



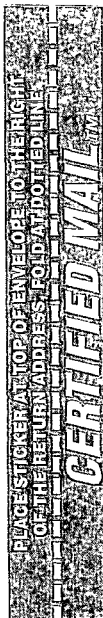
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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



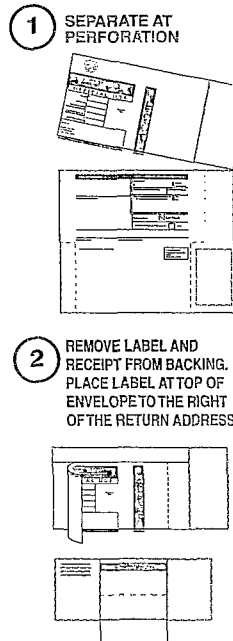
7110 6605 9590 0011 9310

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 7110 6605 9590 0011 9310	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: BALLARD E SPENCER TRUST INC PO BOX AA ARTESIA, NM 88211-7526	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9310	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Philip Lawson</i> B. Received by (Printed Name) <i>Philip Lawson</i> C. Date of Delivery <i>9-2-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: BALLARD E SPENCER TRUST INC PO BOX AA ARTESIA, NM 88211-7526	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

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



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CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
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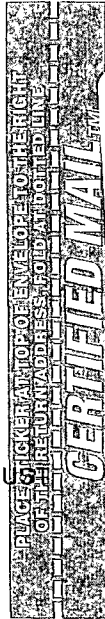
7110 6605 9590 0011 9327

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
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

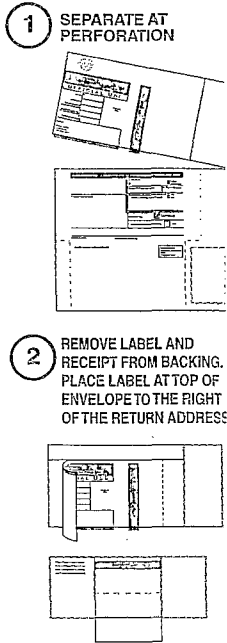
2. Article Number 7110 6605 9590 0011 9327	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt



2. Article Number 7110 6605 9590 0011 9327	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Barbara A Bryant</i> ☐ Agent ☐ 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
--	--

1. Article Addressed to:

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

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 #:



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
BARBARA EVANS
PO BOX 582
PALACIOS, TX 77465-0582
91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



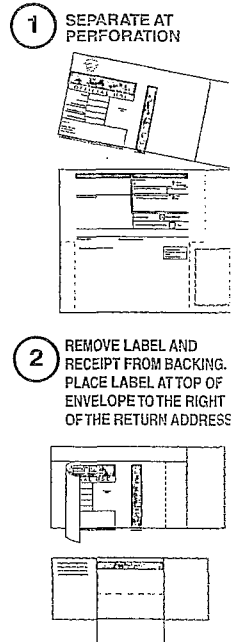
7110 6605 9590 0011 9341

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 Barbara Evans ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Barbara Evans 9-07-2010
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	

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

Form 3800 August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



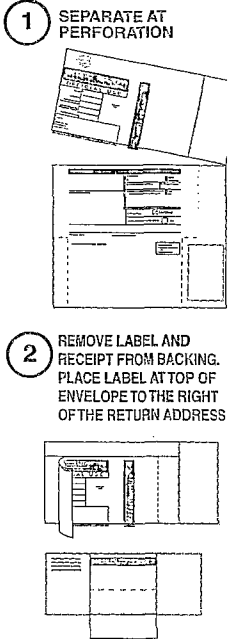
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BARBARA ANN HAMILTON
6602 GRIST MILL ST
SAN ANTONIO, TX 78238

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

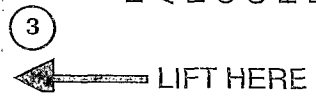
Reorder Form LCD-8 rev. 01/07

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

Form 3860, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



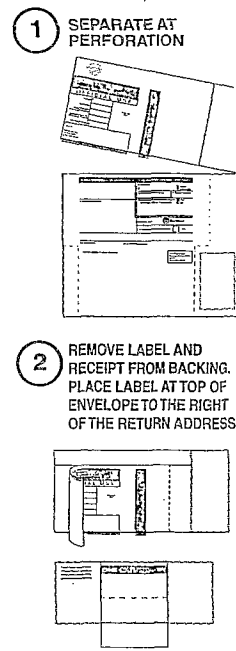
7110 6605 9590 0011 9358

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 rev. 01/07

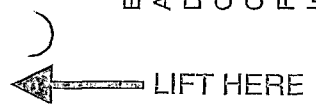
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9358	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA J CONN 135 RIVERVIEW DRIVE DENVER, CO 81301	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
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 9358	A. Signature X <i>Barbara J Conn</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/4/10
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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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	

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

BARBARA JOHNSON
10240 BOYLES RD
GENTRY, AR 72734

911110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9365

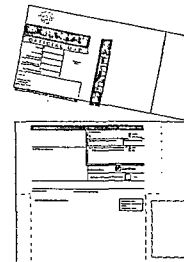
BARBARA JOHNSON
10240 BOYLES RD
GENTRY, AR 72734

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

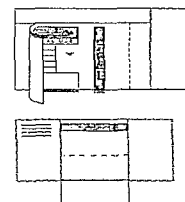
Reorder Form LCD-8 Rev. 01/07

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
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 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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

LIFT HERE



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CERTIFIED MAIL - RECEIPT
(For Mail Only. No Insurance Coverage Provided.)
For information visit our website at www.usps.com

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 2002 See Reverse for Instructions

Code: Allocation Project - D.Howell



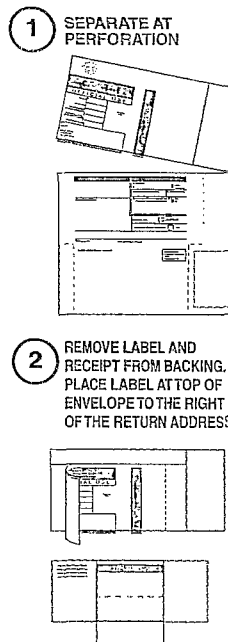
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BARBARA N KOONS TRUST
1514 LAS LOMAS NE
ALBUQUERQUE, NM 87106

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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9389	A. Signature X <i>SBrown</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 #:



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

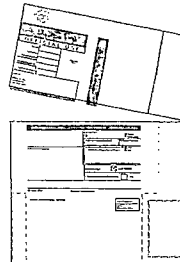
BARBARA LEIGH FARAH
PO BOX 420837
HOUSTON, TX 77242-0837

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

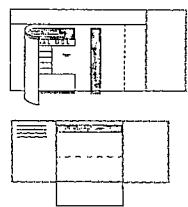
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9372	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA LEIGH FARAH PO BOX 420837 HOUSTON, TX 77242-0837	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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 #: 71106605959000119372
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 9396

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 REESE DINGES
508 IRONWOOD FOREST DR
RICHMOND, TX 77469
91110

Form 3800, August 2005 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



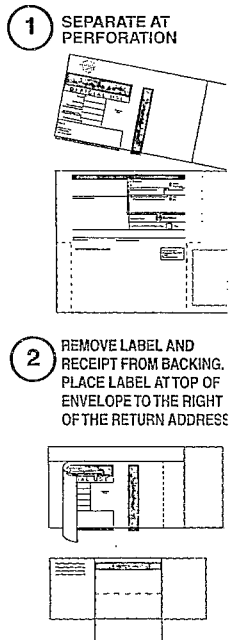
7110 6605 9590 0011 9396

BARBARA REESE DINGES
508 IRONWOOD FOREST DR
RICHMOND, TX 77469

Batch #: 2183
Article #: 71106605959000119396
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0011 9396	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: BARBARA REESE DINGES 508 IRONWOOD FOREST DR RICHMOND, TX 77469 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9396	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Barbara Reese Dinges</i> B. Received by (Printed Name) <i>BARBARA REESE DINGES</i> C. Date of Delivery <i>9-9-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BARBARA REESE DINGES 508 IRONWOOD FOREST DR RICHMOND, TX 77469 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119396
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com

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	

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



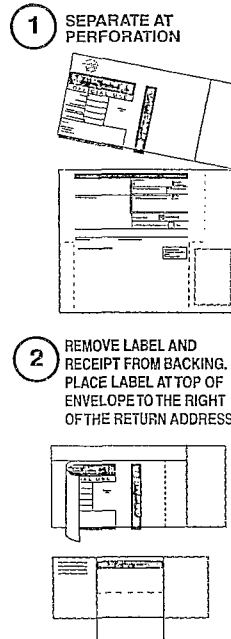
7110 6605 9590 0011 9419

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-2 rev. 01/07

2. Article Number 7110 6605 9590 0011 9419	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: BARRON U KIDD TWO TURTLE CREEK VILLAGE 3838 OAK LAWN SUITE 725 DALLAS, TX 75219-4508	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9419	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> B. Received by (Printed Name) C. Date of Delivery 3 Sep 10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BARRON U KIDD TWO TURTLE CREEK VILLAGE 3838 OAK LAWN SUITE 725 DALLAS, TX 75219-4508	
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 #:



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

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

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

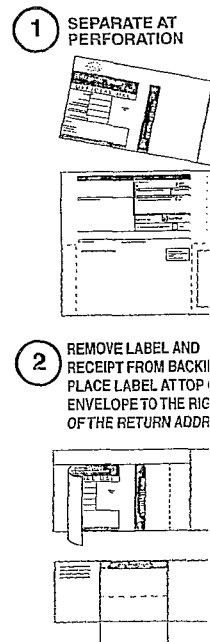
CERTIFIED MAIL™

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3248	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BB ROYALTY C/O CHARLES W BROWN PO BOX 587 MARLOW, OK 73055	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	COMPLETE THIS SECTION ON DELIVERY
Signature: <u>William N. Bales</u> Date: <u>9-20-10</u> Received by: <u>CARMEN EDWARDS</u> 7110 6605 9590 0013 3248	A. Signature <u>William N. Bales</u> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <u>William N. Bales</u> <u>9/17/10</u>
BB ROYALTY C/O CHARLES W BROWN PO BOX 587 MARLOW, OK 73055	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 #:



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7110 6605 9590 0011 9303

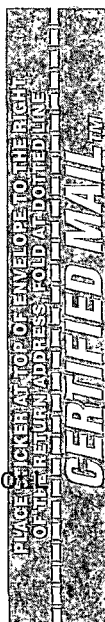
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
reet, Apt. No.;
PO Box No.
ty, 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- rev. 01/07

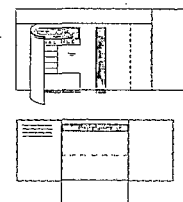
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9303	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
B WYNNE WOOLLEY JR TR UWOL P WOOLL PO BOX 3847 SUNRIVER, OR 97707	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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



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(No Insurance Coverage Provided)
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7110 6605 9590 0011 9426

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
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

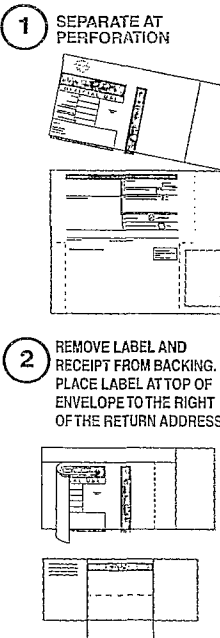
1. Article Addressed to:

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 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		



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 X <i>Celina DeAguiro</i>		☐ Agent ☐ Addressee
B. Received by (Printed Name) <i>Celina DeAguiro</i>	C. Date of Delivery <i>9-2-10</i>	
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No		
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

3

Batch #: 2183
Article #: 71106605959000119426
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9433

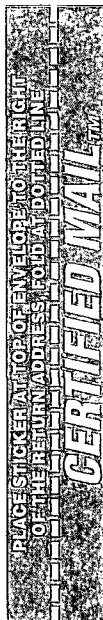
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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 2008. See Reverse for Instructions

Code: Allocation Project - D.Howell



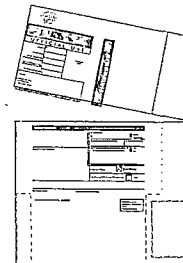
7110 6605 9590 0011 9433

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 #:

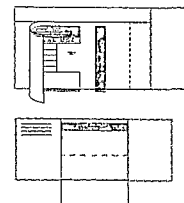
Reorder Form LCD- rev. 01/07

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	
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 9433		A. Signature X <i>D.W. Leers</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>D.W. Leers</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	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2183
Article #: 71106605959000119433
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 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	

Post To

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 #:

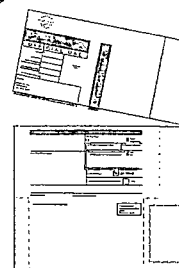
Reorder Form LCD-1 rev. 01/07

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

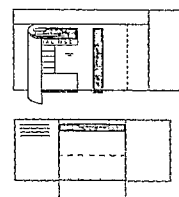
PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9457	A. Signature X <i>Nazario Alberto</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>NAZARIO ALBERTO</i>
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



3

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



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
BEN 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



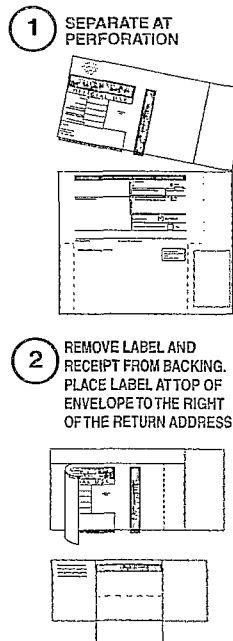
7110 6605 9590 0011 9440

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

Batch #: 2183
Article #: 71106605959000119440
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 9440	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEN HOWELL LANGFORD C/O EDI FINANCIAL INC 814 E WYOMING AVE EL PASO, TX 79902	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 9440	A. Signature X <i>Gloria Scott</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEN HOWELL LANGFORD C/O EDI FINANCIAL INC 814 E WYOMING AVE EL PASO, TX 79902	<i>GLORIA SCOTT</i> <i>9-03-10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119440
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 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	

sent To
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 #: 711066059590000119464
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

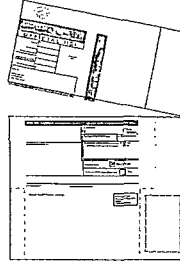
2. Article Number 7110 6605 9590 0011 9464	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BEN R HOWELL TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	

Code: Allocation Project - D.Howell

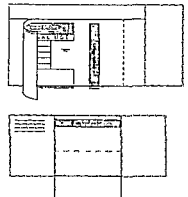
2. Article Number 7110 6605 9590 0011 9464	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BEN R HOWELL TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	

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



3
LIFT HERE

Batch #: 2183
Article #: 711066059590000119464
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	

Post To
BENJAMIN J & SUSAN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521-1214
9-1-10

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

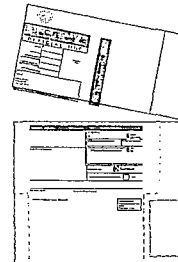
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Article #: 71106605959000119471
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

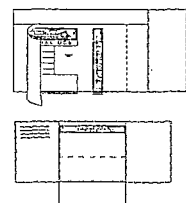
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9471	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENJAMIN J & SUSAN BRACK 3004 MARION STREET FORT COLLINS, CO 80521-1214	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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



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 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	

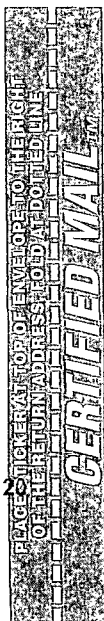
ent To

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

BENJAMIN JAMES GARDNER TR NOV 28 20
PO BOX 3108
LAS CRUCES, NM 88003
9-1-10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9488

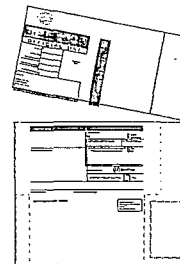
BENJAMIN JAMES GARDNER TR NOV 28 20
PO BOX 3108
LAS CRUCES, NM 88003

Batch #: 2183
Article #: 71106605959000119488
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

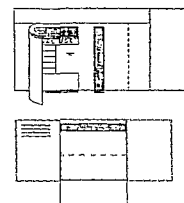
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9488	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: BENJAMIN JAMES GARDNER TR NOV 28 20 PO BOX 3108 LAS CRUCES, NM 88003 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 9488	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery 9-7-2010 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: BENJAMIN JAMES GARDNER TR NOV 28 20 PO BOX 3108 LAS CRUCES, NM 88003 Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119488
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
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(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 (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

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



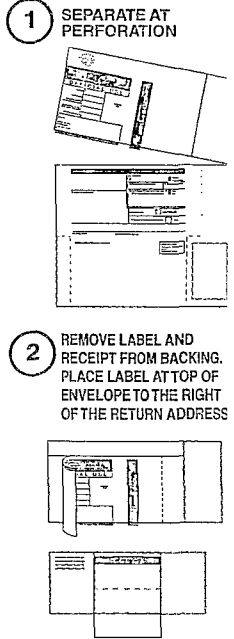
7110 6605 9590 0011 9495

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-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9495	A. Signature ☒ Agent X ☐ 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
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 9495	A. Signature ☒ Agent X ☐ 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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 71106605959000119495
Date/Time: 8/31/2010 9:48:17 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

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	

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

**BENNETT FAMILY TRUST
RICHARD & LELA BENNETT TRUSTEES
227 BELLEVUE WAY NE #198
BELLEVUE, WA 98004**
9-1-10

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**

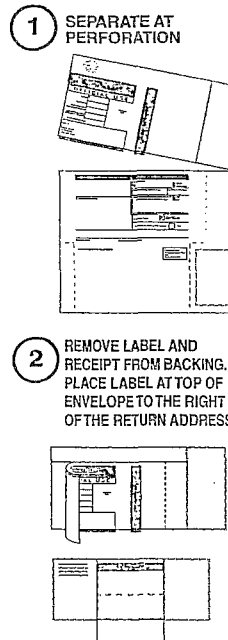
Batch #: 2183
Article #: 71106605959000119501
Date/Time: 8/31/2010 9:48:17 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0011 9501	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:
**BENNETT FAMILY TRUST
RICHARD & LELA BENNETT TRUSTEES
227 BELLEVUE WAY NE #198
BELLEVUE, WA 98004**

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0011 9501	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:
**BENNETT FAMILY TRUST
RICHARD & LELA BENNETT TRUSTEES
227 BELLEVUE WAY NE #198
BELLEVUE, WA 98004**

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
(Domestic 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
BERIN EARL RILEY
1712 W MAIN, APT 6
HOUSTON, TX 77098
9-1-10
Form 3800, August 2006 See Reverse for Instructions

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 #:

Reorder Form LCD rev. 01/07

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

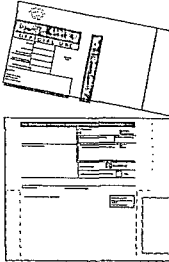
UNITED STATES POSTAL SERVICE



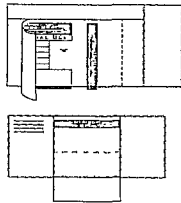
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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 #: 2187
Article #: 71106605959000119518
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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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	

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

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

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

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9525

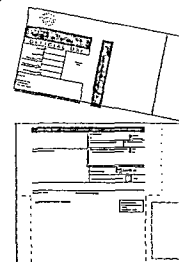
BESSIE L WHELAN TR
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

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

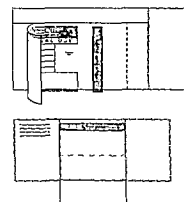
Reorder Form LCD-8-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9525	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BESSIE L WHELAN TR C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480	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 9525	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BESSIE L WHELAN TR C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480	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 #: 71106605959000119525
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



RECEIVED
SEP 13 A.M.
BY

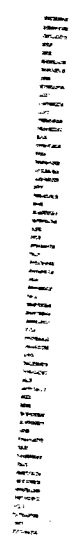
BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104

ANK

NIXIE

2239 1 15 09/09/10

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





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 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	

Delivered 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 #:

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 ☐ No If YES enter delivery address below: 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

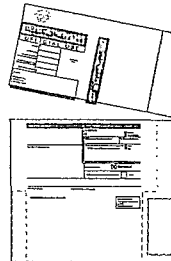
UNITED STATES POSTAL SERVICE



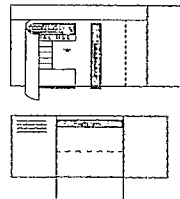
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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



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	

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

9/11/10

Form 3800, August 2006 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

X

☐ Agent
☒ Addressee

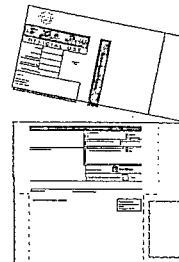
B. Received by (Printed Name)

C. Date of Delivery

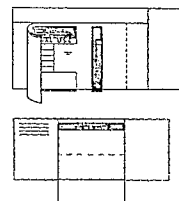
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☒ No

3. Service Type ☒ Certified4. 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

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 ☒ Certified4. 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
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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	

Post To
BETTY ADKINS
PO BOX 218
MIDLAND, TX 79702

91110

Form 3800, August 2006 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

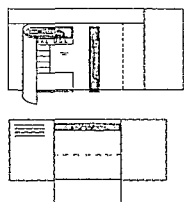
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9556	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BETTY ADKINS PO BOX 218 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery 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 9556	A. Signature X <i>Tammy B</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BETTY ADKINS PO BOX 218 MIDLAND, TX 79702	<i>Tammy Beard</i>	<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	

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 #:



Postal Service
REGISTERED MAIL™ RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
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	

sent To

Street, Apt. No.,
PO Box No.,
City, 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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2746	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BETTY LANIER FANKHAUSER LANIER FAM MNRL CTRL AG MA076 PO BOX 1600 SAN ANTONIO, TX 78296	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 2746	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery M. Martinez SEP 21 2010
BETTY LANIER FANKHAUSER LANIER FAM MNRL CTRL AG MA076 PO BOX 1600 SAN ANTONIO, TX 78296	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

1 SEPARATE AT PERFORATION

2 REMOVE LABEL RECEIPT FROM PLACE LABEL ENVELOPE TO OF THE RETUR

3



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

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

9-140

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



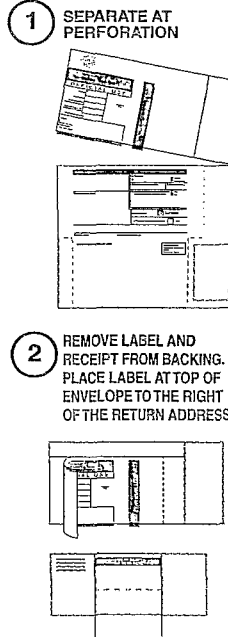
7110 6605 9590 0011 9563

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 #:

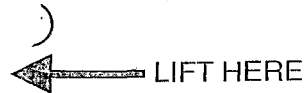
Reorder Form LCD- rev. 01/07

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

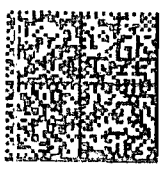
 **ConocoPhillips**

7500 N. 19TH AVENUE, SUITE 1500, DENVER, CO 80202

7110 6605 7590 0011 9570

[Faint, illegible handwritten text]

BETTY R DAVIS
PO BOX 871
MIDLAND, TX 79702



UNITED STATES POSTAGE
02 1R
0006557587
MAILED FROM



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

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 #:

Rev. 01/07

Reorder Form LCD

2. Article Number

7110 6605 9590 0011 9587

1. Article Addressed to:

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

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 9587

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X Betty Pettus

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

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 PLACE LABEL AT THE ENVELOPE TO THE OF THE RETURN ADDRESS

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

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

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9594

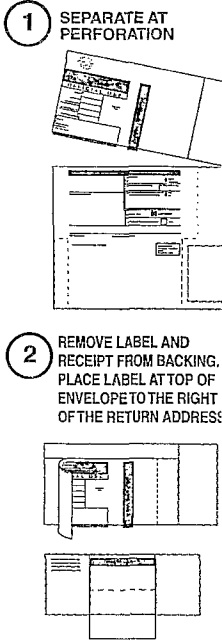
BETTY T JOHNSTON MARITAL TRUST
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

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- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9594	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BETTY T JOHNSTON MARITAL TRUST 245 COMMERCE GREEN BLVD, STE 280 SUGAR LAND, TX 77478	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

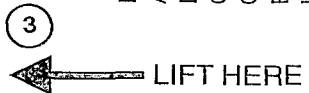


PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9594	A. Signature X Julia Styler ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) Julia Styler	C. Date of Delivery
BETTY T JOHNSTON MARITAL TRUST 245 COMMERCE GREEN BLVD, STE 280 SUGAR LAND, TX 77478	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 #: 71106605959000119594
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
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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

7110 6605 9590 0011 9600

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

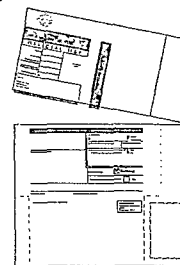
B. Received by (Printed Name) C. Date of Delivery

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

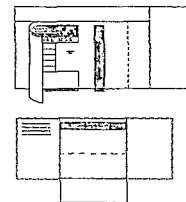
3. Service Type ☒ Certified

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 9600

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X

B. Received by (Printed Name) C. Date of Delivery
SEP 07 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

Batch #: 2187
Article #: 71106605959000119600
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 3255

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 A CORBETT BAKER
13901 E SARATOGA PL
AURORA, CO 80015

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3255

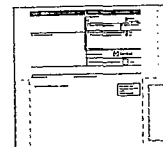
BEVERLY A CORBETT BAKER
13901 E SARATOGA PL
AURORA, CO 80015

Batch #: 2272
Article #: 71106605959000133255
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

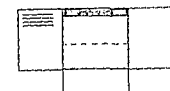
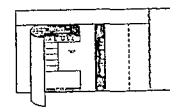
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3255	A. Signature X ☐ Agent ☐ 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	

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 3255	A. Signature X <i>Becky Baker</i> ☐ Agent ☐ 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	<i>Becky Baker</i>	<i>9-17-10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

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

PS 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



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

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	

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

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9617

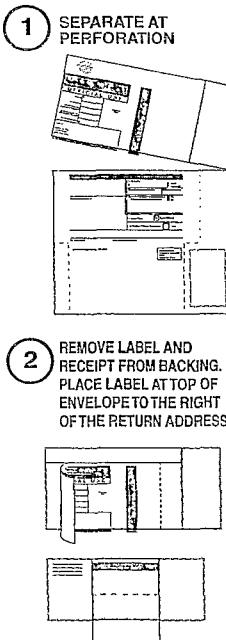
BHCH MINERAL LTD
P O BOX 1817
SAN ANTONIO, TX 78296-1817

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-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9617	A. Signature X ☐ Agent ☐ 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	
	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 9617	A. Signature X ☒ Agent ☐ 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	SEP 08 2010
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

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



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

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 3800, 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

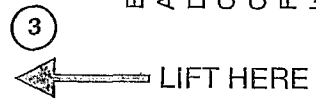
UNITED STATES POSTAL SERVICE



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 #:



Reorder Form LCD rev. 01/07



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

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

9-140

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



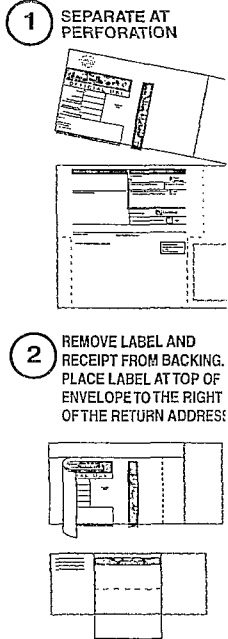
7110 6605 9590 0011 9631

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9631	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BIG SNOWY EXPLORATION LIMITED 1050 17TH STREET SUITE 1800 DENVER, CO 80265	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 9631	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BIG SNOWY EXPLORATION LIMITED 1050 17TH STREET SUITE 1800 DENVER, CO 80265	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 #: 71106605959000119631
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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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	

sent To
street, Apt. No.,
PO Box No.
City, 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

7110 6605 9590 0011 9648

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

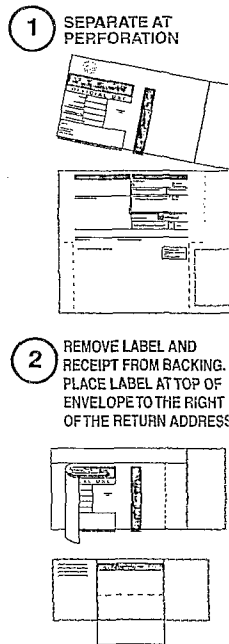
A. Signature ☒ Agent ☐ Addressee
X

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 9648

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Janice M. Lane

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

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 #: 71106605959000119648
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 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	

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

Postage, 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 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

7110 6605 9590 0011 9662

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

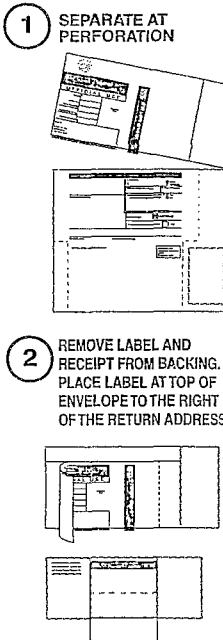
A. Signature ☐ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2187
Article #: 71106605959000119662
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 9662

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

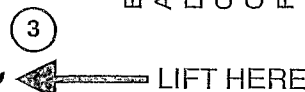
A. Signature ☐ Agent ☒ Addressee
X *CM Richardson*

B. Received by (Printed Name) C. Date of Delivery
9-3-10

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





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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	

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



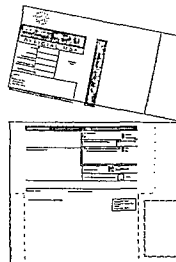
7110 6605 9590 0011 9679

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

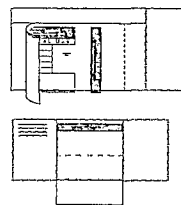
Batch #: 2187
Article #: 71106605959000119679
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9679	A. Signature ☒ 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

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 9679	A. Signature ☒ 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 #:

3

LIFT HERE



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

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	

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

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

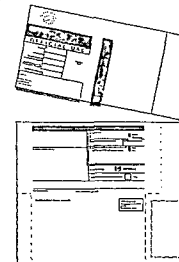
Batch #: 2187
Article #: 71106605959000119655
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

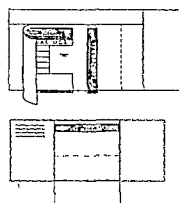
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9655	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BILLIE W SCHAUMBERG REV LVG TR 1272 CANYON RD SANTA FE, NM 87501-6189	D. Is delivery address different from item 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 9655	A. Signature X <i>Billie W. Schaumberg</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BILLIE W SCHAUMBERG REV LVG TR 1272 CANYON RD SANTA FE, NM 87501-6189	<i>Billie W. Schaumberg</i>	<i>9-3-10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

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



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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9686

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

Batch #: 2187
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

7110 6605 9590 0011 9686

1. Article Addressed to:

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

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

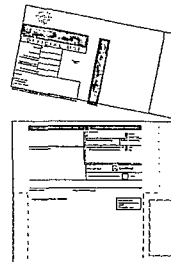
3. Service Type

☒ Certified

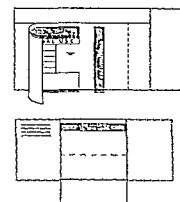
4. Restricted Delivery? (Extra Fee)

☐ 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 9686

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 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
Certified Fee	\$2.80
Return Receipt Fee (endorsement Required)	\$2.30
Restricted Delivery Fee (endorsement Required)	\$0.00
Total Postage & Fees \$	\$6.15

Postmark Here

Post To
BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

Post Office, 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 9693

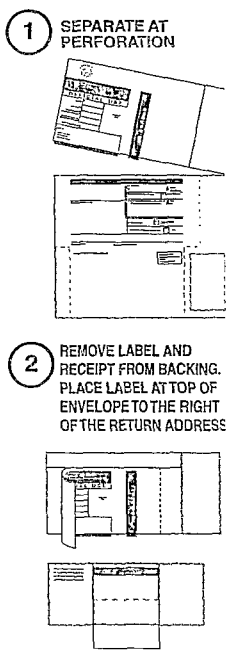
BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

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-2 rev. 01/07

2. Article Number 7110 6605 9590 0011 9693	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

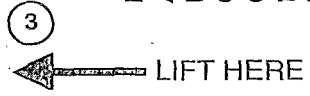
Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0011 9693	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Bobby Smith</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Bobby Smith</i> <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119693
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 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
street, Apt. No.;
r PO Box No.
ity, State, Zip+4

BOBBYE JO IRBY SUPPLEMENTAL NEEDS
213 SUMMIT DR

WIMBERLY, TX 78676

PS Form 3800, August 2005 See Reverse for Instructions



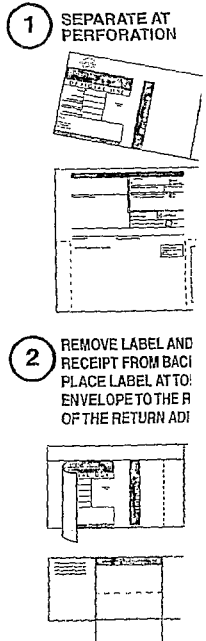
7110 6605 9590 0013 3262

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 #:

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



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

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



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(No Insurance Coverage Provided)
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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	

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

BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9709

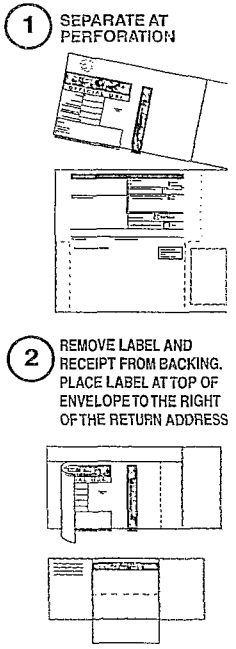
BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9709	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BOFB LTD 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

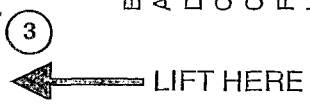


PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9709	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BOFB LTD 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012	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 #: 71106605959000119709
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0011 9716

Postage	\$		Postmark Here
		\$1.05	
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.
by State, Zip, etc.)

Form 9800, August 2006

See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

2110 6605 9590 0071 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-4 rev. 01/07

2. Article Number 7110 6605 9590 0011 9716	COMPLETE THIS SECTION ON DELIVERY						
1. Article Addressed to: BOLDRICK FAMILY PROPERTIES LP C/O BOLDRICK MGMNT CO LLC PO BOX 10648 MIDLAND, TX 79702	<table border="1"> <tr> <td data-bbox="685 840 1011 919"> A. Signature X </td> <td data-bbox="1016 840 1177 919"> ☐ Agent ☒ Addressee </td> </tr> <tr> <td data-bbox="685 921 1011 993"> B. Received by (Printed Name) </td> <td data-bbox="1016 921 1177 993"> C. Date of Delivery </td> </tr> <tr> <td colspan="2" data-bbox="685 995 1177 1157"> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No </td> </tr> </table>	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	
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							
	<table border="1"> <tr> <td data-bbox="685 1167 928 1239"> 3. Service Type </td> <td data-bbox="933 1167 1177 1239"> ☒ Certified </td> </tr> <tr> <td data-bbox="685 1241 1021 1302"> 4. Restricted Delivery? (Extra Fee) </td> <td data-bbox="1026 1241 1177 1302"> ☐ Yes </td> </tr> </table>	3. Service Type	☒ Certified	4. Restricted Delivery? (Extra Fee)	☐ Yes		
3. Service Type	☒ Certified						
4. Restricted Delivery? (Extra Fee)	☐ Yes						

Code: Allocation Project - D.Howell

Code: Allocation Project - D.Howell

PS Form 3811

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

PS Form 3811

Domestic Return Receipt

Batch #: 2187
Article #: 7110660595000119716
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
← LIFT HERE



7110 6605 9590 0011 9723

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

BONANZA CREEK MINERALS LLC
2321 CANDELARIA NW
ALBUQUERQUE, NM 87107

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	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

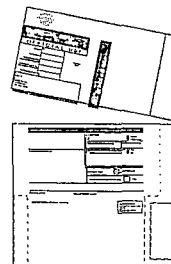
PS Form 3811

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	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

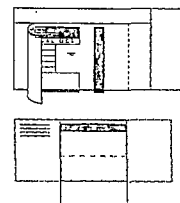
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2187
Article #: 71106605959000119723
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 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
street, Apt. No.,
r PO Box No.
ity, State, Zip+4

BONE SPRINGS LLC
4024 NAZARENE DR
CARROLLTON, TX 75010

PS Form 3800, August 2006 See Reverse for Instructions



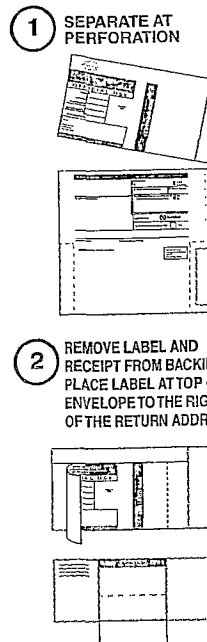
7110 6605 9590 0013 3279

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 #:

Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3279	A. Signature X ☐ Agent ☐ 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 X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BONE SPRINGS LLC 4024 NAZARENE DR CARROLLTON, TX 75010	<i>[Signature]</i> 9-17-10
	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 #: 2272
Article #: 71106605959000133279
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:



U.S. Postal Service
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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

911110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9730

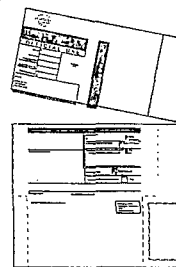
BOURQUIN FAMILY TRUST
13645 PASEO DEL ROBLE CT
LOS ALTOS HILLS, CA 94022

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

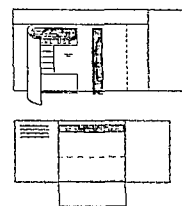
Reorder Form LCD rev. 01/07

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

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

91110

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 #:

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

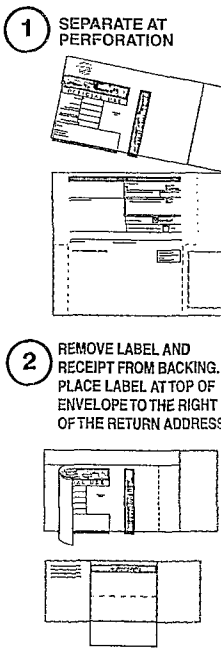
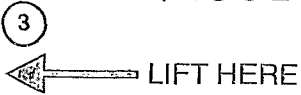
UNITED STATES POSTAL SERVICE



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

Lisa Hunter, Land Department
SJBUCoconophillips
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

911110

Form 3800, August 2003 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 #:

2. Article Number	7110 6605 9590 0011 9754
1. Article Addressed to:	BRADFORD TUCKER 301 SAGE RD #3 HOUSTON, TX 77056-1421
Code: Allocation Project - D.Howell	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

PS Form 3811

Domestic Return Receipt

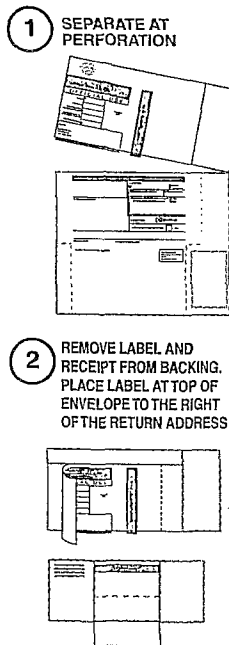
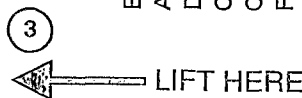
UNITED STATES POSTAL SERVICE



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 #: 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



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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

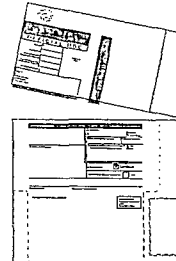
BRIAN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Batch #: 2187
Article #: 71106605959000119761
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

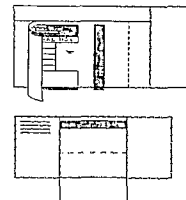
Reorder Form LCD-1 rev. 01/07

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.



PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9761	A. Signature X <i>Brian Dickey</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 8-3-10
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 #: 71106605959000119761
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



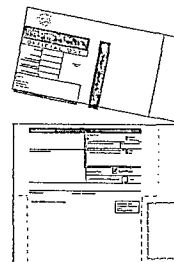
7110 6605 9590 0011 9778

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

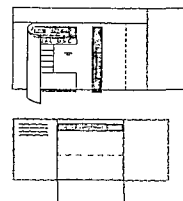
Batch #: 2187
Article #: 71106605959000119778
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9778	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRIAN DOWNING GIBSON 60 B ARROYO HONDO TRL SANTA FE, NM 87508	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 9778	A. Signature X <i>Brian A. Gibson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRIAN DOWNING GIBSON 60 B ARROYO HONDO TRL SANTA FE, NM 87508	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 #: 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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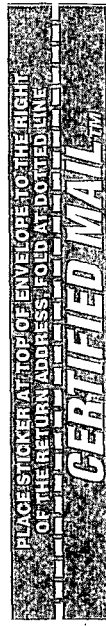
7110 6605 9590 0011 9785

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	

Post To
BRIANNA CROWLEY
10762 E EXPOSITION AVE, APT. 137
AURORA, CO 80012
9/1/10

Form 3800, August 2006 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 #:

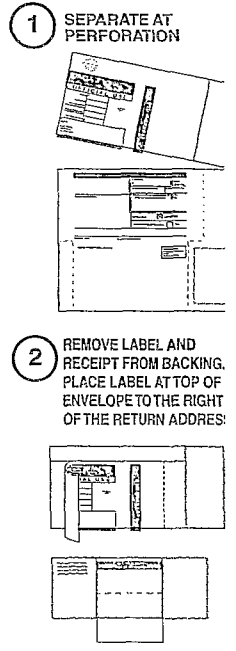
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0011 9785	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: BRIANNA CROWLEY 10762 E EXPOSITION AVE, APT. 137 AURORA, CO 80012	
Code: Allocation Project - D.Howell	

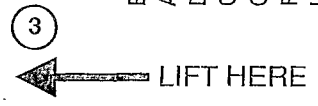
PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 9785	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Brianne Crowley</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Brianne Crowley</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: BRIANNA CROWLEY 10762 E EXPOSITION AVE, APT. 137 AURORA, CO 80012	
Code: Allocation Project - D.Howell	

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 #:





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

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	

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

BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063

9/11/10

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-2 rev. 01/07

2. Article Number

7110 6605 9590 0011 9792

1. Article Addressed to:

BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X

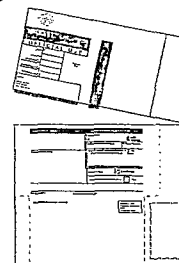
B. Received by (Printed Name) C. Date of Delivery

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

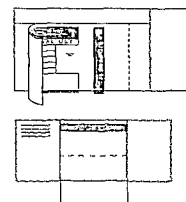
3. Service Type ☒ Certified

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



PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9792

1. Article Addressed to:

BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X Bruce Fridley

B. Received by (Printed Name) C. Date of Delivery
Bruce Fridley **9-4-10**

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 #: 71106605959000119792
Date/Time: 8/31/2010 10:07:12 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 9808

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: **BRUCE P SHAW TRUST UAD JUNE 8 1972**
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

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

911110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9808

BRUCE P SHAW TRUST UAD JUNE 8 1972
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Batch #: 2187
Article #: 7110605959000119808
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

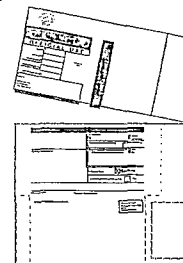
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9808	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BRUCE P SHAW TRUST UAD JUNE 8 1972 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	D. Is delivery address different 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

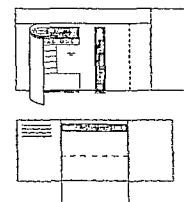
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9808	A. Signature X <i>Bruce P Shaw</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9-4-10
BRUCE P SHAW TRUST UAD JUNE 8 1972 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	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



3

Batch #: 2187
Article #: 7110605959000119808
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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	

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



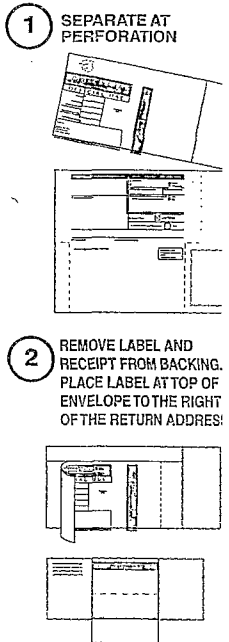
7110 6605 9590 0011 9815

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9815	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRYAN E JENKS 5799 BROADMOOR, STE 400 MISSION, KS 66202	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 9815	A. Signature ☒ Agent X <i>Marsha Ross</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M Ross</i> <i>9.8</i>
BRYAN E JENKS 5799 BROADMOOR, STE 400 MISSION, KS 66202	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 #: 71106605959000119815
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
(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com

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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



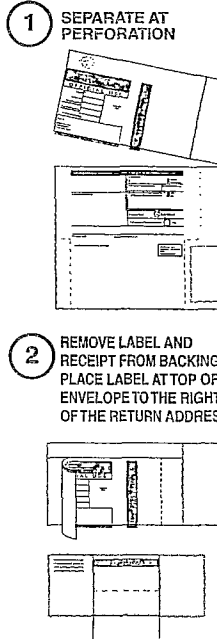
7110 6605 9590 0011 9822

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

Batch #: 2188
Article #: 711066059590000119822
Date/Time: 8/31/2010 10:26:53 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 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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9822	A. Signature X <i>McChappell</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>NE Chappell</i>
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 #: 711066059590000119822
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9839

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.
ty, State, Zip+4

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



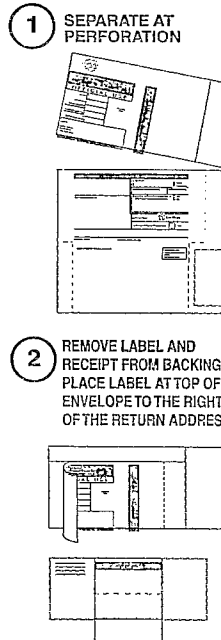
7110 6605 9590 0011 9839

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 ☐ Agent X ☐ 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 ☐ Agent X David J. Hainy ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BURDOCK LTD CO PO BOX 90428 ALBUQUERQUE, NM 87199-0428	DAVID J. HAINY	
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

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