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7110 6605 9590 0011 9310

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

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

BALLARD E SPENCER TRUST INC
PO BOX AA
ARTESIA, NM 88211-7526
9/11/10

Form 3811, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9310

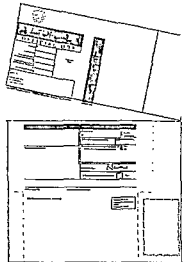
BALLARD E SPENCER TRUST INC
PO BOX AA
ARTESIA, NM 88211-7526

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

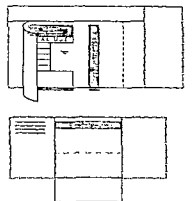
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9310	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ 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: BALLARD E SPENCER TRUST INC PO BOX AA ARTESIA, NM 88211-7526 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 9310	COMPLETE THIS SECTION ON DELIVERY A. Signature X Philip Lawson ☐ Agent ☐ Addressee 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BALLARD E SPENCER TRUST INC PO BOX AA ARTESIA, NM 88211-7526 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 #:

3





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7110 6605 9590 0011 9327

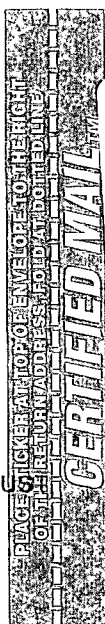
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postage To: BARBARA A BRYANT 2003 GRANTOR TRUST

Postage To: 143 POP CASTLE ROAD
WHITE STONE, VA 22578
9/1/10

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9327

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

Batch #: 2183
Article #: 71106605959000119327
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9327	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BARBARA A BRYANT 2003 GRANTOR TRUST 143 POP CASTLE ROAD WHITE STONE, VA 22578 Code: Allocation Project - D.Howell	

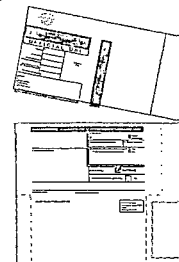
PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 9327	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent <i>Barbara A Bryant</i> ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>9-8-10</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 A BRYANT 2003 GRANTOR TRUST 143 POP CASTLE ROAD WHITE STONE, VA 22578 Code: Allocation Project - D.Howell	

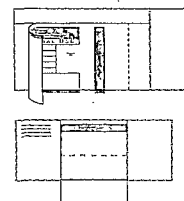
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2183
Article #: 71106605959000119327
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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 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- Rev. 01/07

2. Article Number

7110 6605 9590 0011 9341

1. Article Addressed to:

BARBARA EVANS
PO BOX 582
PALACIOS, TX 77465-0582

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

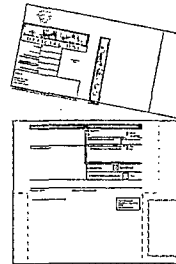
B. Received by (Printed Name) C. Date of Delivery

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

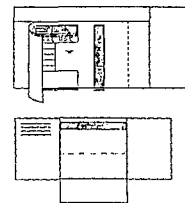
3. Service Type ☒ Certified

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 9341

1. Article Addressed to:

BARBARA EVANS
PO BOX 582
PALACIOS, TX 77465-0582

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Barbara Evans

B. Received by (Printed Name) C. Date of Delivery
Barbara Evans 9-07-2010

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 #: 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 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



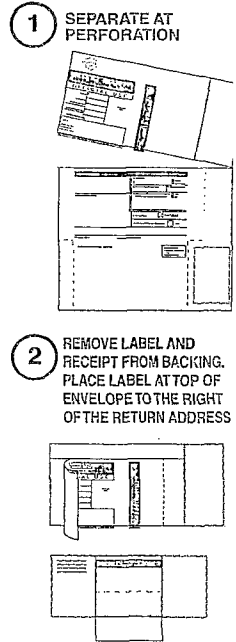
7110 6605 9590 0011 9334

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

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

Reorder Form LCD-8 rev. 01/07

2. Article Number 7110 6605 9590 0011 9334	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 ANN HAMILTON 6602 GRIST MILL ST SAN ANTONIO, TX 78238 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9334	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 ANN HAMILTON 5602 GRIST MILL ST SAN ANTONIO, TX 78238 Code: Allocation Project - D.Howell	

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

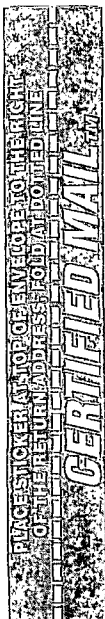
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

BARBARA J CONN
135 RIVERVIEW DRIVE
DENVER, CO 81301
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9358

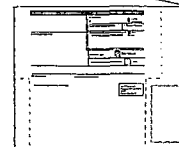
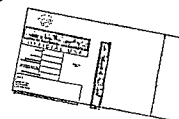
BARBARA J CONN
135 RIVERVIEW DRIVE
DENVER, CO 81301

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

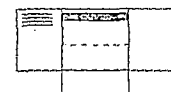
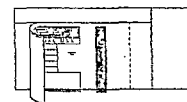
Reorder Form LCD rev. 01/07

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

1 SEPARATE AT PERFORATION

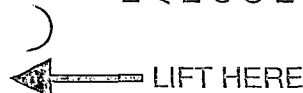


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



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

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





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7110 6605 9590 0011 9365

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

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

BARBARA JOHNSON
10240 BOYLES RD
GENTRY, AR 72734

911/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



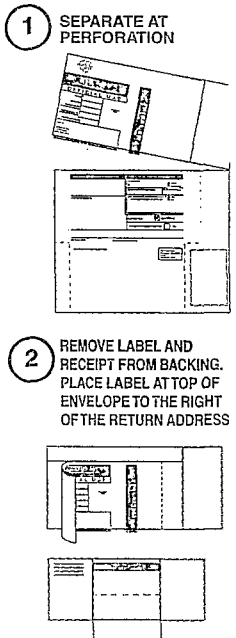
7110 6605 9590 0011 9365

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



PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9365	A. Signature X <i>Anna May Ward</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 #:



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7110 6605 9590 0011 9389

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

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

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

91110

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



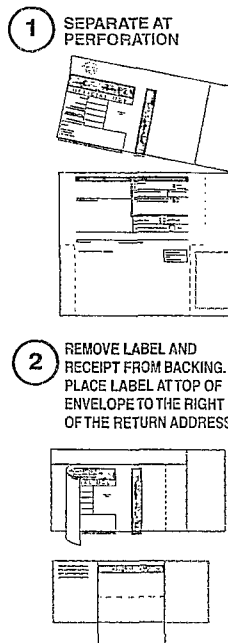
7110 6605 9590 0011 9389

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

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

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9389	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA N KOONS TRUST 1514 LAS LOMAS NE ALBUQUERQUE, NM 87106	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9389	A. Signature X <i>SBrow</i> ☐ 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	<i>S. Brown</i> 9/2/10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2183
Article #: 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

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9372

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

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

Reorder Form LCD-8 Rev. 01/07

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

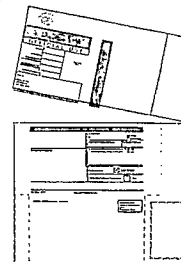
PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9372	A. Signature X <i>F. Farah</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>F. FARAH</i> <i>9-8-10</i>
BARBARA LEIGH FARAH PO BOX 420837 HOUSTON, TX 77242-0837	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

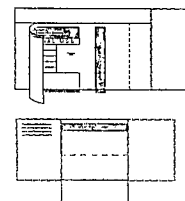
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

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
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9396

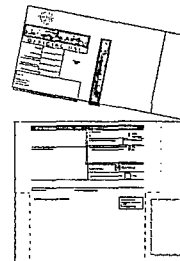
BARBARA REESE DINGES
508 IRONWOOD FOREST DR
RICHMOND, TX 77469

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

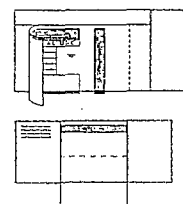
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9396	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BARBARA REESE DINGES 508 IRONWOOD FOREST DR RICHMOND, TX 77469	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 9396	A. Signature X <i>Barbara Reese Dinges</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>BARBARA REESE DINGES</i> <i>9-9-10</i>
BARBARA REESE DINGES 508 IRONWOOD FOREST DR RICHMOND, TX 77469	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 #: 71106605959000119396
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 information visit our website at www.usps.com

7110 6605 9590 0011 9419

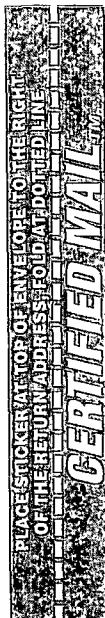
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9419

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

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

2. Article Number

7110 6605 9590 0011 9419

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

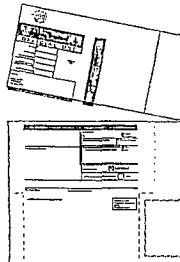
B. Received by (Printed Name) C. Date of Delivery

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

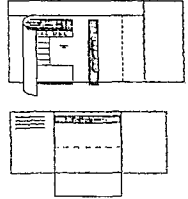
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0011 9419

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3

LIFT HERE



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7110 6605 9590 0011 9402

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9402

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

Batch #: 2183
Article #: 71106605959000119402
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-3 Rev. 01/07

2: Article Number

7110 6605 9590 0011 9402

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X ☐ Addressee

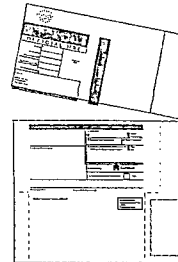
B. Received by (Printed Name) C. Date of Delivery

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

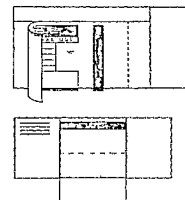
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2: Article Number

7110 6605 9590 0011 9402

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X E FERNANDEZ ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
91310

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 #: 71106605959000119402
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 BB ROYALTY
C/O CHARLES W BROWN
r PO Box No. PO BOX 587
ity, State, Zip+4 MARLOW, OK 73055

Form 3800, August 2006 See Reverse for Instructions



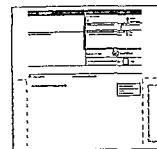
7110 6605 9590 0013 3248

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

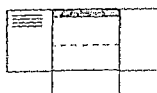
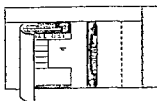
Batch #: 2272
Article #: 71106605959000133248
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3248	A. Signature ☐ Agent X ☐ 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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
Signature: <i>Lynne Bales</i> Date: <i>9-20-10</i> Received by: <i>CARMEN TIDWELL</i> 7110 6605 9590 0013 3248	A. Signature ☐ Agent <i>Lynne Bales</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Lynne Bales</i> <i>9/17/10</i>
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 #:

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 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	

Post To
B WYNNE WOOLLEY JR TR UWO L P WOOLL
PO BOX 3847
SUNRIVER, OR 97707
9/1/10

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9303

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

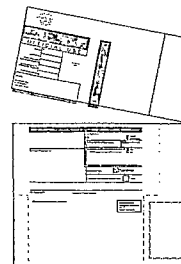
Batch #: 2183
Article #: 71106605959000119303
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

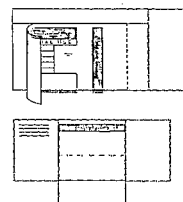
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9303	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
B WYNNE WOOLLEY JR TR UWO L P WOOLL PO BOX 3847 SUNRIVER, OR 97707	D. Is delivery address different from item 1? ☐ 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 UWO L 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 #:

3



7110 6605 9590 0011 9426

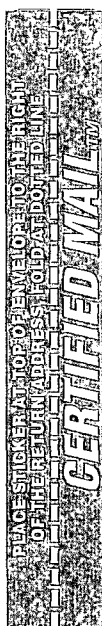
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

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

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 #:

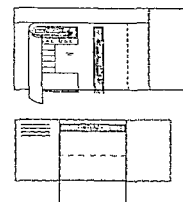
Reorder Form LCD-800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9426	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BEATRICE G RODRIQUEZ FAMILY LLC C/O REDW STANLEY FIN ADV LLC 6401 JEFFERSON NE ALBUQUERQUE, NM 87109	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 9426	A. Signature X <i>Celina DeAguiro</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Celina DeAguiro</i> <i>9-2-10</i>
BEATRICE G RODRIQUEZ FAMILY LLC C/O REDW STANLEY FIN ADV LLC 6401 JEFFERSON NE ALBUQUERQUE, NM 87109	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 #: 71106605959000119426
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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	

ent To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4
BEERS FAMILY TR DTD AUGUST 21 2008
20579 MISSIONARY RIDGE
WALNUT, CA 91789-3529
9-1-10
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



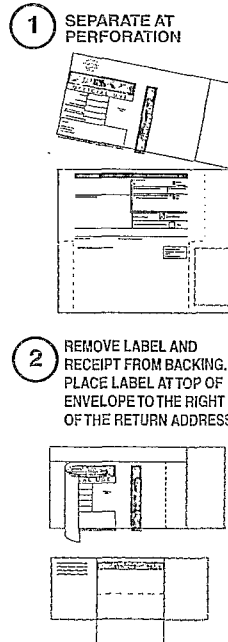
7110 6605 9590 0011 9433

BEERS FAMILY TR DTD AUGUST 21 2008
20579 MISSIONARY RIDGE
WALNUT, CA 91789-3529

Batch #: 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-001 rev. 01/07

2. Article Number 7110 6605 9590 0011 9433	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: BEERS FAMILY TR DTD AUGUST 21 2008 20579 MISSIONARY RIDGE WALNUT, CA 91789-3529	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9433	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>JW Beers</i> B. Received by (Printed Name) <i>JW Beers</i> C. Date of Delivery <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: BEERS FAMILY TR DTD AUGUST 21 2008 20579 MISSIONARY RIDGE WALNUT, CA 91789-3529	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2183
Article #: 71106605959000119433
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9457

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

Send 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

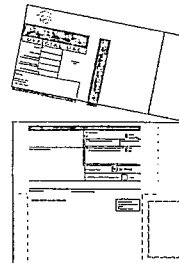
Batch #: 2183
Article #: 71106605959000119457
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

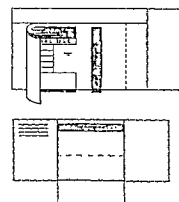
2. Article Number 7110 6605 9590 0011 9457	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BEN R HOWARD 11490 AUDELIA RD APT 215 DALLAS, TX 75243-9014	
Code: Allocation Project - D.Howell	

2. Article Number 7110 6605 9590 0011 9457	COMPLETE THIS SECTION ON DELIVERY A. Signature X Nazario Alorta B. Received by (Printed Name) NAZARIO ALORTA 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 HOWARD 11490 AUDELIA RD APT 215 DALLAS, TX 75243-9014	
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 #: 2183
Article #: 71106605959000119457
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0011 9440

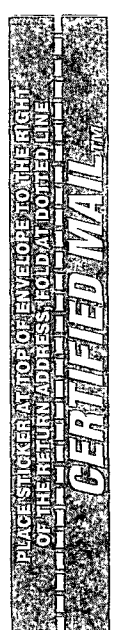
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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



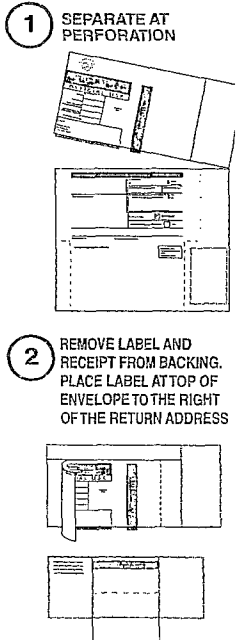
7110 6605 9590 0011 9440

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-81 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 #:



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

7110 6605 9590 0011 9464

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

int To
reet, Apt. No.;
PO Box No.
ly, State, Zip+4

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9464

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

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

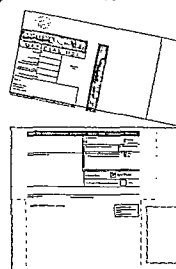
Reorder Form LCD- rev. 01/07

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

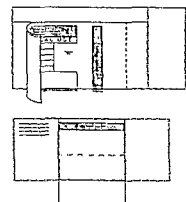
PS Form 3811

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

1 SEPARATE AT PERFORATION



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



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

3

LIFT HERE



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	

Int To
reet, Apt. No.;
PO Box No.
by, State, Zip+4

BENJAMIN J & SUSAN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521-1214
9471

Form 3811, 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

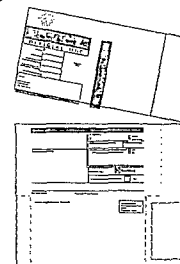
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Article #: 71106605959000119471
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

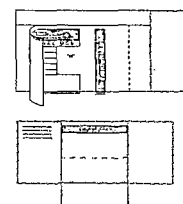
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9471	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BENJAMIN J & SUSAN BRACK 3004 MARION STREET FORT COLLINS, CO 80521-1214	D. Is delivery address different from item 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 <i>[Signature]</i>	☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>BEN BRACK SR</i>	C. Date of Delivery <i>9/13</i>
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



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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	

sent To

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

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

9-1-10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9488

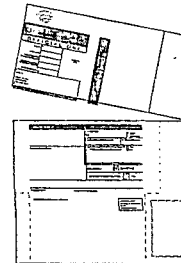
BENJAMIN JAMES GARDNER TR NOV 28 20
PO BOX 3108
LAS CRUCES, NM 88003

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

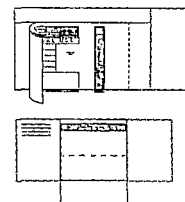
Reorder Form LCD-8 (Rev. 01/07)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9488	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENJAMIN JAMES GARDNER TR NOV 28 20 PO BOX 3108 LAS CRUCES, NM 88003	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 9488	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENJAMIN JAMES GARDNER TR NOV 28 20 PO BOX 3108 LAS CRUCES, NM 88003	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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 #:



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	

ant 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 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



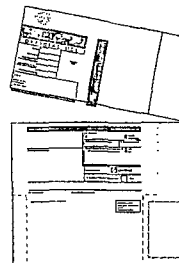
7110 6605 9590 0011 9495

BENJAMIN JOHN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521

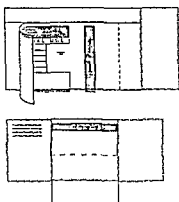
Batch #: 2183
Article #: 71106605959000119495
Date/Time: 8/31/2010 9:48:17 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

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 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 #:

3

LIFT HERE



7110 6605 9590 0011 9501

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

Postage To: BENNETT FAMILY TRUST

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

City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



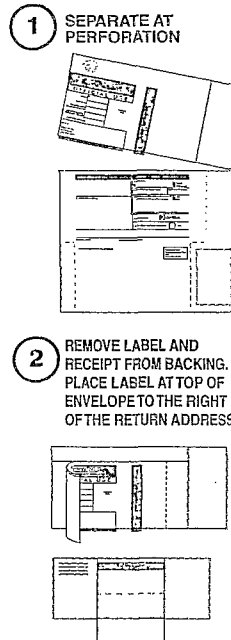
7110 6605 9590 0011 9501

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

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9501	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENNETT FAMILY TRUST RICHARD & LELA BENNETT TRUSTEES 227 BELLEVUE WAY NE #198 BELLEVUE, WA 98004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9501	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BENNETT FAMILY TRUST RICHARD & LELA BENNETT TRUSTEES 227 BELLEVUE WAY NE #198 BELLEVUE, WA 98004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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



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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	

Post To
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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9518	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BERIN EARL RILEY 1712 W MAIN, APT 6 HOUSTON, TX 77098	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



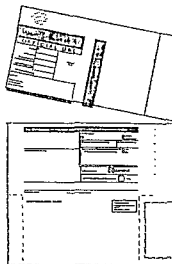
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

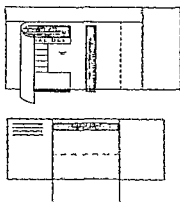
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Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0011 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	

Ant To
Street, Apt. No.,
PO Box No.
City, State, Zip+4
91110
BESSIE L WHELAN TR
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480
Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

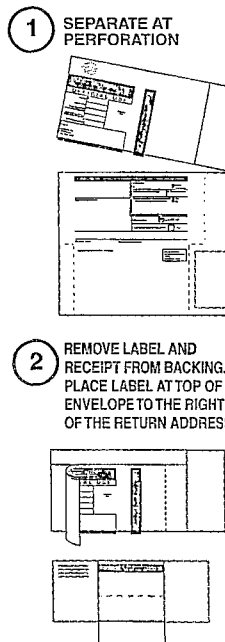


7110 6605 9590 0011 9525

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 #:

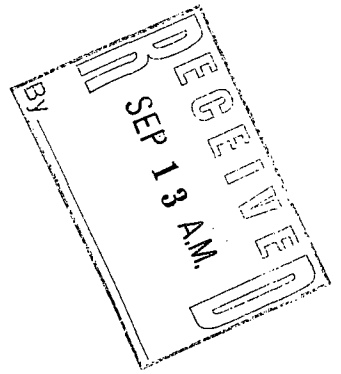
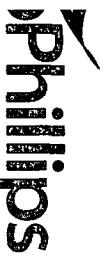
2. Article Number 7110 6605 9590 0011 9525	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BESSIE L WHELAN TR C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0011 9525	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BESSIE L WHELAN TR C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480 Code: Allocation Project - D.Howell	

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





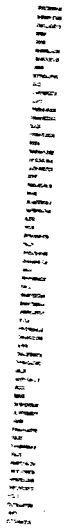
BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104

ANK

NIXIE

2238 1 15 09/06/10

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



0006557587 SEP 01 2010
MAILED FROM ZIP CODE 87402



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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	

Send 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 If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

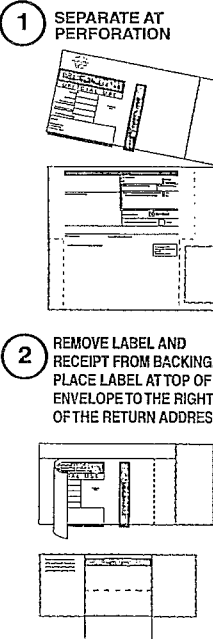


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

3
LIFT HERE





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CERTIFIED MAIL RECEIPT
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For information, visit our website at www.usps.com

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	

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

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 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 #:

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

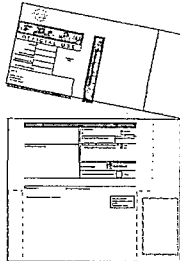
3. Service Type

☒ Certified

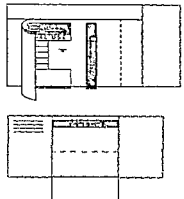
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



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

Batch #: 2187

Article #: 71106605959000119549

Date/Time: 8/31/2010 10:07:11 AM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:

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

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

3

PS Form 3811

Domestic Return Receipt

LIFT HERE



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

7110 6605 9590 0011 9556

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

nt To

BETTY ADKINS
PO BOX 218
MIDLAND, TX 79702

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

91110

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9556

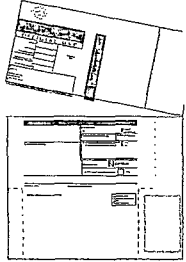
BETTY ADKINS
PO BOX 218
MIDLAND, TX 79702

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

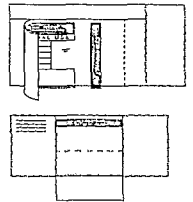
Reorder Form LCD-8 rev. 01/07

2. Article Number 7110 6605 9590 0011 9556	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BETTY ADKINS PO BOX 218 MIDLAND, TX 79702 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 9556	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Tammy B</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Tammy Beard</i> C. Date of Delivery <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No <i>P.O. Box</i> 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BETTY ADKINS PO BOX 218 MIDLAND, TX 79702 Code: Allocation Project - D.Howell	

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

3

LIFT HERE



Postnet Service
REGISTERED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

7110 6605 9590 0013 2746

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

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 Code #:

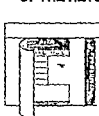
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2746	A. Signature ☒ Agent X ☐ 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	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2746	A. Signature ☒ Agent X ☐ 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	M. MARTINEZ	SEP 21 2010
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

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





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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	

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

9-110

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

Code: Allocation Project - D.Howell



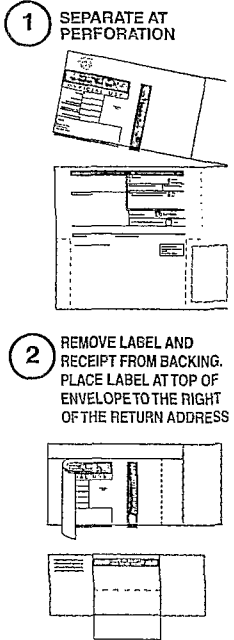
7110 6605 9590 0011 9563

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 #:

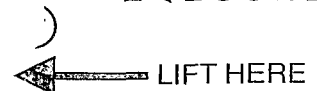
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9563	A. Signature ☒ Agent X ☒ 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 ☒ Agent X ☒ 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



7110 6605 9590 0011 9570

7110 6605 9590 0011 9570



02 1R
0006557587
MAILED FROM

BETTY R DAVIS
PO BOX 871
MIDLAND, TX 79702



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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	

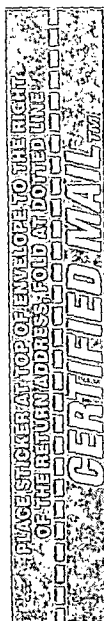
sent To
street, Apt. No.,
PO Box No.
City, State, Zip+4

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

91110

Form 3800, August 2006 PSN 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

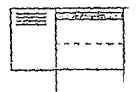
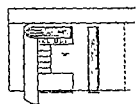
Reorder Form LCD

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE OF THE RETURN A



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9587	A. Signature X <i>Betty Pettus</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BETTY S PETTUS LIFE ESTATE PO BOX 419 BLANCO, NM 87412-0419	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

SEP 29 2010

87412

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



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7110 6605 9590 0011 9594

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9594

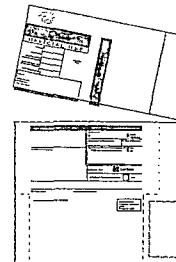
BETTY T JOHNSTON MARITAL TRUST
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

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

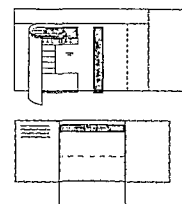
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9594	A. Signature ☐ Agent X ☐ 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
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 9594	A. Signature ☐ Agent X Julia Styler ☐ 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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0011 9600

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

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

91110

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



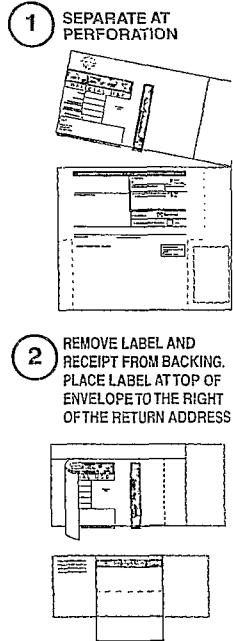
7110 6605 9590 0011 9600

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

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

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9600	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BETTY WEST STEDMAN PO BOX 1349 HOUSTON, TX 77251-1349	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
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 9600	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 07 2010
BETTY WEST STEDMAN PO BOX 1349 HOUSTON, TX 77251-1349	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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



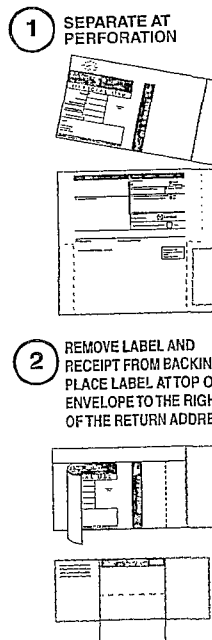
7110 6605 9590 0013 3255

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 7110 6605 9590 0013 3255	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: BEVERLY A CORBETT BAKER 13901 E SARATOGA PL AURORA, CO 80015	



2. Article Number 7110 6605 9590 0013 3255	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Dean Baker</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Dean Baker</i> C. Date of Delivery <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
1. Article Addressed to: 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 #:



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
Beverly Kiser
145 N Almont Dr Apt 102
West Hollywood, CA 90048-2920

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2753

Beverly Kiser
145 N Almont Dr Apt 102
West Hollywood, CA 90048-2920

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

2. Article Number 7110 6605 9590 0013 2753	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
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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
CERTIFIED MAIL - RECEIPT
(No Mail Only, No Insurance Coverage Provided)
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 To: BHCH MINERAL LTD
P O BOX 1817
SAN ANTONIO, TX 78296-1817

911110

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-8 rev. 01/07

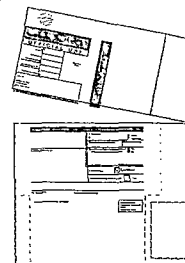
2. Article Number 7110 6605 9590 0011 9617	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

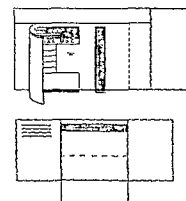
BHCH MINERAL LTD
P O BOX 1817
SAN ANTONIO, TX 78296-1817

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 9617	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Dan Moreno SEP 08 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:

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

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 #:

3





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7110 6605 9590 0011 9624

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

Send 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 #:

Reorder Form LCD rev. 01/07

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
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

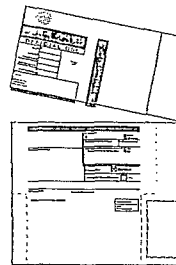
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

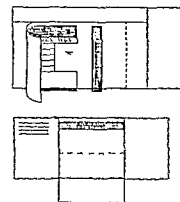
3

↑ LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0011 9631

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

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

9-1-10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9631

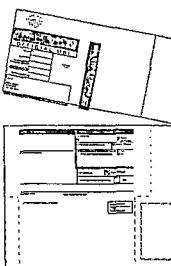
BIG SNOWY EXPLORATION LIMITED
1050 17TH STREET SUITE 1800
DENVER, CO 80265

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

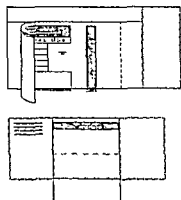
Reorder Form LCD rev. 01/07

2. Article Number	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

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 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 #:



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7110 6605 9590 0011 9648

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

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

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

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



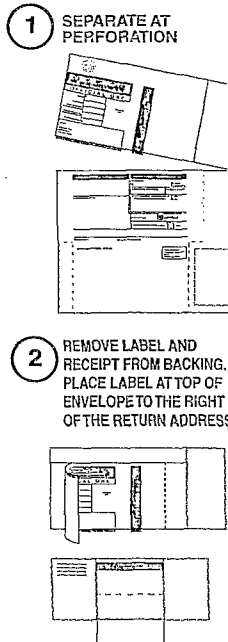
7110 6605 9590 0011 9648

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

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

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9648	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BILL LANE & JANICE LANE PO BOX 32 AMERY, WI 54001	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9648	A. Signature X Janice M. Lane ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Janice M. Lane
BILL LANE & JANICE LANE PO BOX 32 AMERY, WI 54001	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

Postmark
Here

Black Dahlia LLC
C/O Peter R Clute
4300 S Dahlia St
Cherry Hills Village, CO 80113-6101

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9662

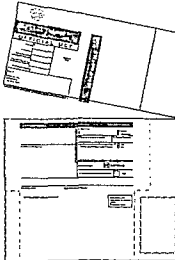
BLACK DAHLIA LLC
C/O PETER R CLUTE
4300 S DAHLIA ST
CHERRY HILLS VILLAGE, CO 80113-6101

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

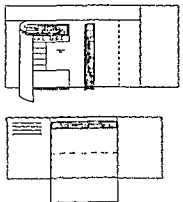
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9662	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BLACK DAHLIA LLC C/O PETER R CLUTE 4300 S DAHLIA ST CHERRY HILLS VILLAGE, CO 80113-6101	D. Is delivery address different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

Code: Allocation Project - D.Howell

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

Code: Allocation Project - D.Howell

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



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7110 6605 9590 0011 9679

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

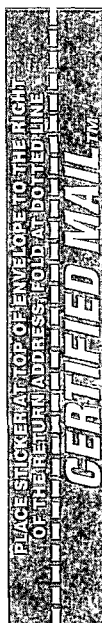
sent To
street, Apt. No.,
PO Box No.
City, State, Zip+4

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

91110

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



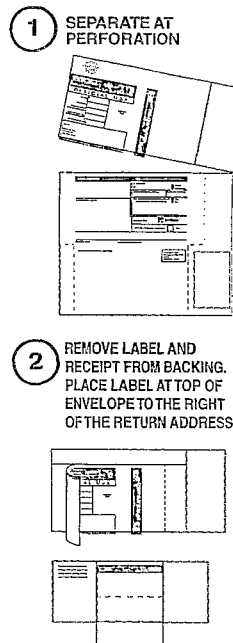
7110 6605 9590 0011 9679

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

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

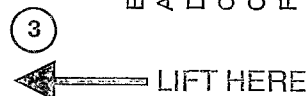
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9679	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BLACK RIVER ROYALTIES LLC 621 17TH ST, SUITE 945 DENVER, CO 80293	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9679	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BLACK RIVER ROYALTIES LLC 621 17TH ST, SUITE 945 DENVER, CO 80293	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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7110 6605 9590 0011 9655

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

Int 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 7110 6605 9590 0011 9655	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: BILLIE W SCHAUMBERG REV LVG TR 1272 CANYON RD SANTA FE, NM 87501-6189	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

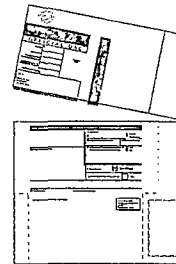
2. Article Number 7110 6605 9590 0011 9655	COMPLETE THIS SECTION ON DELIVERY A. Signature X Billie W Schauberg ☐ Agent ☐ Addressee B. Received by (Printed Name) Billie W Schauberg C. Date of Delivery 9-3-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Code: Allocation Project - D.Howell

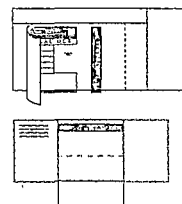
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

LIFT HERE

Batch #: 2187
Article #: 71106605959000119655
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 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.
ity, State, Zip+4

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9686

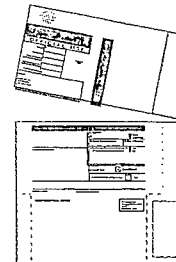
BLANCETT LAND & CATTLE LLC
271 RD 3000
AZTEC, NM 87410

Batch #: 2187
Article #: 71106605959000119686
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

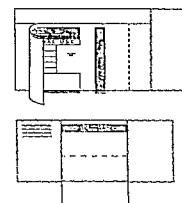
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9686	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BLANCETT LAND & CATTLE LLC 271 RD 3000 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9686	A. Signature X <i>Nervie L. Donohue</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BLANCETT LAND & CATTLE LLC 271 RD 3000 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2187
Article #: 71106605959000119686
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9693

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

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

BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

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-1 rev. 01/07

2. Article Number

7110 6605 9590 0011 9693

1. Article Addressed to:

BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

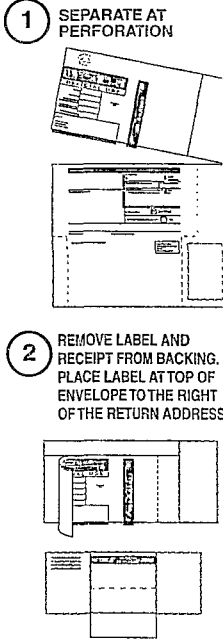
A. Signature ☒ Agent ☒ Addressee
X

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 9693

1. Article Addressed to:

BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *Bobby Smith*

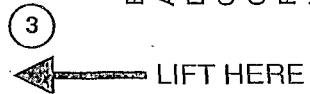
B. Received by (Printed Name) C. Date of Delivery
Bobby Smith *9-7-10*

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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7110 6605 9590 0013 3262

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

BOBBYE JO IRBY SUPPLEMENTAL NEEDS T
213 SUMMIT DR
WIMBERLY, TX 78676

Form 3811, August 2006 (See Reverse for Instructions)



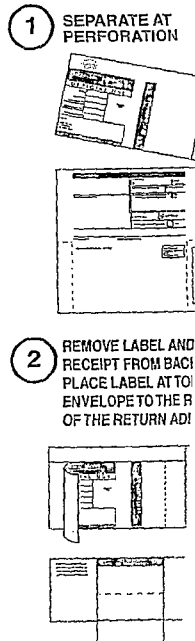
7110 6605 9590 0013 3262

BOBBYE JO IRBY SUPPLEMENTAL NEEDS T
213 SUMMIT DR
WIMBERLY, TX 78676

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

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3262	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BOBBYE JO IRBY SUPPLEMENTAL NEEDS T 213 SUMMIT DR WIMBERLY, TX 78676	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



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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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	

Postage To
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 #:

2. Article Number

7110 6605 9590 0011 9709

1. Article Addressed to:

BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9709

1. Article Addressed to:

BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

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

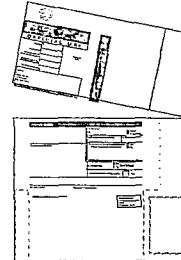
4. Restricted Delivery? (Extra Fee)

☐ Yes

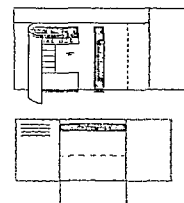
PS Form 3811

Domestic Return Receipt

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

LIFT HERE



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7110 6605 9590 0011 9716

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9716

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

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

Reorder Form LCD-1 rev. 01/07

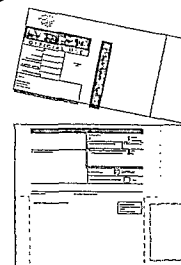
2. Article Number 7110 6605 9590 0011 9716	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BOLDRICK FAMILY PROPERTIES LP C/O BOLDRICK MGMNT CO LLC PO BOX 10648 MIDLAND, TX 79702	
Code: Allocation Project - D.Howell	

PS Form 3811 Domestic Return Receipt

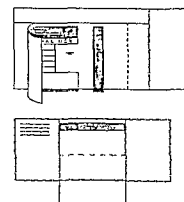
2. Article Number 7110 6605 9590 0011 9716	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: BOLDRICK FAMILY PROPERTIES LP C/O BOLDRICK MGMNT CO LLC PO BOX 10648 MIDLAND, TX 79702	
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 #: 71106605959000119716
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 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	

Postage To: **BONANZA CREEK MINERALS LLC**
2321 CANDELARIA NW
ALBUQUERQUE, NM 87107

Postage From: **91110**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9723

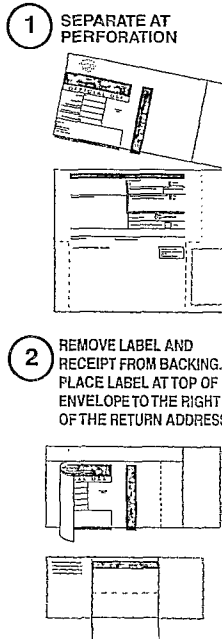
BONANZA CREEK MINERALS LLC
2321 CANDELARIA NW
ALBUQUERQUE, NM 87107

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

Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9723	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BONANZA CREEK MINERALS LLC 2321 CANDELARIA NW ALBUQUERQUE, NM 87107	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

PS Form 3811



Batch #: 2187
Article #: 71106605959000119723
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 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

3

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7110 6605 9590 0013 3279

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

ent To
BONE SPRINGS LLC
4024 NAZARENE DR
CARROLLTON, TX 75010

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 3279

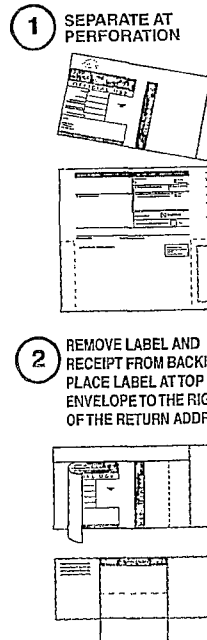
BONE SPRINGS LLC
4024 NAZARENE DR

CARROLLTON, TX 75010

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

Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3279	A. Signature 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 <i>[Signature]</i> 9-17-10
BONE SPRINGS LLC 4024 NAZARENE DR CARROLLTON, TX 75010	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0011 9730

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

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

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

91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9730

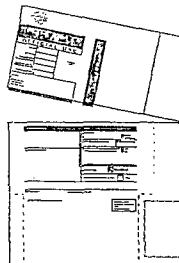
BOURQUIN FAMILY TRUST
13645 PASEO DEL ROBLE CT
LOS ALTOS HILLS, CA 94022

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

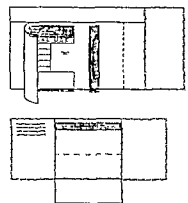
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9730	A. Signature ☒ Agent X ☐ 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 ☒ Agent X <i>Kent R. Bourquin</i> ☒ 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

PS Form 3811 Domestic Return Receipt

Batch #: 2187
Article #: 71106605959000119730
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 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	

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

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

7110 6605 9590 0011 9747

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

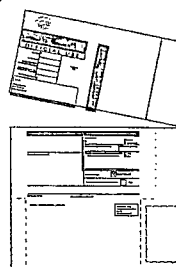
B. Received by (Printed Name) C. Date of Delivery

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

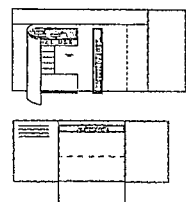
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



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Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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

3

LIFT HERE



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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	

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

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

91110

Form 3800, August 2, 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9754	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRADFORD TUCKER 301 SAGE RD #3 HOUSTON, TX 77056-1421	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

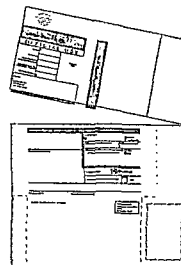
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

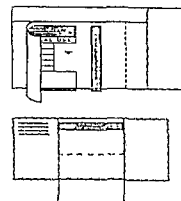
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0011 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

9/11/10

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

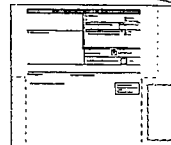
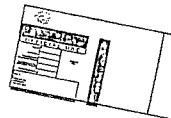
PS Form 3811

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	8-3-10
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

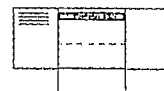
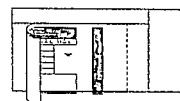
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

LIFT HERE

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



7110 6605 9590 0011 9778

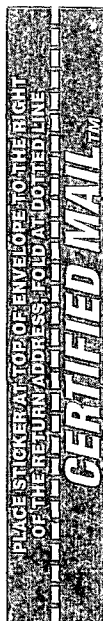
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9778

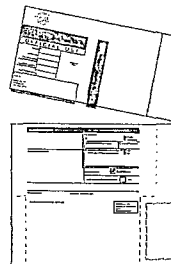
BRIAN DOWNING GIBSON
60 B ARROYO HONDO TRL
SANTA FE, NM 87508

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

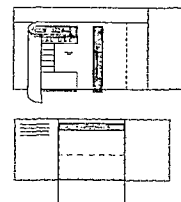
Reorder Form LCD-8 Rev. 01/07

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	

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

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

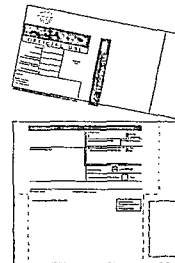
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9785	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BRIANNA CROWLEY 10762 E EXPOSITION AVE, APT. 137 AURORA, CO 80012	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811 Domestic Return Receipt

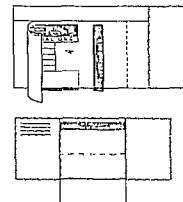
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9785	A. Signature X <i>Brianne Crowley</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Brianne Crowley</i>
BRIANNA CROWLEY 10762 E EXPOSITION AVE, APT. 137 AURORA, CO 80012	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811 Domestic Return Receipt

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 #: 71106605959000119785
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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7110 6605 9590 0011 9792

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

Postmark Here

Post To
Street, 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 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9792

1. Article Addressed to:

BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

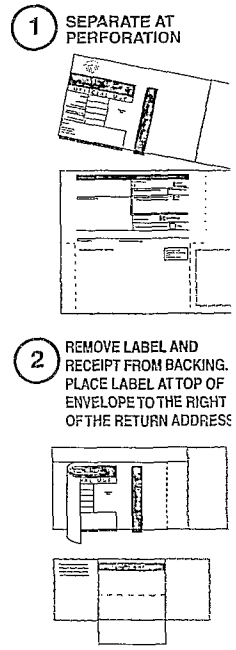
B. Received by (Printed Name) C. Date of Delivery

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

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0011 9792

1. Article Addressed to:

BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Bruce Fridley

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

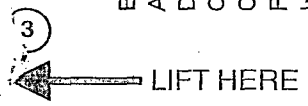
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119792
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 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	

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

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

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

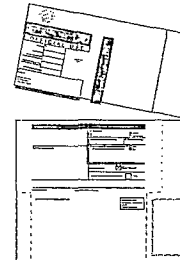
Batch #: 2187
Article #: 71106605959000119808
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

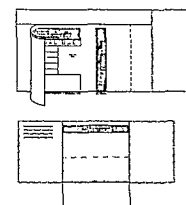
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9808	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
BRUCE P SHAW TRUST UAD JUNE 8 1972 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ 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 9808	A. Signature X <i>[Signature]</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? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119808
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0011 9815

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

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

BRYAN E JENKS
5799 BROADMOOR, STE 400
MISSION, KS 66202
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9815

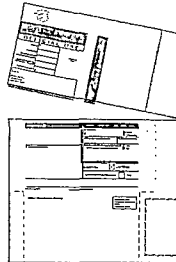
BRYAN E JENKS
5799 BROADMOOR, STE 400
MISSION, KS 66202

Batch #: 2188
Article #: 711066059590000119815
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

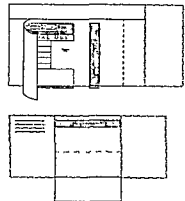
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9815	A. Signature X ☐ Agent ☐ 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

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 9815	A. Signature X <i>Masha Ross</i> ☒ Agent ☐ 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 #: 711066059590000119815
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9822

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

Post To
BUDDIE GENE CHAPPELL / TRUST B
PO BOX 71579
PHOENIX, AZ 85050-1010
9/1/10

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-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9822

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

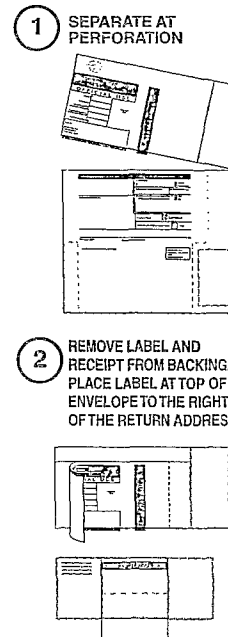
A. Signature ☒ Agent ☐ Addressee
X

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 9822

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *McChappell*

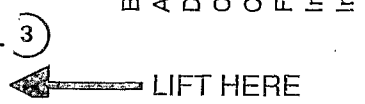
B. Received by (Printed Name) C. Date of Delivery
NE-Chappell

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 #: 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 (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



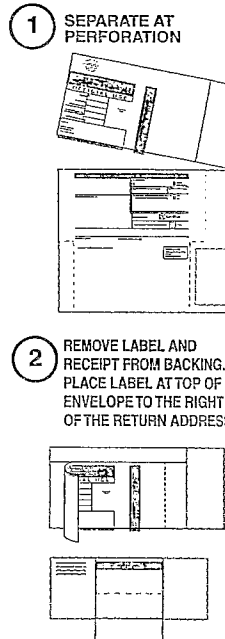
7110 6605 9590 0011 9839

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

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

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9839	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
BURDOCK LTD CO PO BOX 90428 ALBUQUERQUE, NM 87199-0428	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9839	A. Signature X <i>David J. Hainy</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery DAVID J. HAINY
BURDOCK LTD CO PO BOX 90428 ALBUQUERQUE, NM 87199-0428	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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