLE CREEK VILLAGE
3838 OAK LAWN SUITE 725
DALLAS, TX 75219-4508
91110

Postage To
BARRON U KIDD
TWO TURTLE CREEK VILLAGE
3838 OAK LAWN SUITE 725
DALLAS, TX 75219-4508

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9419

BARRON U KIDD
TWO TURTLE CREEK VILLAGE
3838 OAK LAWN SUITE 725
DALLAS, TX 75219-4508

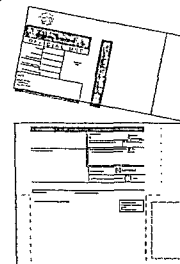
Batch #: 2183
Article #: 71106605959000119419
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01/07

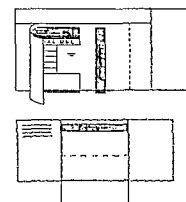
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9419	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARRON U KIDD TWO TURTLE CREEK VILLAGE 3838 OAK LAWN SUITE 725 DALLAS, TX 75219-4508	D. Is delivery address different 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 9419	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARRON U KIDD TWO TURTLE CREEK VILLAGE 3838 OAK LAWN SUITE 725 DALLAS, TX 75219-4508	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 #: 71106605959000119419
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0011 9402

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

BARD FAMILY TRUST U/A/D 7/25/49
135 S LASALLE ST STE 2320
CHICAGO, IL 60603-4108
91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

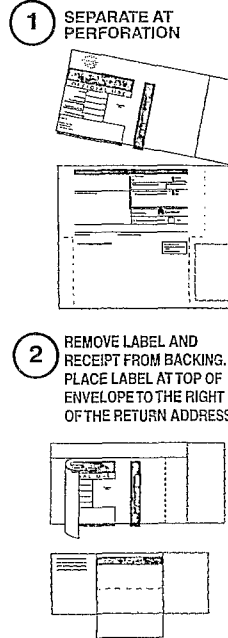


7110 6605 9590 0011 9402

BARD FAMILY TRUST U/A/D 7/25/49
135 S LASALLE ST STE 2320
CHICAGO, IL 60603-4108

Batch #: 2183
Article #: 71106605959000119402
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 9402	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARD FAMILY TRUST U/A/D 7/25/49 135 S LASALLE ST STE 2320 CHICAGO, IL 60603-4108	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 9402	A. Signature X E. FERNANDEZ ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARD FAMILY TRUST U/A/D 7/25/49 135 S LASALLE ST STE 2320 CHICAGO, IL 60603-4108	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 #: 71106605959000119402
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



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

7110 6605 9590 0013 3248

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 BB ROYALTY
C/O CHARLES W BROWN
PO BOX 587
MARLOW, OK 73055

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

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 3248

BB ROYALTY
C/O CHARLES W BROWN
PO BOX 587
MARLOW, OK 73055

Batch #: 2272
Article #: 71106605959000133248
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3248

1. Article Addressed to:

BB ROYALTY
C/O CHARLES W BROWN
PO BOX 587
MARLOW, OK 73055

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

2. Article Number

Signature: Lyman Bates
Date: 9-20-10
Received by: CARMEN EDWELL
7110 6605 9590 0013 3248

1. Article Addressed to:

BB ROYALTY
C/O CHARLES W BROWN
PO BOX 587
MARLOW, OK 73055

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

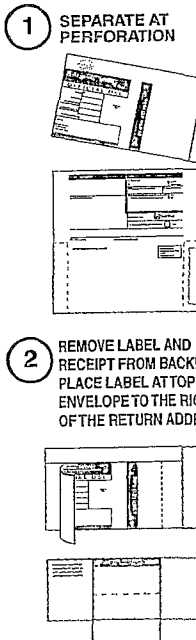
3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2272
Article #: 71106605959000133248
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:





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 9303

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

B WYNNE WOOLLEY JR TR UWOL P WOOLL
PO BOX 3847
SUNRIVER, OR 97707
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9303

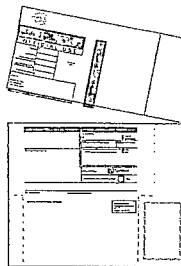
B WYNNE WOOLLEY JR TR UWOL P WOOLL
PO BOX 3847
SUNRIVER, OR 97707

Batch #: 2183
Article #: 71106605959000119303
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

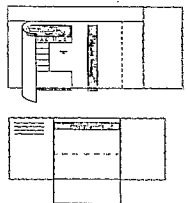
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9303	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
B WYNNE WOOLLEY JR TR UWOL P WOOLL PO BOX 3847 SUNRIVER, OR 97707	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 9303	A. Signature X <i>Mary J Woolley</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>MARY J WOOLLEY</i> <i>9/9/10</i>
B WYNNE WOOLLEY JR TR UWOL P WOOLL PO BOX 3847 SUNRIVER, OR 97707	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 #: 71106605959000119303
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9426

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

Postmark Here

Int To

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

BEATRICE G RODRIQUEZ FAMILY LLC
C/O REDW STANLEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

9-1-10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9426

BEATRICE G RODRIQUEZ FAMILY LLC
C/O REDW STANLEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

Batch #: 2183
Article #: 71106605959000119426
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 9426

1. Article Addressed to:

BEATRICE G RODRIQUEZ FAMILY LLC
C/O REDW STANLEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X

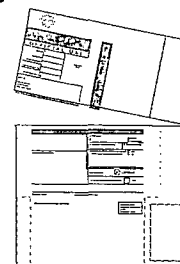
B. Received by (Printed Name) C. Date of Delivery

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

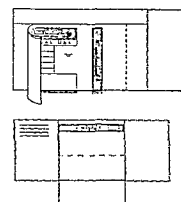
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 9426

1. Article Addressed to:

BEATRICE G RODRIQUEZ FAMILY LLC
C/O REDW STANLEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X *Chela Del Aguero*

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

Chela Del Aguero 9-2-10

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 #: 71106605959000119426
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0011 9433

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 BEERS FAMILY TR DTD AUGUST 21 2008

reet, Apt. No.;
PO Box No.
ty, State, Zip+4
20579 MISSIONARY RIDGE
WALNUT, CA 91789-3529

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

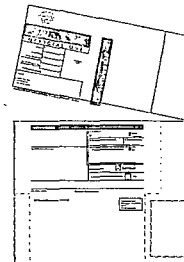


7110 6605 9590 0011 9433

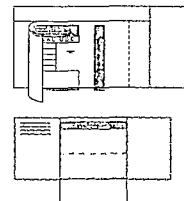
BEERS FAMILY TR DTD AUGUST 21 2008
20579 MISSIONARY RIDGE
WALNUT, CA 91789-3529Batch #: 2183
Article #: 71106605959000119433
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9433	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BEERS FAMILY TR DTD AUGUST 21 2008 20579 MISSIONARY RIDGE WALNUT, CA 91789-3529	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 9433	A. Signature X <i>D. Howells</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>IN Beers</i>	C. Date of Delivery <i>9-3-10</i>
BEERS FAMILY TR DTD AUGUST 21 2008 20579 MISSIONARY RIDGE WALNUT, CA 91789-3529	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 #: 71106605959000119433
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9457

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

BEN R HOWARD
11490 AUDELIA RD APT 215
DALLAS, TX 75243-9014

9-1-10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9457

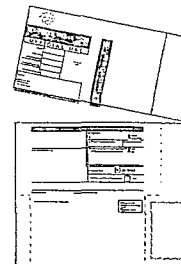
BEN R HOWARD
11490 AUDELIA RD APT 215
DALLAS, TX 75243-9014

Batch #: 2183
Article #: 71106605959000119457
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

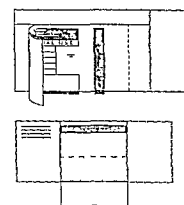
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9457	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEN R HOWARD 11490 AUDELIA RD APT 215 DALLAS, TX 75243-9014	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 9457	A. Signature X <i>Nazario Aborta</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEN R HOWARD 11490 AUDELIA RD APT 215 DALLAS, TX 75243-9014	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 #: 71106605959000119457
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811

Domestic Return Receipt

3

LIFT HERE



7110 6605 9590 0011 9440

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+4BEN HOWELL LANGFORD
C/O EDI FINANCIAL INC
814 E WYOMING AVE
EL PASO, TX 79902
9-1-10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9440

BEN HOWELL LANGFORD
C/O EDI FINANCIAL INC
814 E WYOMING AVE
EL PASO, TX 79902Batch #: 2183
Article #: 71106605959000119440
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 9440

1. Article Addressed to:

BEN HOWELL LANGFORD
C/O EDI FINANCIAL INC
814 E WYOMING AVE
EL PASO, TX 79902

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

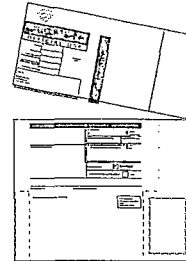
3. Service Type

☒ Certified

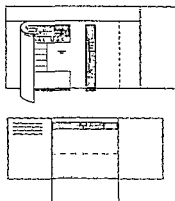
4. Restricted Delivery? (Extra Fee)

☐ 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 9440

1. Article Addressed to:

BEN HOWELL LANGFORD
C/O EDI FINANCIAL INC
814 E WYOMING AVE
EL PASO, TX 79902

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gloria Scott

☐ Agent
☐ Addressee

B. Received by (Printed Name)

GLORIA SCOTT

C. Date of Delivery

9-03-10

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)

☐ YesBatch #: 2183
Article #: 71106605959000119440
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0011 9464

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

BEN R HOWELL TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084
9-1-10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9464

BEN R HOWELL TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

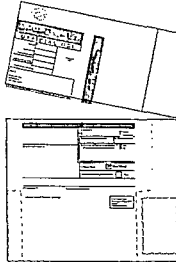
Batch #: 2183
Article #: 71106605959000119464
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

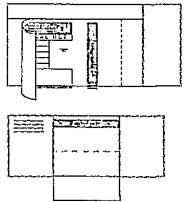
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9464	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEN R HOWELL TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES 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 9464	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEN R HOWELL TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	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



3

LIFT HERE

Batch #: 2183
Article #: 71106605959000119464
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9471

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
Benjamin J & Susan Brack
3004 Marion Street
Fort Collins, CO 80521-1214
9471

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9471

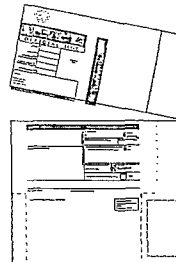
BENJAMIN J & SUSAN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521-1214

Batch #: 2183
Article #: 71106605959000119471
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

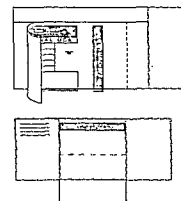
Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9471	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENJAMIN J & SUSAN BRACK 3004 MARION STREET FORT COLLINS, CO 80521-1214	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 9471	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENJAMIN J & SUSAN BRACK 3004 MARION STREET FORT COLLINS, CO 80521-1214	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 #: 71106605959000119471
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0011 9488

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: BENJAMIN JAMES GARDNER TR NOV 28 20
Postage, Apt. No.: PO BOX 3108
Postage, PO Box No.: LAS CRUCES, NM 88003
Postage, City, State, Zip+4: 9-1-10

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



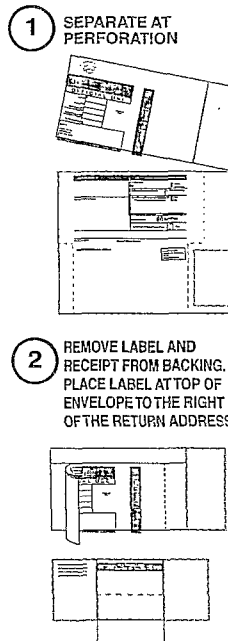
7110 6605 9590 0011 9488

BENJAMIN JAMES GARDNER TR NOV 28 20
PO BOX 3108
LAS CRUCES, NM 88003

Batch #: 2183
Article #: 71106605959000119488
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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9488	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENJAMIN JAMES GARDNER TR NOV 28 20 PO BOX 3108 LAS CRUCES, NM 88003	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 9488	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENJAMIN JAMES GARDNER TR NOV 28 20 PO BOX 3108 LAS CRUCES, NM 88003	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 #: 71106605959000119488
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
(No Insurance Coverage Provided)
For more information, visit our website at www.usps.com

7110 6605 9590 0011 9495

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

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

BENJAMIN JOHN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521
9-1-10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9495

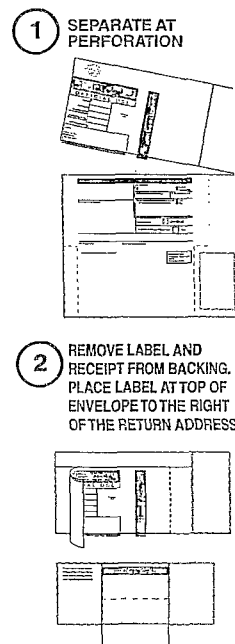
BENJAMIN JOHN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521

Batch #: 2183
Article #: 71106605959000119495
Date/Time: 8/31/2010 9:48:17 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 9495	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENJAMIN JOHN BRACK 3004 MARION STREET FORT COLLINS, CO 80521	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9495	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENJAMIN JOHN BRACK 3004 MARION STREET FORT COLLINS, CO 80521	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 #: 71106605959000119495
Date/Time: 8/31/2010 9:48:17 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0011 9501

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: BENNETT FAMILY TRUST

Richard & Lela Bennett Trustees
227 Bellevue Way NE #198
Bellevue, WA 98004

City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9501

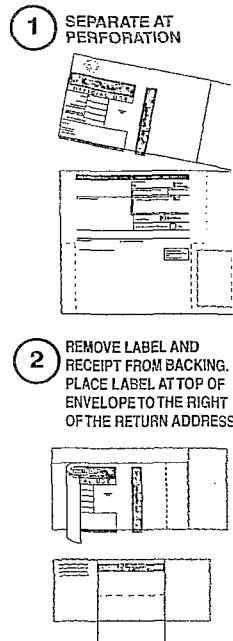
BENNETT FAMILY TRUST
RICHARD & LELA BENNETT TRUSTEES
227 BELLEVUE WAY NE #198
BELLEVUE, WA 98004

Batch #: 2183
Article #: 71106605959000119501
Date/Time: 8/31/2010 9:48:17 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 9501	A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BENNETT FAMILY TRUST RICHARD & LELA BENNETT TRUSTEES 227 BELLEVUE WAY NE #198 BELLEVUE, 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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9501	A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BENNETT FAMILY TRUST RICHARD & LELA BENNETT TRUSTEES 227 BELLEVUE WAY NE #198 BELLEVUE, 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

Batch #: 2183
Article #: 71106605959000119501
Date/Time: 8/31/2010 9:48:17 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



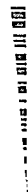
U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Restricted Mail Only; No Insurance Coverage Provided)
Delivery Information visit our website at www.usps.com
7110 6605 9590 0011 9518

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
9110
Form 3800, August 2006 (See Reverse for Instructions)

BERIN EARL RILEY
1712 W MAIN, APT 6
HOUSTON, TX 77098

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9518

BERIN EARL RILEY
1712 W MAIN, APT 6
HOUSTON, TX 77098

Batch #: 2187
Article #: 71106605959000119518
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0011 9518	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:

BERIN EARL RILEY
1712 W MAIN, APT 6
HOUSTON, TX 77098

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

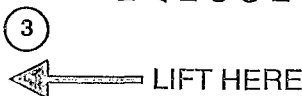
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2187
Article #: 71106605959000119518
Date/Time: 8/31/2010 10:07:11 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 9525

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
eeet, Apt. No.;
PO Box No.
y, State, Zip+4

BESSIE L WHELAN TR
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9525

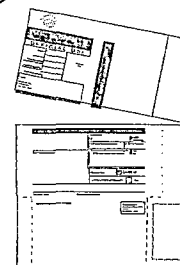
BESSIE L WHELAN TR
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2187
Article #: 71106605959000119525
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

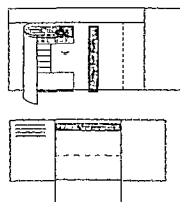
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9525	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
1. Article Addressed to: BESSIE L WHELAN TR C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



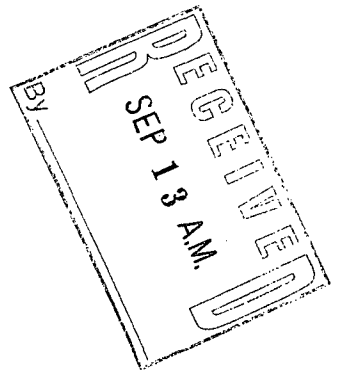
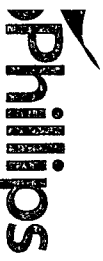
2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0011 9525	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Mason Brink</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: BESSIE L WHELAN TR C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480 Code: Allocation Project - D.Howell	

Batch #: 2187
Article #: 71106605959000119525
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



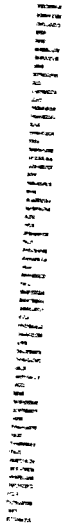
BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104

ANK

NIXIE

2238 1 15 09/08/10

RETURN TO SENDER
ATTEMPTED- NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



0006557587 SEP 01 2010
MAILED FROM ZIP CODE 87402





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(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0011 9532

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
BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104
91110
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9532

BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104

Batch #: 2187
Article #: 71106605959000119532
Date/Time: 8/31/2010 10:07:11 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 9532	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: BETH DADDIO 410 20TH STREET SIOUX CITY, IA 51104 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

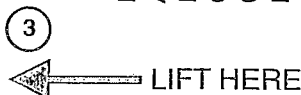
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2187
Article #: 71106605959000119532
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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CERTIFIED MAIL RECEIPT
(No Mail Only, No Insurance Coverage Provided)
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7110 6605 9590 0011 9549

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
BETSY H BRYANT
2201 BROOKHOLLOW DR
ABILENE, TX 79605-5507

Post Office No.
City, State, Zip+4

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9549

BETSY H BRYANT
2201 BROOKHOLLOW DR
ABILENE, TX 79605-5507

Batch #: 2187
Article #: 71106605959000119549
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-2 rev. 01/07

2. Article Number

7110 6605 9590 0011 9549

1. Article Addressed to:

BETSY H BRYANT
2201 BROOKHOLLOW DR
ABILENE, TX 79605-5507

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

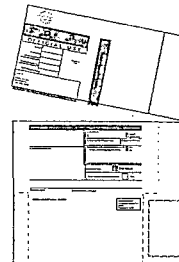
B. Received by (Printed Name) C. Date of Delivery

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

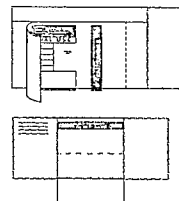
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7110 6605 9590 0011 9549

1. Article Addressed to:

BETSY H BRYANT
2201 BROOKHOLLOW DR
ABILENE, TX 79605-5507

Code: Allocation Project - D.Howell

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

Batch #: 2187
Article #: 71106605959000119549
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

PS Form 3811

Domestic Return Receipt

LIFT HERE



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 9556

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
Betty Adkins
PO Box 218
Midland, TX 79702
91110
Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



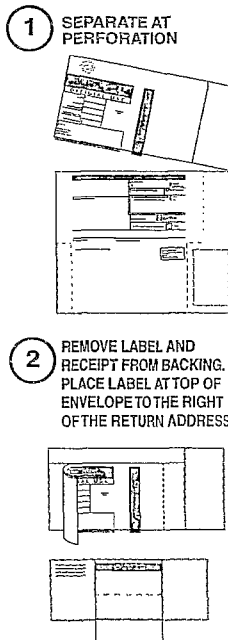
7110 6605 9590 0011 9556

BETTY ADKINS
PO BOX 218
MIDLAND, TX 79702

Batch #: 2187
Article #: 71106605959000119556
Date/Time: 8/31/2010 10:07:11 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 9556	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: BETTY ADKINS PO BOX 218 MIDLAND, TX 79702	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9556	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Tammy B</i> B. Received by (Printed Name) <i>Tammy Beard</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 <i>P.O. Box</i> 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BETTY ADKINS PO BOX 218 MIDLAND, TX 79702	
Code: Allocation Project - D.Howell	

Batch #: 2187
Article #: 71106605959000119556
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 2746

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

BETTY LANIER FANKHAUSER
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

Form 3800, August 2006 See Reverse for Instructions



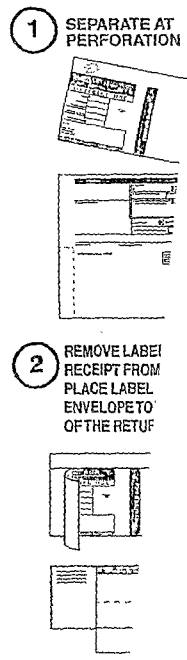
7110 6605 9590 0013 2746

BETTY LANIER FANKHAUSER
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

Batch #: 2269
Article #: 71106605959000132746
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0013 2746	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: BETTY LANIER FANKHAUSER LANIER FAM MNRL CTRL AG MA076 PO BOX 1600 SAN ANTONIO, TX 78296	



2. Article Number 7110 6605 9590 0013 2746	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery M. MARTINEZ SEP 21 2010 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: BETTY LANIER FANKHAUSER LANIER FAM MNRL CTRL AG MA076 PO BOX 1600 SAN ANTONIO, TX 78296	

Batch #: 2269
Article #: 71106605959000132746
Date/Time: 9/14/2010 2:59:26 PM
Code:





U.S. Postal Service
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7110 6605 9590 0011 9563

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
reet, Apt. No.;
PO Box No.
y, State, Zip+4

BETTY L LONG LVG TRUST UAD SEPT 5 2
1419 SUMMIT VIEW LN
CEDAR RAPIDS, IA 52403

9-110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



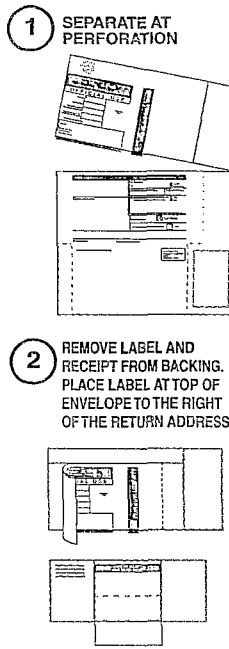
7110 6605 9590 0011 9563

BETTY L LONG LVG TRUST UAD SEPT 5 2
1419 SUMMIT VIEW LN
CEDAR RAPIDS, IA 52403

Batch #: 2187
Article #: 71106605959000119563
Date/Time: 8/31/2010 10:07:11 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 9563	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BETTY L LONG LVG TRUST UAD SEPT 5 2 1419 SUMMIT VIEW LN CEDAR RAPIDS, IA 52403	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 9563	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BETTY L LONG LVG TRUST UAD SEPT 5 2 1419 SUMMIT VIEW LN CEDAR RAPIDS, IA 52403	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 #: 2187
Article #: 71106605959000119563
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

 **Conocophips**



7110 6605 9590 0011 9570

BETTY R DAVIS
PO BOX 871
MIDLAND, TX 79702

UNITED STATES POSTAGE



02 1R
0006557587
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7110 6605 9590 0011 9587

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

BETTY S PETTUS LIFE ESTATE
PO BOX 419
BLANCO, NM 87412-0419

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



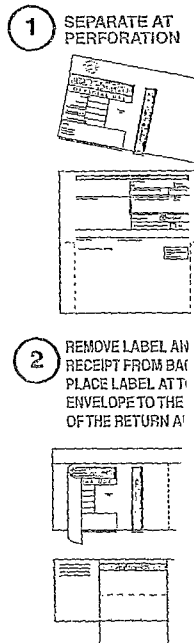
7110 6605 9590 0011 9587

BETTY S PETTUS LIFE ESTATE
PO BOX 419
BLANCO, NM 87412-0419

Batch #: 2187
Article #: 71106605959000119587
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

Reorder Form LCD : rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9587	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BETTY S PETTUS LIFE ESTATE PO BOX 419 BLANCO, NM 87412-0419	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 9587	A. Signature X <i>Betty Pettus</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BETTY S PETTUS LIFE ESTATE PO BOX 419 BLANCO, NM 87412-0419	<i>Betty Pettus</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	SEP 29 2010
	87412
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2187
Article #: 71106605959000119587
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:



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7110 6605 9590 0011 9594

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: **BETTY T JOHNSTON MARITAL TRUST**
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9594

BETTY T JOHNSTON MARITAL TRUST
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

Batch #: 2187
Article #: 71106605959000119594
Date/Time: 8/31/2010 10:07:11 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 9594

1. Article Addressed to:

BETTY T JOHNSTON MARITAL TRUST
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

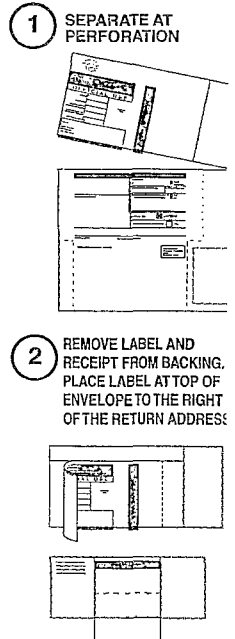
A. Signature ☒ Agent ☐ Addressee
X

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 9594

1. Article Addressed to:

BETTY T JOHNSTON MARITAL TRUST
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X Julia Styler

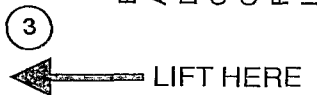
B. Received by (Printed Name) C. Date of Delivery
Julia Styler

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 #: 2187
Article #: 71106605959000119594
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9600

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
Betty West Stedman
PO BOX 1349
HOUSTON, TX 77251-1349

91110

Form 3811- August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9600

BETTY WEST STEDMAN
PO BOX 1349
HOUSTON, TX 77251-1349

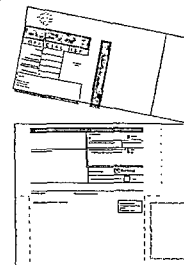
Batch #: 2187
Article #: 71106605959000119600
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

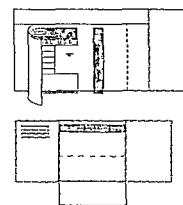
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9600	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BETTY WEST STEDMAN PO BOX 1349 HOUSTON, TX 77251-1349	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 9600	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BETTY WEST STEDMAN PO BOX 1349 HOUSTON, TX 77251-1349	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 #: 2187
Article #: 71106605959000119600
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE



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7110 6605 9590 0013 3255

Postage	\$		Postmark Here
	\$0.44		
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 **BEVERLY A CORBETT BAKER**
13901 E SARATOGA PL
AURORA, CO 80015

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

Form 3800, August 2006 See Reverse for Instructions



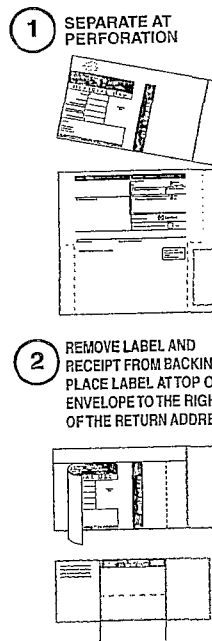
7110 6605 9590 0013 3255

BEVERLY A CORBETT BAKER
13901 E SARATOGA PL
AURORA, CO 80015

Batch #: 2272
Article #: 71106605959000133255
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 3255	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEVERLY A CORBETT BAKER 13901 E SARATOGA PL AURORA, CO 80015	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 3255	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEVERLY A CORBETT BAKER 13901 E SARATOGA PL AURORA, CO 80015	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 #: 71106605959000133255
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0013 2753

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.;
r PO Box No.
ity, State, Zip+4

BEVERLY KISER
145 N ALMONT DR APT 102
WEST HOLLYWOOD, CA 90048-2920

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2753

BEVERLY KISER
145 N ALMONT DR APT 102
WEST HOLLYWOOD, CA 90048-2920

Batch #: 2269
Article #: 71106605959000132753
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 2753	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEVERLY KISER 145 N ALMONT DR APT 102 WEST HOLLYWOOD, CA 90048-2920	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

UNITED STATES POSTAL SERVICE



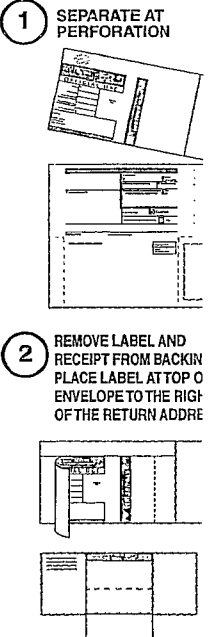
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2269
Article #: 71106605959000132753
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE





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7110 6605 9590 0011 9617

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: BHCH MINERAL LTD
P O BOX 1817
SAN ANTONIO, TX 78296-1817

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

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



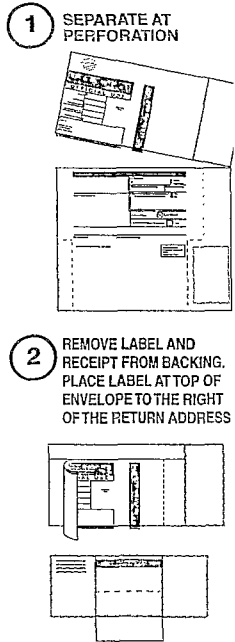
7110 6605 9590 0011 9617

BHCH MINERAL LTD
P O BOX 1817
SAN ANTONIO, TX 78296-1817

Batch #: 2187
Article #: 71106605959000119617
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-2 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9617	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BHCH MINERAL LTD P O BOX 1817 SAN ANTONIO, TX 78296-1817	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 9617	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BHCH MINERAL LTD P O BOX 1817 SAN ANTONIO, TX 78296-1817	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 #: 2187
Article #: 71106605959000119617
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9624

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

BIG LAKE FISHING LLC
17430 CAMPBELL RD, STE 111
DALLAS, TX 75252-5297

91110

Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9624

BIG LAKE FISHING LLC
17430 CAMPBELL RD, STE 111
DALLAS, TX 75252-5297

Batch #: 2187
Article #: 71106605959000119624
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9624	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BIG LAKE FISHING LLC 17430 CAMPBELL RD, STE 111 DALLAS, TX 75252-5297	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

UNITED STATES POSTAL SERVICE



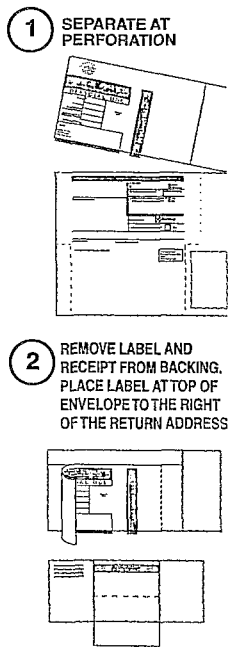
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2187
Article #: 71106605959000119624
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0011 9631

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
BIG SNOWY EXPLORATION LIMITED
1050 17TH STREET SUITE 1800
DENVER, CO 80265

9-1-10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



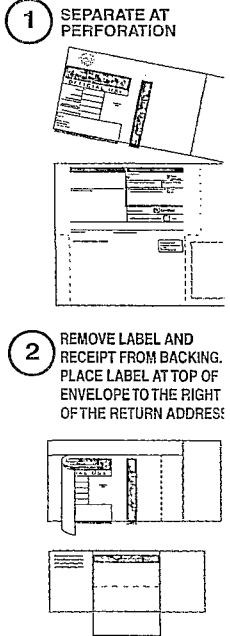
7110 6605 9590 0011 9631

BIG SNOWY EXPLORATION LIMITED
1050 17TH STREET SUITE 1800
DENVER, CO 80265

Batch #: 2187
Article #: 71106605959000119631
Date/Time: 8/31/2010 10:07:11 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 9631	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: BIG SNOWY EXPLORATION LIMITED 1050 17TH STREET SUITE 1800 DENVER, CO 80265	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9631	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>TOD</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Ken Orey</i> C. Date of Delivery SEP 03 2010 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: BIG SNOWY EXPLORATION LIMITED 1050 17TH STREET SUITE 1800 DENVER, CO 80265	
Code: Allocation Project - D.Howell	

Batch #: 2187
Article #: 71106605959000119631
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9648

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

BILL LANE & JANICE LANE
PO BOX 32
AMERY, WI 54001

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9648

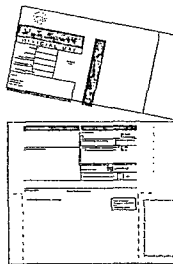
BILL LANE & JANICE LANE
PO BOX 32
AMERY, WI 54001

Batch #: 2187
Article #: 71106605959000119648
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

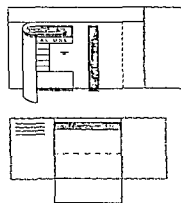
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9648	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BILL LANE & JANICE LANE PO BOX 32 AMERY, WI 54001	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 9648	A. Signature X <i>Janice M. Lane</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BILL LANE & JANICE LANE PO BOX 32 AMERY, WI 54001	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 #: 2187
Article #: 71106605959000119648
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0011 9662

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
BLACK DAHLIA LLC
C/O PETER R CLUTE
4300 S DAHLIA ST
CHERRY HILLS VILLAGE, CO 80113-6101

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9662

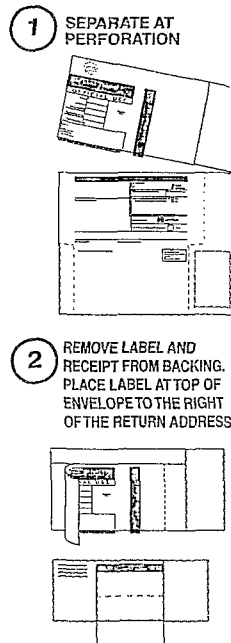
BLACK DAHLIA LLC
C/O PETER R CLUTE
4300 S DAHLIA ST
CHERRY HILLS VILLAGE, CO 80113-6101

Batch #: 2187
Article #: 71106605959000119662
Date/Time: 8/31/2010 10:07:11 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 9662	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BLACK DAHLIA LLC C/O PETER R CLUTE 4300 S DAHLIA ST CHERRY HILLS VILLAGE, CO 80113-6101	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9662	A. Signature X <i>W. Richardson</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BLACK DAHLIA LLC C/O PETER R CLUTE 4300 S DAHLIA ST CHERRY HILLS VILLAGE, CO 80113-6101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9-3-10
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119662
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9679

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

BLACK RIVER ROYALTIES LLC
621 17TH ST, SUITE 945
DENVER, CO 80293

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



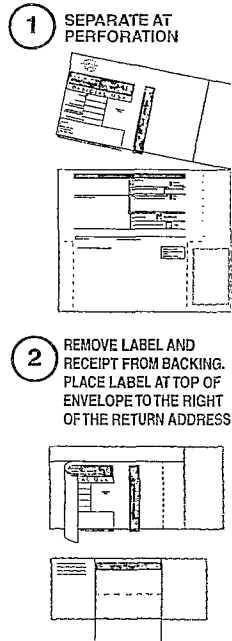
7110 6605 9590 0011 9679

BLACK RIVER ROYALTIES LLC
621 17TH ST, SUITE 945
DENVER, CO 80293

Batch #: 2187
Article #: 71106605959000119679
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

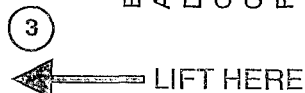
Reorder Form LCD-7 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9679	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BLACK RIVER ROYALTIES LLC 621 17TH ST, SUITE 945 DENVER, CO 80293	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 9679	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BLACK RIVER ROYALTIES LLC 621 17TH ST, SUITE 945 DENVER, CO 80293	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 #: 2187
Article #: 71106605959000119679
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9655

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
Billie W Schaumberg Rev Lvg Tr
1272 Canyon Rd
Santa Fe, NM 87501-6189

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9655

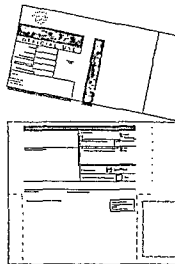
BILLIE W SCHAUMBERG REV LVG TR
1272 CANYON RD
SANTA FE, NM 87501-6189

Batch #: 2187
Article #: 71106605959000119655
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

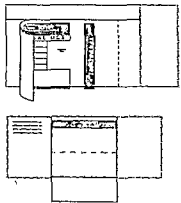
2. Article Number 7110 6605 9590 0011 9655	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: BILLIE W SCHAUMBERG REV LVG TR 1272 CANYON RD SANTA FE, NM 87501-6189	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



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 9655	COMPLETE THIS SECTION ON DELIVERY A. Signature X Billie W Schaumberg 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: BILLIE W SCHAUMBERG REV LVG TR 1272 CANYON RD SANTA FE, NM 87501-6189	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119655
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE

PS Form 3811

Domestic Return Receipt



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7110 6605 9590 0011 9686

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

Postmark
Here

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



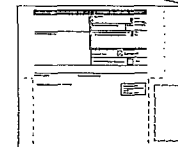
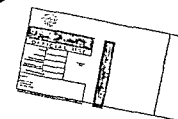
7110 6605 9590 0011 9686

BLANCETT LAND & CATTLE LLC
271 RD 3000
AZTEC, NM 87410

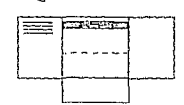
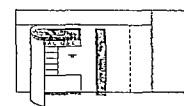
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Article #: 71106605959000119686
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9686	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BLANCETT LAND & CATTLE LLC 271 RD 3000 AZTEC, NM 87410	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 9686	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BLANCETT LAND & CATTLE LLC 271 RD 3000 AZTEC, NM 87410	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 #: 2187
Article #: 71106605959000119686
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0011 9693

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
BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

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 9693

BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

Batch #: 2187
Article #: 71106605959000119693
Date/Time: 8/31/2010 10:07:11 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 9693

1. Article Addressed to:

BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

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

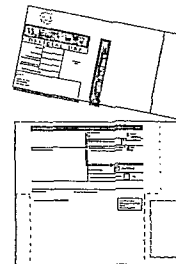
3. Service Type

☒ **Certified**

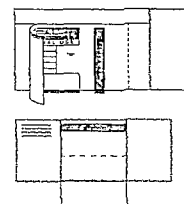
4. Restricted Delivery? (Extra Fee)

☐ 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 9693

1. Article Addressed to:

BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Bobby Smith

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Bobby Smith

C. Date of Delivery

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 #: 2187
Article #: 71106605959000119693
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 3262

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

Postmark
Here

ent To

BOBBYE JO IRBY SUPPLEMENTAL NEEDS
213 SUMMIT DR

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

WIMBERLY, TX 78676

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3262

BOBBYE JO IRBY SUPPLEMENTAL NEEDS T
213 SUMMIT DR

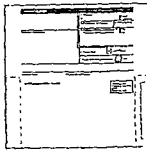
WIMBERLY, TX 78676

Batch #: 2272
Article #: 71106605959000133262
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

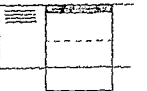
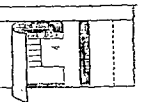
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3262	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BOBBYE JO IRBY SUPPLEMENTAL NEEDS T 213 SUMMIT DR WIMBERLY, TX 78676	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 BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3262	A. Signature X <i>Wanda</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BOBBYE JO IRBY SUPPLEMENTAL NEEDS T 213 SUMMIT DR WIMBERLY, TX 78676	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 #: 71106605959000133262
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:



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7110 6605 9590 0011 9709

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
BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012
91110
Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



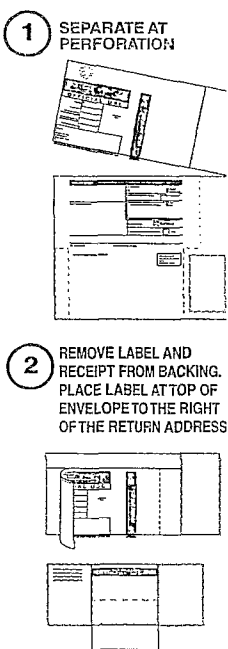
7110 6605 9590 0011 9709

BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

Batch #: 2187
Article #: 71106605959000119709
Date/Time: 8/31/2010 10:07:11 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 9709	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
1. Article Addressed to: BOFB LTD 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012 Code: Allocation Project - D.Howell	



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 9709	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
1. Article Addressed to: BOFB LTD 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012 Code: Allocation Project - D.Howell	

Batch #: 2187
Article #: 71106605959000119709
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9716

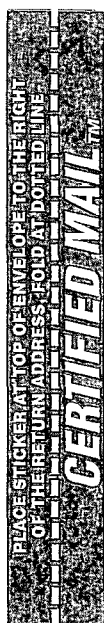
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

BOLDRICK FAMILY PROPERTIES LP
C/O BOLDRICK MGMNT CO LLC
PO BOX 10648
MIDLAND, TX 79702

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9716

BOLDRICK FAMILY PROPERTIES LP
C/O BOLDRICK MGMNT CO LLC
PO BOX 10648
MIDLAND, TX 79702

Batch #: 2187
Article #: 71106605959000119716
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

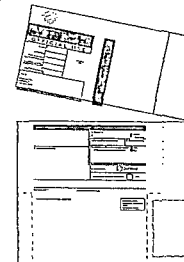
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9716	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BOLDRICK FAMILY PROPERTIES LP C/O BOLDRICK MGMNT CO LLC PO BOX 10648 MIDLAND, TX 79702	D. Is delivery address different 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

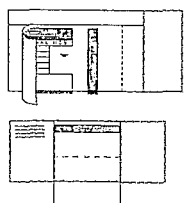
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9716	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BOLDRICK FAMILY PROPERTIES LP C/O BOLDRICK MGMNT CO LLC PO BOX 10648 MIDLAND, TX 79702	D. Is delivery address different 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



3

Batch #: 2187
Article #: 71106605959000119716
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9723

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

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

BONANZA CREEK MINERALS LLC
2321 CANDELARIA NW
ALBUQUERQUE, NM 87107

91110

Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9723

BONANZA CREEK MINERALS LLC
2321 CANDELARIA NW
ALBUQUERQUE, NM 87107

Batch #: 2187
Article #: 71106605959000119723
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

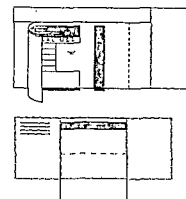
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9723	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BONANZA CREEK MINERALS LLC 2321 CANDELARIA NW ALBUQUERQUE, NM 87107	D. Is delivery address different from item 1? ☐ 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

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 9723	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BONANZA CREEK MINERALS LLC 2321 CANDELARIA NW ALBUQUERQUE, NM 87107	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

LIFT HERE

Batch #: 2187
Article #: 71106605959000119723
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3279

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 **BONE SPRINGS LLC**
4024 NAZARENE DR
CARROLLTON, TX 75010

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

Form 3800, August 2006 See Reverse for Instructions



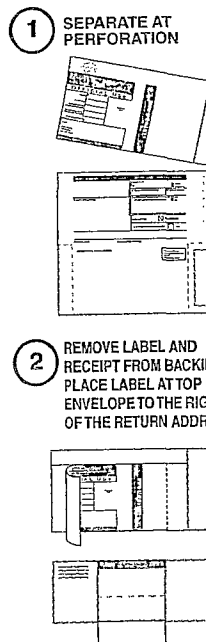
7110 6605 9590 0013 3279

BONE SPRINGS LLC
4024 NAZARENE DR
CARROLLTON, TX 75010

Batch #: 2272
Article #: 71106605959000133279
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3279	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BONE SPRINGS LLC 4024 NAZARENE DR CARROLLTON, TX 75010	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 3279	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BONE SPRINGS LLC 4024 NAZARENE DR CARROLLTON, TX 75010	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 #: 71106605959000133279
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0011 9730

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

BOURQUIN FAMILY TRUST
13645 PASEO DEL ROBLE CT
LOS ALTOS HILLS, CA 94022

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9730

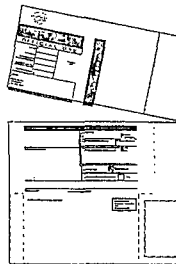
BOURQUIN FAMILY TRUST
13645 PASEO DEL ROBLE CT
LOS ALTOS HILLS, CA 94022

Batch #: 2187
Article #: 71106605959000119730
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

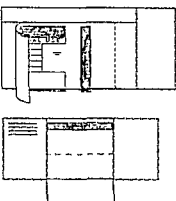
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9730	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BOURQUIN FAMILY TRUST 13645 PASEO DEL ROBLE CT LOS ALTOS HILLS, CA 94022	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 9730	A. Signature X <i>Kent R. Bourquin</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Kent R. Bourquin</i> <i>8-31</i>
BOURQUIN FAMILY TRUST 13645 PASEO DEL ROBLE CT LOS ALTOS HILLS, CA 94022	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 #: 2187
Article #: 71106605959000119730
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9747

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

BP AMERICA PRODUCTION COMPANY
ATTN: CRAIG CARLEY
501 WESTLAKE PARK BLVD
HOUSTON, TX 77079-2699

911110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9747

BP AMERICA PRODUCTION COMPANY
ATTN: CRAIG CARLEY
501 WESTLAKE PARK BLVD
HOUSTON, TX 77079-2699

Batch #: 2187
Article #: 71106605959000119747
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

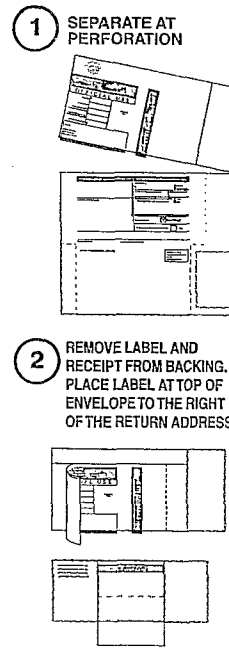
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9747		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
BP AMERICA PRODUCTION COMPANY ATTN: CRAIG CARLEY 501 WESTLAKE PARK BLVD HOUSTON, TX 77079-2699		D. Is delivery 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

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 #: 2187
Article #: 71106605959000119747
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9754

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
BRADFORD TUCKER
301 SAGE RD #3
HOUSTON, TX 77056-1421

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9754

BRADFORD TUCKER
301 SAGE RD #3
HOUSTON, TX 77056-1421

Batch #: 2187
Article #: 71106605959000119754
Date/Time: 8/31/2010 10:07:11 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 9754		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: BRADFORD TUCKER 301 SAGE RD #3 HOUSTON, TX 77056-1421		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

UNITED STATES POSTAL SERVICE



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

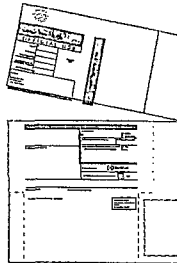
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2187
Article #: 71106605959000119754
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

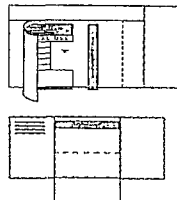
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← LIFT HERE

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 9761

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

BRIAN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

911110

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9761

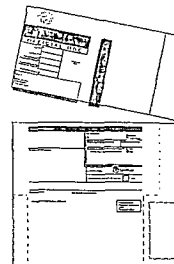
BRIAN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Batch #: 2187
Article #: 711066059590000119761
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

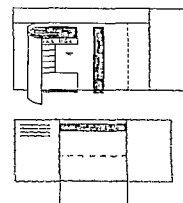
Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9761	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRIAN DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706	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 9761	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRIAN DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706	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 #: 2187
Article #: 711066059590000119761
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9778

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
BRIAN DOWNING GIBSON
60 B ARROYO HONDO TRL
SANTA FE, NM 87508
911110
Form 3800, August 2, 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9778

BRIAN DOWNING GIBSON
60 B ARROYO HONDO TRL
SANTA FE, NM 87508

Batch #: 2187
Article #: 71106605959000119778
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0011 9778

1. Article Addressed to:

BRIAN DOWNING GIBSON
60 B ARROYO HONDO TRL
SANTA FE, NM 87508

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

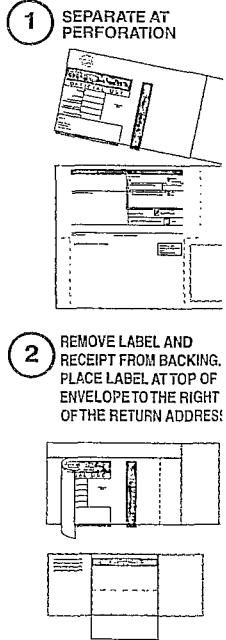
A. Signature ☒ Agent ☒ Addressee
X

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 9778

1. Article Addressed to:

BRIAN DOWNING GIBSON
60 B ARROYO HONDO TRL
SANTA FE, NM 87508

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Brian A. Gibson

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 #: 2187
Article #: 71106605959000119778
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9785

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

BRIANNA CROWLEY
10762 E EXPOSITION AVE, APT. 137
AURORA, CO 80012

9/1/10

Form 3800, August 2008 Rev. 10-07 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9785

BRIANNA CROWLEY
10762 E EXPOSITION AVE, APT. 137
AURORA, CO 80012

Batch #: 2187
Article #: 71106605959000119785
Date/Time: 8/31/2010 10:07:12 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 9785	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRIANNA CROWLEY 10762 E EXPOSITION AVE, APT. 137 AURORA, CO 80012	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

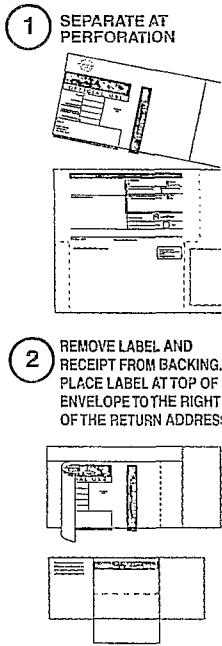
PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9785	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRIANNA CROWLEY 10762 E EXPOSITION AVE, APT. 137 AURORA, CO 80012	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 #: 2187
Article #: 71106605959000119785
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0011 9792

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

Postmark
Here

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9792

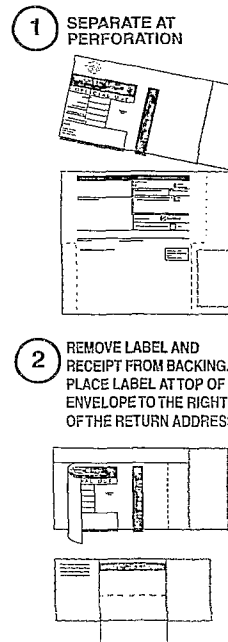
BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063

Batch #: 2187
Article #: 71106605959000119792
Date/Time: 8/31/2010 10:07:12 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 9792	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRUCE FRIDLEY 7922 BEVERLY HILL HOUSTON, TX 77063	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

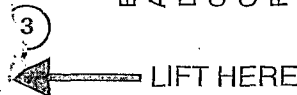
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9792	A. Signature X <i>Bruce Fridley</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Bruce Fridley</i> <i>9-4-10</i>
BRUCE FRIDLEY 7922 BEVERLY HILL HOUSTON, TX 77063	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 #: 2187
Article #: 71106605959000119792
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9815

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
reet, Apt. No.;
PO Box No.
ity, State, Zip+4

BRYAN E JENKS
5799 BROADMOOR, STE 400
MISSION, KS 66202
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

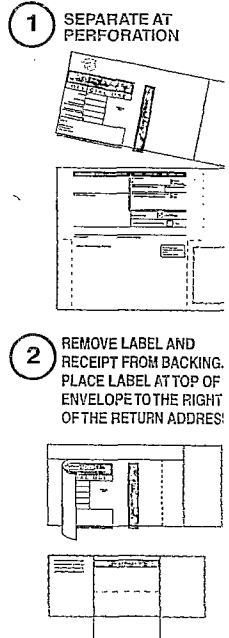


7110 6605 9590 0011 9815

BRYAN E JENKS
5799 BROADMOOR, STE 400
MISSION, KS 66202

Batch #: 2188
Article #: 71106605959000119815
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0011 9815	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: BRYAN E JENKS 5799 BROADMOOR, STE 400 MISSION, KS 66202 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9815	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Marsha Ross</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>M Ross</i> C. Date of Delivery <i>9.8</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: BRYAN E JENKS 5799 BROADMOOR, STE 400 MISSION, KS 66202 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000119815
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9822

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

BUDDIE GENE CHAPPELL / TRUST B
PO BOX 71579
PHOENIX, AZ 85050-1010
9/11/10

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9822

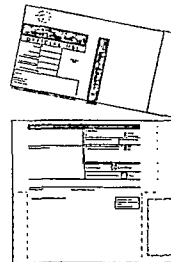
BUDDIE GENE CHAPPELL / TRUST B
PO BOX 71579
PHOENIX, AZ 85050-1010

Batch #: 2188
Article #: 71106605959000119822
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

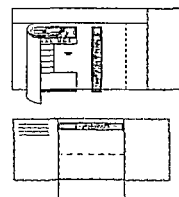
Reorder Form LCD-0000 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9822	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BUDDIE GENE CHAPPELL / TRUST B PO BOX 71579 PHOENIX, AZ 85050-1010	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 9822	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BUDDIE GENE CHAPPELL / TRUST B PO BOX 71579 PHOENIX, AZ 85050-1010	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 #: 2188
Article #: 71106605959000119822
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0011 9839

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.
City, State, Zip+4

BURDOCK LTD CO
PO BOX 90428
ALBUQUERQUE, NM 87199-0428
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9839

BURDOCK LTD CO
PO BOX 90428
ALBUQUERQUE, NM 87199-0428

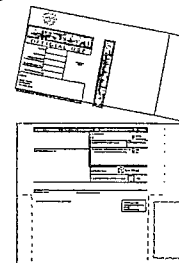
Batch #: 2188
Article #: 71106605959000119839
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

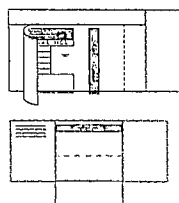
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9839	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BURDOCK LTD CO PO BOX 90428 ALBUQUERQUE, NM 87199-0428	D. Is delivery address different from item 1? ☐ Yes If YES 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 9839	A. Signature X <i>David J. Hainy</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery DAVID J. HAINY
BURDOCK LTD CO PO BOX 90428 ALBUQUERQUE, NM 87199-0428	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 #: 2188
Article #: 71106605959000119839
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3