

0005551581 SEP01 2010
MAILED FROM ZIP CODE 87402

22
9/3/10
D. J. J.



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7110 6605 9590 0012 0149

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

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

CB LIFELINE PARTNERSHIP
C/O CAROLYN TILLEY
5225 PRESTON HAVEN DR
DALLAS, TX 75229

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0149

CB LIFELINE PARTNERSHIP
C/O CAROLYN TILLEY
5225 PRESTON HAVEN DR
DALLAS, TX 75229

Batch #: 2188
Article #: 71106605959000120149
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

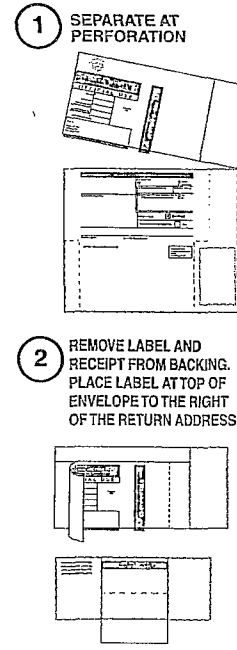
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0149	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CB LIFELINE PARTNERSHIP C/O CAROLYN TILLEY 5225 PRESTON HAVEN DR DALLAS, TX 75229	D. Is delivery address different 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

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Postage & Fees Paid
USPS
Permit No. G-10

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



Batch #: 2188
Article #: 71106605959000120149
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



Reorder Form LCC rev. 01/07



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7110 6605 9590 0011 9921

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

CAROLYN BEAMON TILLEY
5225 PRESTON HAVEN
DALLAS, TX 75229
9/10/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9921

CAROLYN BEAMON TILLEY
5225 PRESTON HAVEN
DALLAS, TX 75229

Batch #: 2188
Article #: 71106605959000119921
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9921	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CAROLYN BEAMON TILLEY 5225 PRESTON HAVEN DALLAS, TX 75229	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

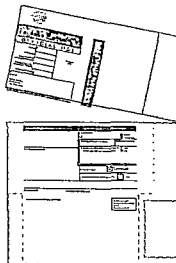
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2188
Article #: 71106605959000119921
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

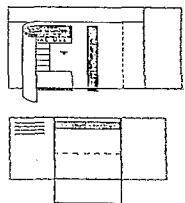
3

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1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0013 3286

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
CANDI JO LIPOUFSKI
208 CRESTHAVEN

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

WACO, TX 76712

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3286

CANDI JO LIPOUFSKI
208 CRESTHAVEN

WACO, TX 76712

Batch #: 2272
Article #: 71106605959000133286
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3286

1. Article Addressed to:

CANDI JO LIPOUFSKI
208 CRESTHAVEN

WACO, TX 76712

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)

☐

Yes

2. Article Number

7110 6605 9590 0013 3286

1. Article Addressed to:

CANDI JO LIPOUFSKI
208 CRESTHAVEN

WACO, TX 76712

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Lance Lipowski

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type



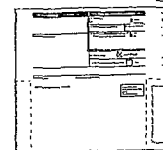
Certified

4. Restricted Delivery? (Extra Fee)

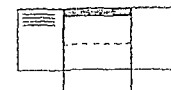
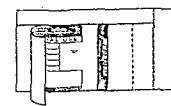
☐

Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2272
Article #: 71106605959000133286
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0011 9846

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

C A HANSON INDIV & NATURAL
PO BOX 1054
EDWARDS, CO 81632
9/11/10

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9846

C A HANSON INDIV & NATURAL
PO BOX 1054
EDWARDS, CO 81632

Batch #: 2188
Article #: 71106605959000119846
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 9846	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
C A HANSON INDIV & NATURAL PO BOX 1054 EDWARDS, CO 81632	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

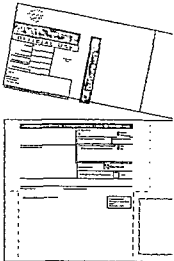
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9846	A. Signature X <i>C A Hanson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
C A HANSON INDIV & NATURAL PO BOX 1054 EDWARDS, CO 81632	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

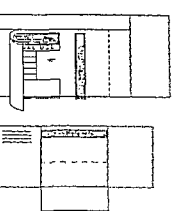
PS Form 3811

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 #: 2188
Article #: 71106605959000119846
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 9860

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

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

C W BOLIN PROPERTIES LTD
813 EIGHTH ST SUITE 1120
WICHITA FALLS, TX 76301-3354
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



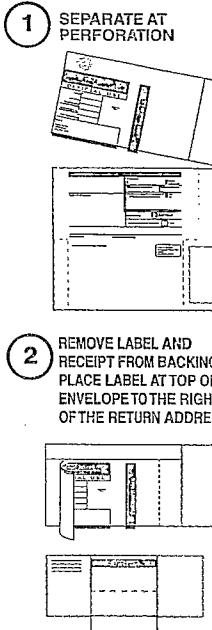
7110 6605 9590 0011 9860

C W BOLIN PROPERTIES LTD
813 EIGHTH ST SUITE 1120
WICHITA FALLS, TX 76301-3354

Batch #: 2188
Article #: 711066059590000119860
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

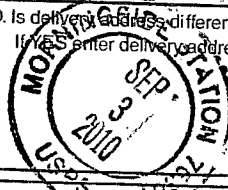
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0011 9860	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: C W BOLIN PROPERTIES LTD 813 EIGHTH ST SUITE 1120 WICHITA FALLS, TX 76301-3354 Code: Allocation Project - D.Howell	



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0011 9860	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>CW Bolin</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: C W BOLIN PROPERTIES LTD 813 EIGHTH ST SUITE 1120 WICHITA FALLS, TX 76301-3354 Code: Allocation Project - D.Howell	



Batch #: 2188
Article #: 711066059590000119860
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 0013 3293

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

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

CARLA JEAN O'HORNETT
8222 N PASEO
DEL RANCHO ESCONDIDO
TUCSON, AZ 85741-1135

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3293

CARLA JEAN O'HORNETT
8222 N PASEO
DEL RANCHO ESCONDIDO
TUCSON, AZ 85741-1135

Batch #: 2272
Article #: 71106605959000133293
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 3293	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CARLA JEAN O'HORNETT 8222 N PASEO DEL RANCHO ESCONDIDO TUCSON, AZ 85741-1135	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 3293	A. Signature X <i>Carla O'Hornett</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Carla O'Hornett</i> <i>9/14/10</i>
CARLA JEAN O'HORNETT 8222 N PASEO DEL RANCHO ESCONDIDO TUCSON, AZ 85741-1135	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 #: 71106605959000133293
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:

1 SEPARATE AT PERFORATION

2 REMOVE LABEL / RECEIPT FROM B PLACE LABEL AT ENVELOPE TO THE RETURN



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7110 6605 9590 0012 0057

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
CASA GRANDE ROYALTY CO INC
ATTN CHARLES L HOUSE
PO BOX 2305
MIDLAND, TX 79702-2305
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



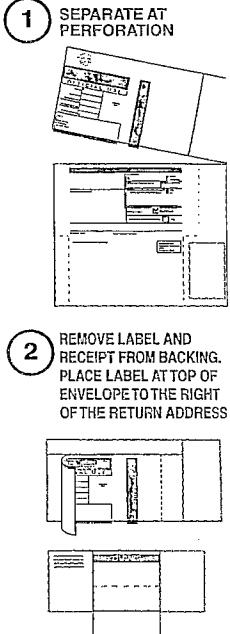
7110 6605 9590 0012 0057

CASA GRANDE ROYALTY CO INC
ATTN CHARLES L HOUSE
PO BOX 2305
MIDLAND, TX 79702-2305

Batch #: 2188
Article #: 71106605959000120057
Date/Time: 8/31/2010 10:26:54 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 0012 0057	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: CASA GRANDE ROYALTY CO INC ATTN CHARLES L HOUSE PO BOX 2305 MIDLAND, TX 79702-2305 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0057	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>M. McQuinn</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Mollie McQuinn</i> <i>8/31/10</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: CASA GRANDE ROYALTY CO INC ATTN CHARLES L HOUSE PO BOX 2305 MIDLAND, TX 79702-2305 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120057
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0011 9877

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

Postage To
Post, Apt. No.,
PO Box No.
City, State, Zip+4
9/11/10
CARL W VOGT
2100 PACIFIC AVE #4B
SAN FRANCISCO, CA 94115-1546
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9877

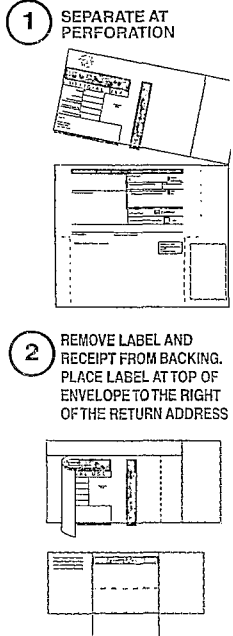
CARL W VOGT
2100 PACIFIC AVE #4B
SAN FRANCISCO, CA 94115-1546

Batch #: 2188
Article #: 71106605959000119877
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 9877
1. Article Addressed to:
CARL W VOGT
2100 PACIFIC AVE #4B
SAN FRANCISCO, CA 94115-1546
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
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 9877
1. Article Addressed to:
CARL W VOGT
2100 PACIFIC AVE #4B
SAN FRANCISCO, CA 94115-1546
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
If YES enter delivery address below: ☐ No
3. Service Type ☒ Certified
4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000119877
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 Domestic Return Receipt





7110 6605 9590 0011 9884

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

CARLOS M SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9884

CARLOS M SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2188
Article #: 71106605959000119884
Date/Time: 8/31/2010 10:26:53 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 9884	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CARLOS M SENA C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	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

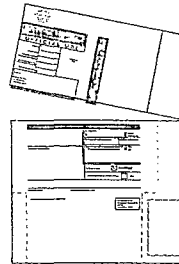
Domestic Return Receipt

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9884	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CARLOS M SENA C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

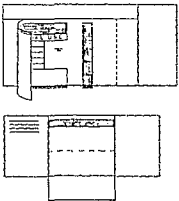
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2188
Article #: 71106605959000119884
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0011 9891

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

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

CARMEN J VIGIL V
99 HICKORY AVE
BOULDER, CO 80303
9/11/10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9891

CARMEN J VIGIL V
99 HICKORY AVE
BOULDER, CO 80303

Batch #: 2188
Article #: 71106605959000119891
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 9891

1. Article Addressed to:

CARMEN J VIGIL V
99 HICKORY AVE
BOULDER, CO 80303

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

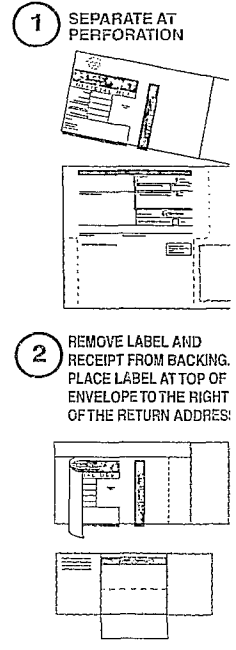
A. Signature ☒ Agent ☐ Addressee
X

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



PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9891

1. Article Addressed to:

CARMEN J VIGIL V
99 HICKORY AVE
BOULDER, CO 80303

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *C. Joseph Vigil*

B. Received by (Printed Name) C. Date of Delivery
C. JOSEPH VIGIL **8 SEPT 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 #: 2188
Article #: 71106605959000119891
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9907		A. Signature <i>[Signature]</i>	☒ Agent ☐ Addressee
		B. Received by (Printed Name) <i>Taylor Nelson</i>	C. Date of Delivery <i>9-8-10</i>
1. Article Addressed to: CAROL L NELSON 7121 OTTAWA RD NE ALBUQUERQUE, NM 87110		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

PS Form 3811

Domestic Return Receipt



7110 6605 9590 0013 3316

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 CAROLE MELINDA MYATT VAUGHT
1614 VLY VW DR

reet, Apt. No.;
PO Box No.
ity, State, Zip+4 JOSHUA, TX 76058

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3316

CAROLE MELINDA MYATT VAUGHT
1614 VLY VW DR

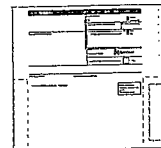
JOSHUA, TX 76058

Batch #: 2272
Article #: 71106605959000133316
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

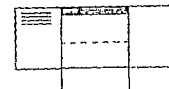
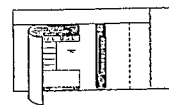
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3316	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CAROLE MELINDA MYATT VAUGHT 1614 VLY VW DR JOSHUA, TX 76058	D. Is delivery address different from item 1? ☐ Yes If 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 3316	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CAROLE MELINDA MYATT VAUGHT 1614 VLY VW DR JOSHUA, TX 76058	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 BACKIN PLACE LABEL AT TOP C ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2272
Article #: 71106605959000133316
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



7110 6605 9590 0013 3309

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

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

CAROL A MARTINEZ RAMERIZ
1612 S GLENMARY
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions



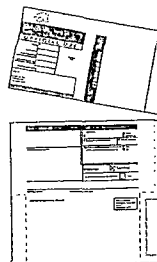
7110 6605 9590 0013 3309

CAROL A MARTINEZ RAMERIZ
1612 S GLENMARY
AZTEC, NM 87410

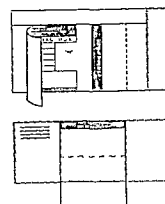
Batch #: 2272
Article #: 71106605959000133309
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3309	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CAROL A MARTINEZ RAMERIZ 1612 S GLENMARY AZTEC, NM 87410	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 BACKIN PLACE LABEL AT TOP C ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3309	A. Signature ☐ Agent <i>Carol Martinez Rameriz</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Carol Martinez Rameriz</i>
CAROL A MARTINEZ RAMERIZ 1612 S GLENMARY AZTEC, NM 87410	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 #: 71106605959000133309
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9914

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

CAROLEE SIMMONS SMITH
6704 ASHBROOK DR
FORT WORTH, TX 76132-1140
9/11/10

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9914

CAROLEE SIMMONS SMITH
6704 ASHBROOK DR
FORT WORTH, TX 76132-1140

Batch #: 2188
Article #: 71106605959000119914
Date/Time: 8/31/2010 10:26:53 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 9914	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CAROLEE SIMMONS SMITH 6704 ASHBROOK DR FORT WORTH, TX 76132-1140	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811

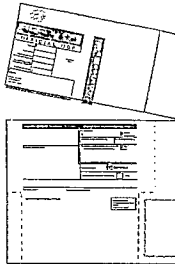
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9914	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CAROLEE SIMMONS SMITH 6704 ASHBROOK DR FORT WORTH, TX 76132-1140	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9/4/10
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

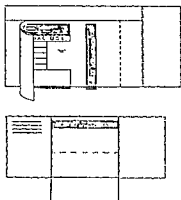
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

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Batch #: 2188
Article #: 71106605959000119914
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 9938

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

CAROLYN DAVANT FRICKE
113 BOWIE ST
PORT LAVACA, TX 77979-2606

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9938

CAROLYN DAVANT FRICKE
113 BOWIE ST
PORT LAVACA, TX 77979-2606

Batch #: 2188
Article #: 71106605959000119938
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9938	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CAROLYN DAVANT FRICKE 113 BOWIE ST PORT LAVACA, TX 77979-2606	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 9938	A. Signature X Carolyn Davant Fricke ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery CAROLYN D. FRICKE 9-10-10
CAROLYN DAVANT FRICKE 113 BOWIE ST PORT LAVACA, TX 77979-2606	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

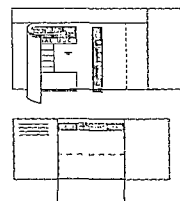
PS Form 3811

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

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Batch #: 2188
Article #: 71106605959000119938
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0011 9945

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

CAROLYN DEFFEBACH
8714 PASTURE VIEW LN
HOUSTON, TX 77024-7041

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



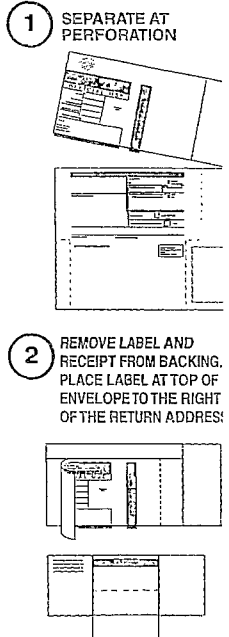
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CAROLYN DEFFEBACH
8714 PASTURE VIEW LN
HOUSTON, TX 77024-7041

Batch #: 2188
Article #: 711066059590000119945
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 9945	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CAROLYN DEFFEBACH 8714 PASTURE VIEW LN HOUSTON, TX 77024-7041	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 9945	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CAROLYN DEFFEBACH 8714 PASTURE VIEW LN HOUSTON, TX 77024-7041	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 #: 711066059590000119945
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 9952

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.
y, State, Zip+4

CAROLYN J ROSS DECLARATION
308 N SUNNYLANE PARK DR
MONMOUTH, IL 61462

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



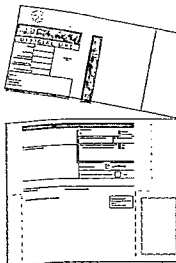
7110 6605 9590 0011 9952

CAROLYN J ROSS DECLARATION
308 N SUNNYLANE PARK DR
MONMOUTH, IL 61462

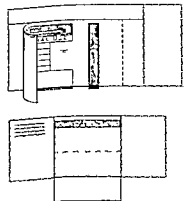
Batch #: 2188
Article #: 71106605959000119952
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9952	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CAROLYN J ROSS DECLARATION 308 N SUNNYLANE PARK DR MONMOUTH, IL 61462	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 9952	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CAROLYN J ROSS DECLARATION 308 N SUNNYLANE PARK DR MONMOUTH, IL 61462	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9/4/10 RL
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2188
Article #: 71106605959000119952
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0011 9969

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

CAROLYN JUDITH COMBS
6114 E GILBERT
WICHITA, KS 67218-2822
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9969

CAROLYN JUDITH COMBS
6114 E GILBERT
WICHITA, KS 67218-2822

Batch #: 2188
Article #: 71106605959000119969
Date/Time: 8/31/2010 10:26:53 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 9969	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CAROLYN JUDITH COMBS 6114 E GILBERT WICHITA, KS 67218-2822	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

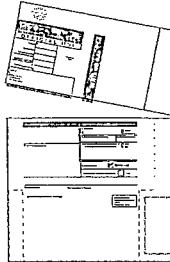
Code: Allocation Project - D.Howell

PS Form 3811, August 2006 Domestic Return Receipt

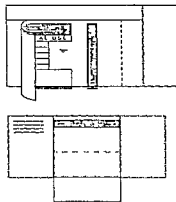
2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9969	A. Signature X Carolyn J. Combs ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Carolyn J. Combs
CAROLYN JUDITH COMBS 6114 E GILBERT WICHITA, KS 67218-2822	D. Is delivery address 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



Batch #: 2188
Article #: 71106605959000119969
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0011 9976

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

CAROLYN M FITZGERALD
PO BOX 3425
MIDLAND, TX 79702
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9976

CAROLYN M FITZGERALD
PO BOX 3425
MIDLAND, TX 79702

Batch #: 2188
Article #: 71106605959000119976
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 9976	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CAROLYN M FITZGERALD PO BOX 3425 MIDLAND, TX 79702	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		

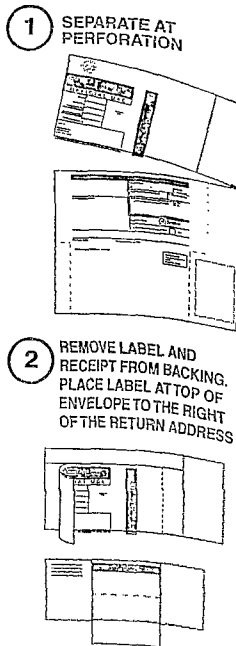
PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0011 9976	A. Signature X <i>Carolyn Fitzgerald</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Carolyn Fitzgerald</i>	C. Date of Delivery <i>9-8-10</i>
CAROLYN M FITZGERALD PO BOX 3425 MIDLAND, TX 79702	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		

PS Form 3811

Domestic Return Receipt



Batch #: 2188
Article #: 71106605959000119976
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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(No Insurance Coverage Provided)
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7110 6605 9590 0011 9990

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

Delivered To
Carolyn Nielsen Sedberry
C/O Little Oil & Gas Inc
P O Box 1258
Farmington, NM 87499
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9990

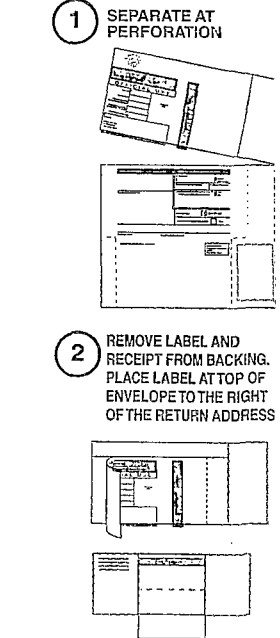
CAROLYN NIELSEN SEDBERRY
C/O LITTLE OIL & GAS INC
P O BOX 1258
FARMINGTON, NM 87499

Batch #: 2188
Article #: 71106605959000119990
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

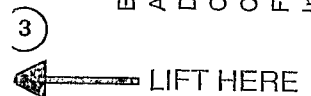
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0011 9990	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: CAROLYN NIELSEN SEDBERRY C/O LITTLE OIL & GAS INC P O BOX 1258 FARMINGTON, NM 87499 Code: Allocation Project - D.Howell	

2. Article Number 7110 6605 9590 0011 9990	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Carmel Gutierrez</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Carmel Gutierrez</i> C. Date of Delivery D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: CAROLYN NIELSEN SEDBERRY C/O LITTLE OIL & GAS INC P O BOX 1258 FARMINGTON, NM 87499 Code: Allocation Project - D.Howell	



Batch #: 2188
Article #: 71106605959000119990
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0011 9983

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

Return To
Carolyn M Harris
96 Skunk Hollow Road
Jericho, VT 5465
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0011 9983

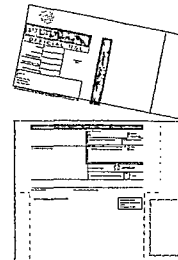
CAROLYN M HARRIS
96 SKUNK HOLLOW ROAD
JERICHO, VT 5465

Batch #: 2188
Article #: 71106605959000119983
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

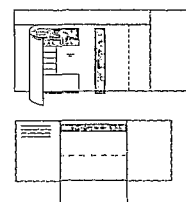
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0011 9983	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: CAROLYN M HARRIS 96 SKUNK HOLLOW ROAD JERICHO, VT 5465	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0011 9983	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Carol M. Harris</i> B. Received by (Printed Name) C. Date of Delivery 9-8-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
1. Article Addressed to: CAROLYN M HARRIS 96 SKUNK HOLLOW ROAD JERICHO, VT 5465	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000119983
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 0012 0002

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

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

CAROLYNN CLARK WIGGIN
5013 RIDGE RD.
EDINA, MN 55436-1013
9/11/10

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0002

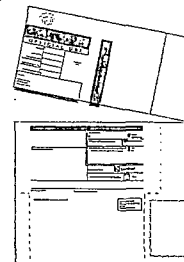
CAROLYNN CLARK WIGGIN
5013 RIDGE RD.
EDINA, MN 55436-1013

Batch #: 2188
Article #: 71106605959000120002
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

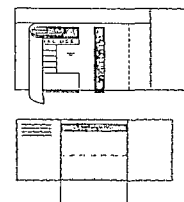
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0002		
1. Article Addressed to:		
CAROLYNN CLARK WIGGIN 5013 RIDGE RD. EDINA, MN 55436-1013		
	A. Signature X ☐ Agent ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



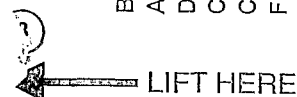
2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0002		
1. Article Addressed to:		
CAROLYNN CLARK WIGGIN 5013 RIDGE RD. EDINA, MN 55436-1013		
	A. Signature X ☐ Agent ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2188
Article #: 71106605959000120002
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0019

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

CARROLL D MYER
10712 GLENWOOD ST #E
OVERLAND PARK, KS 66211
9/1/10

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0019

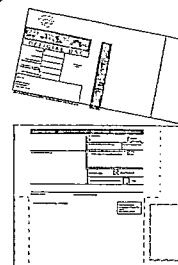
CARROLL D MYER
10712 GLENWOOD ST #E
OVERLAND PARK, KS 66211

Batch #: 2188
Article #: 711066059590000120019
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

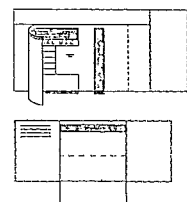
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 0019	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: CARROLL D MYER 10712 GLENWOOD ST #E OVERLAND PARK, KS 66211	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



PS Form 3811

2. Article Number 7110 6605 9590 0012 0019	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Carroll Myer</i> ☒ Agent ☐ 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: CARROLL D MYER 10712 GLENWOOD ST #E OVERLAND PARK, KS 66211	
Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 711066059590000120019
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0026

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
Carroll Devere Myer II
PO BOX 172
DURANGO, CO 81302
9/11/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0026

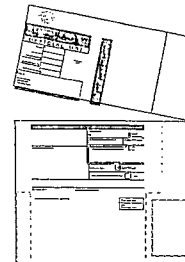
CARROLL DEVERE MYER II
PO BOX 172
DURANGO, CO 81302

Batch #: 2188
Article #: 71106605959000120026
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

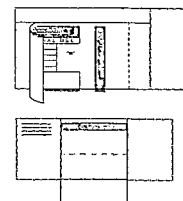
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0012 0026	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: CARROLL DEVERE MYER II PO BOX 172 DURANGO, CO 81302	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



PS Form 3811

2. Article Number 7110 6605 9590 0012 0026	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Carroll Devere Myer II</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Carroll Devere Myer II</i> <i>Sep 14 2010</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: CARROLL DEVERE MYER II PO BOX 172 DURANGO, CO 81302	
Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120026
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 0033

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

CARTER FAMILY TRUST
PO BOX 12766
DALLAS, TX 75225

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0033

CARTER FAMILY TRUST
PO BOX 12766
DALLAS, TX 75225

Batch #: 2188
Article #: 71106605959000120033
Date/Time: 8/31/2010 10:26:54 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 0012 0033	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CARTER FAMILY TRUST PO BOX 12766 DALLAS, TX 75225	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	

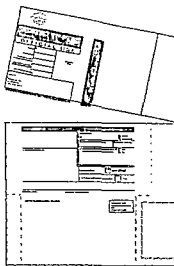
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0033	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CARTER FAMILY TRUST PO BOX 12766 DALLAS, TX 75225	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

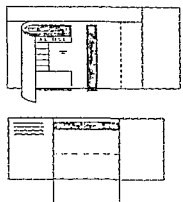
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2188
Article #: 71106605959000120033
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 0040

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
CARYN JEFFREY
2125 W HULL
DENISON, TX 75020
9/1/10

Form 3800, August 2009. See Reverse for Instructions

Code: Allocation Project - D.Howell



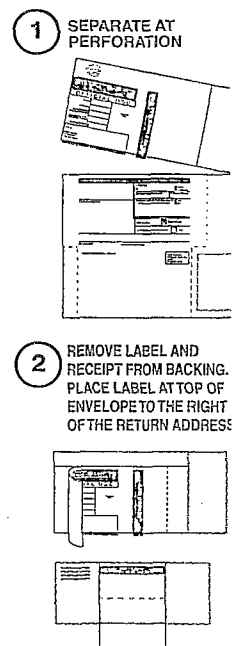
7110 6605 9590 0012 0040

CARYN JEFFREY
2125 W HULL
DENISON, TX 75020

Batch #: 2188
Article #: 71106605959000120040
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

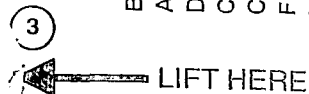
2. Article Number 7110 6605 9590 0012 0040		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: CARYN JEFFREY 2125 W HULL DENISON, TX 75020		A. Signature X ☐ Agent ☐ Addressee	
		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell			



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 0040		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: CARYN JEFFREY 2125 W HULL DENISON, TX 75020		A. Signature X <i>Caryn Jeffrey</i> ☐ Agent ☐ Addressee	
		B. Received by (Printed Name) C. Date of Delivery <i>CARYN JEFFREY</i>	
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell			

Batch #: 2188
Article #: 71106605959000120040
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





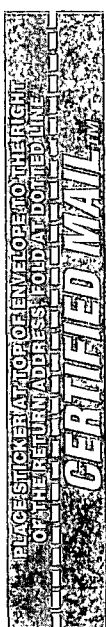
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7110 6605 9590 0012 0071

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

Post To
Castle Inc.
502 KEYSTONE DRIVE
WARRENDALE, PA 15086
91110
Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



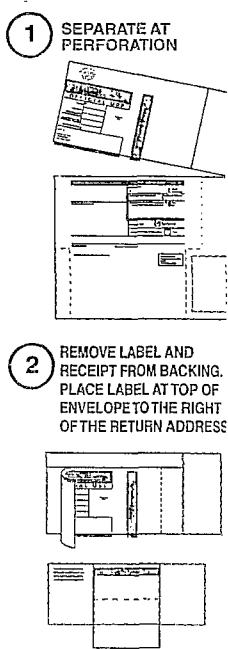
7110 6605 9590 0012 0071

CASTLE INC.
502 KEYSTONE DRIVE
WARRENDALE, PA 15086

Batch #: 2188
Article #: 71106605959000120071
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

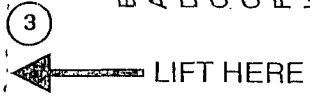
2. Article Number 7110 6605 9590 0012 0071	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: CASTLE INC. 502 KEYSTONE DRIVE WARRENDALE, PA 15086 Code: Allocation Project - D.Howell	



PS Form 3811, Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 0071	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>R. Kuhns</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>R. Kuhns</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: CASTLE INC. 502 KEYSTONE DRIVE WARRENDALE, PA 15086 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120071
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0088

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
CATALIS LLC
PO BOX 1054
EDWARDS, CO 81632
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0088

CATALIS LLC
PO BOX 1054
EDWARDS, CO 81632

Batch #: 2188
Article #: 71106605959000120088
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

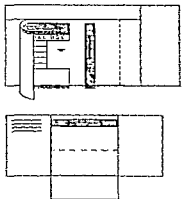
2. Article Number 7110 6605 9590 0012 0088	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: CATALIS LLC PO BOX 1054 EDWARDS, CO 81632	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



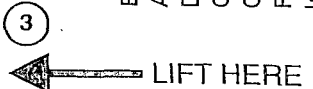
2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 0088	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: CATALIS LLC PO BOX 1054 EDWARDS, CO 81632	

Code: Allocation Project - D.Howell

Batch #: 2188
Article #: 71106605959000120088
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0095

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

CATHARINE GRAY REMENICK
C/O TR MIN SECT 1049335
PO BOX 99084
FORT WORTH, TX 76199-0084

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0095

CATHARINE GRAY REMENICK
C/O TR MIN SECT 1049335
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2188
Article #: 71106605959000120095
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0012 0095

1. Article Addressed to:

CATHARINE GRAY REMENICK
C/O TR MIN SECT 1049335
PO BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

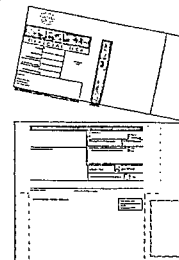
B. Received by (Printed Name) C. Date of Delivery

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

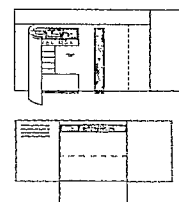
3. Service Type ☒ Certified

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 0012 0095

1. Article Addressed to:

CATHARINE GRAY REMENICK
C/O TR MIN SECT 1049335
PO BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *[Signature]*

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 #: 2188
Article #: 71106605959000120095
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 0101

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

CATHARINE J DICKEY LIVING TRUST
300 N CHESTNUT
BLOOMFIELD, NM 87413
9/11/10

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0101

CATHARINE J DICKEY LIVING TRUST
300 N CHESTNUT
BLOOMFIELD, NM 87413

Batch #: 2188
Article #: 71106605959000120101
Date/Time: 8/31/2010 10:26:54 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 0012 0101	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CATHARINE J DICKEY LIVING TRUST 300 N CHESTNUT BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

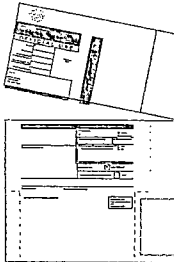
Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0101	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CATHARINE J DICKEY LIVING TRUST 300 N CHESTNUT BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

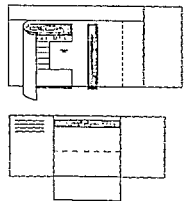
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2188
Article #: 71106605959000120101
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 3323

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

CATHERINE FORTIN
4833 BROAD HOLLOW DR
CHARLOTTE, NC 28226

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3323

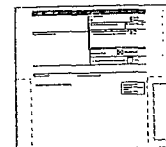
CATHERINE FORTIN
4833 BROAD HOLLOW DR
CHARLOTTE, NC 28226

Batch #: 2272
Article #: 71106605959000133323
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

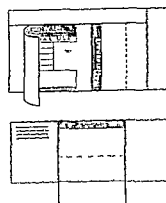
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3323	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CATHERINE FORTIN 4833 BROAD HOLLOW DR CHARLOTTE, NC 28226	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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP C ENVELOPE TO THE RIGI OF THE RETURN ADDRI



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3323	A. Signature X <i>McFarland</i>	☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Man 8/18/10</i>	C. Date of Delivery
CATHERINE FORTIN 4833 BROAD HOLLOW DR CHARLOTTE, NC 28226	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

Batch #: 2272
Article #: 71106605959000133323
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 0118

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

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

CATHERINE H RUMML REVOCABLE TRUST
PO BOX 297
SOUTH STRAFFORD, VT 05070-2097
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



CATHERINE H RUMML REVOCABLE TRUST
PO BOX 297
SOUTH STRAFFORD, VT 05070-2097

Batch #: 2188
Article #: 71106605959000120118
Date/Time: 8/31/2010 10:26:54 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 0012 0118	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CATHERINE H RUMML REVOCABLE TRUST PO BOX 297 SOUTH STRAFFORD, VT 05070-2097	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

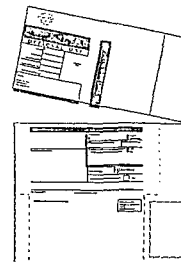
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

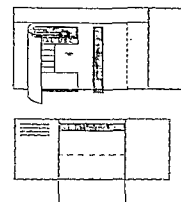
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0118	A. Signature X <i>C.H. Rumml</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/5/10
CATHERINE H RUMML REVOCABLE TRUST PO BOX 297 SOUTH STRAFFORD, VT 05070-2097	D. Is delivery 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



Batch #: 2188
Article #: 71106605959000120118
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0013 2760

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

CATHERINE M VIOLA TR
1999 HARRISON ST
STE 1670
OAKLAND, CA 94612

Form 3800, August 2006 See Reverse for Instructions



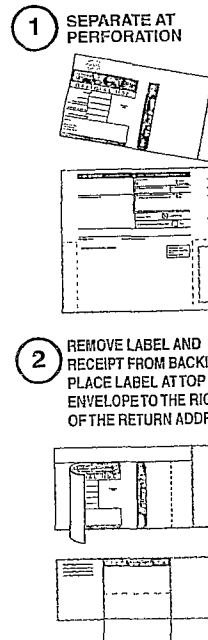
7110 6605 9590 0013 2760

CATHERINE M VIOLA TR
1999 HARRISON ST
STE 1670
OAKLAND, CA 94612

Batch #: 2269
Article #: 71106605959000132760
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-80 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2760	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CATHERINE M VIOLA TR 1999 HARRISON ST STE 1670 OAKLAND, CA 94612	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 2760	A. Signature X Workman ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CATHERINE M VIOLA TR 1999 HARRISON ST STE 1670 OAKLAND, CA 94612	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 #: 71106605959000132760
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0125

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

CATHERINE ROSS
3000 FRONTIER PL N E
ALBUQUERQUE, NM 87106-2037
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0125

CATHERINE ROSS
3000 FRONTIER PL N E
ALBUQUERQUE, NM 87106-2037

Batch #: 2188
Article #: 71106605959000120125
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

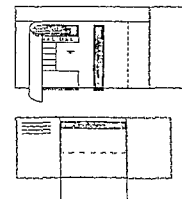
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0125	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to: CATHERINE ROSS 3000 FRONTIER PL N E ALBUQUERQUE, NM 87106-2037	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0125	A. Signature X Catherine Ross ☐ Agent ☐ Addressee	
1. Article Addressed to: CATHERINE ROSS 3000 FRONTIER PL N E ALBUQUERQUE, NM 87106-2037	B. Received by (Printed Name) Catherine Ross	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		

Code: Allocation Project - D.Howell

Batch #: 2188
Article #: 71106605959000120125
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 0132

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

To: **CATHY J POUND**
PO BOX 285
LAMPASAS, TX 76550
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 0132

CATHY J POUND
PO BOX 285
LAMPASAS, TX 76550

Batch #: 2188
Article #: 711066059590000120132
Date/Time: 8/31/2010 10:26:54 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 0012 0132

1. Article Addressed to:

CATHY J POUND
PO BOX 285
LAMPASAS, TX 76550

COMPLETE THIS SECTION ON DELIVERY

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

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0012 0132

1. Article Addressed to:

CATHY J POUND
PO BOX 285
LAMPASAS, TX 76550

COMPLETE THIS SECTION ON DELIVERY

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

Code: Allocation Project - D.Howell

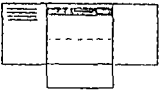
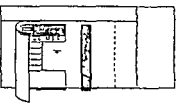
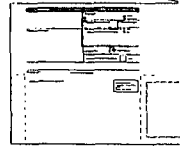
PS Form 3811

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

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Batch #: 2188
Article #: 711066059590000120132
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0156

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

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

CECELIA V OTTO
2850 COLORADO AVE
SAN ANGELO, TX 76901-3613
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0156

CECELIA V OTTO
2850 COLORADO AVE
SAN ANGELO, TX 76901-3613

Batch #: 2188
Article #: 71106605959000120156
Date/Time: 8/31/2010 10:26:54 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 0012 0156	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CECELIA V OTTO 2850 COLORADO AVE SAN ANGELO, TX 76901-3613	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

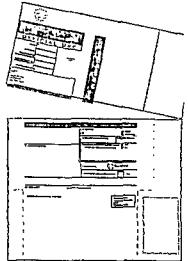
Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0156	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CECELIA V OTTO 2850 COLORADO AVE SAN ANGELO, TX 76901-3613	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

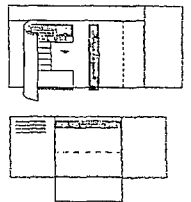
PS Form 3811

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 #: 2188
Article #: 71106605959000120156
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0163

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

Return To: CEEFAM LLC
C/O LITTLE OIL & GAS INC
PO BOX 1258
FARMINGTON, NM 87499
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0163

CEEFAM LLC
C/O LITTLE OIL & GAS INC
PO BOX 1258
FARMINGTON, NM 87499

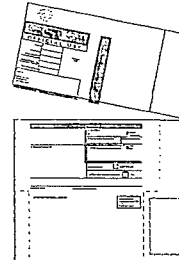
Batch #: 2188
Article #: 71106605959000120163
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

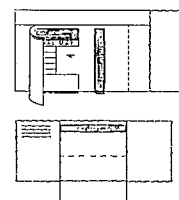
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0163	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CEEFAM LLC C/O LITTLE OIL & GAS INC PO BOX 1258 FARMINGTON, NM 87499	D. Is delivery address different from item 1? ☐ 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 0012 0163	A. Signature X <i>Carmel D. Lopez</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Carmel D. Lopez</i>
CEEFAM LLC C/O LITTLE OIL & GAS INC PO BOX 1258 FARMINGTON, NM 87499	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 #: 2188
Article #: 71106605959000120163
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0187

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.
ity, State, Zip+4

CEL SO GOMEZ JR
PO BOX 385
BLANCO, NM 87412
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0187

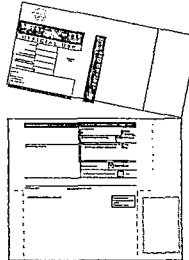
CEL SO GOMEZ JR
PO BOX 385
BLANCO, NM 87412

Batch #: 2188
Article #: 71106605959000120187
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

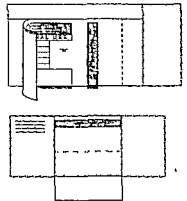
Reorder Form LCD-811B rev. 01/07

2. Article Number 7110 6605 9590 0012 0187	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: CEL SO GOMEZ JR PO BOX 385 BLANCO, NM 87412 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 0012 0187	COMPLETE THIS SECTION ON DELIVERY A. Signature X Tracy Gomez ☐ Agent ☐ Addressee B. Received by (Printed Name) Tracy L. Gomez C. Date of Delivery 9-28-10 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: CEL SO GOMEZ JR PO BOX 385 BLANCO, NM 87412 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120187
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0170

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

CELSE GOMEZ IRREV TR FOR GRANDCHILD
PO BOX 385
BLANCO, NM 87412
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0170

CELSE GOMEZ IRREV TR FOR GRANDCHILD
PO BOX 385
BLANCO, NM 87412

Batch #: 2188
Article #: 71106605959000120170
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-814 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0170	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CELSE GOMEZ IRREV TR FOR GRANDCHILD PO BOX 385 BLANCO, NM 87412	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

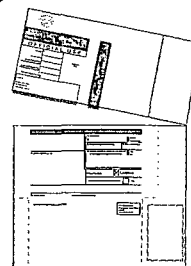
Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0170	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CELSE GOMEZ IRREV TR FOR GRANDCHILD PO BOX 385 BLANCO, NM 87412	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

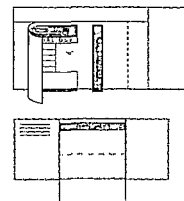
PS Form 3811

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 #: 2188
Article #: 71106605959000120170
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0194

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

CHAD A MACINTOSH
24122 ROSITA DR
WILDOMAR, CA 92595
91110

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



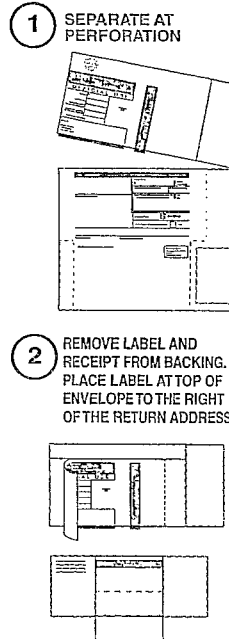
7110 6605 9590 0012 0194

CHAD A MACINTOSH
24122 ROSITA DR
WILDOMAR, CA 92595

Batch #: 2188
Article #: 71106605959000120194
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

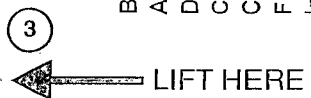
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0194	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHAD A MACINTOSH 24122 ROSITA DR WILDOMAR, CA 92595	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 0012 0194	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHAD A MACINTOSH 24122 ROSITA DR WILDOMAR, CA 92595	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 #: 71106605959000120194
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0224

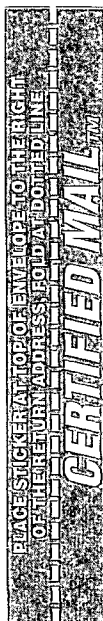
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

CHARLES B EDMIASTON
3095 CR 310
JUSTICEBURG, TX 79330
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0224

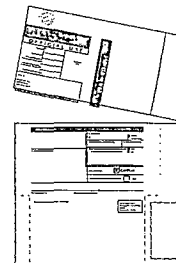
CHARLES B EDMIASTON
3095 CR 310
JUSTICEBURG, TX 79330

Batch #: 2188
Article #: 71106605959000120224
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

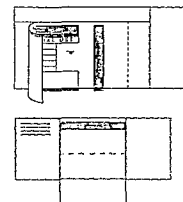
Reorder Form LCD-Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0224	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES B EDMIASTON 3095 CR 310 JUSTICEBURG, TX 79330	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 0012 0224	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery C.B. Edmiston 9-7-10
CHARLES B EDMIASTON 3095 CR 310 JUSTICEBURG, TX 79330	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 #: 2188
Article #: 71106605959000120224
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



7110 6605 9590 0012 0231

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

CHARLES COLEMAN JENKINS II
718 LIVINGSTON AVENUE
SHREVEPORT, LA 71107

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0231

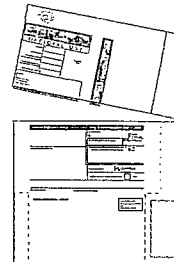
CHARLES COLEMAN JENKINS II
718 LIVINGSTON AVENUE
SHREVEPORT, LA 71107

Batch #: 2188
Article #: 71106605959000120231
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

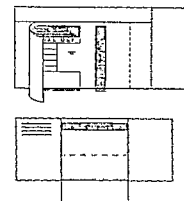
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0231	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CHARLES COLEMAN JENKINS II 718 LIVINGSTON AVENUE SHREVEPORT, LA 71107	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 0012 0231	A. Signature X Charles Jenkins	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CHARLES COLEMAN JENKINS II 718 LIVINGSTON AVENUE SHREVEPORT, LA 71107	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120231
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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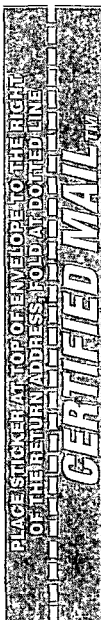
7110 6605 9590 0012 0248

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
Charles Longcope JR
7157 JOYCE WAY
DALLAS, TX 75225-1730
9/1/10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0248

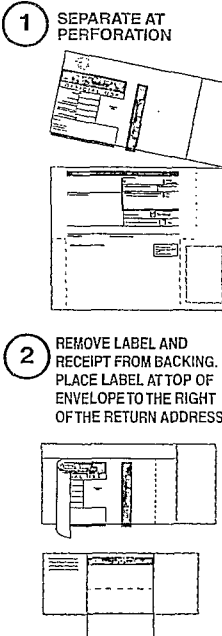
CHARLES LONGCOPE JR
7157 JOYCE WAY
DALLAS, TX 75225-1730

Batch #: 2188
Article #: 71106605959000120248
Date/Time: 8/31/2010 10:26:54 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 0012 0248	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES LONGCOPE JR 7157 JOYCE WAY DALLAS, TX 75225-1730	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0248	A. Signature X Charles Longcope JR ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES LONGCOPE JR 7157 JOYCE WAY DALLAS, TX 75225-1730	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 #: 2188
Article #: 71106605959000120248
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0217

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

CHARLENE R AUVIL
515 WASHINGTON ST, SMITH TOWER, APT
VANCOUVER, WA 98660-3171

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0217

CHARLENE R AUVIL
515 WASHINGTON ST, SMITH TOWER, APT
VANCOUVER, WA 98660-3171

Batch #: 2188
Article #: 71106605959000120217
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0217	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLENE R AUVIL 515 WASHINGTON ST, SMITH TOWER, APT VANCOUVER, WA 98660-3171	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

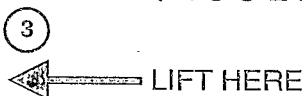
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2188
Article #: 71106605959000120217
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 0255

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

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

CHARLES RUSSELL BELL
PO BOX 42
BELLVILLE, TX 77418

9/11/10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0255

CHARLES RUSSELL BELL
PO BOX 42
BELLVILLE, TX 77418

Batch #: 2188
Article #: 71106605959000120255
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

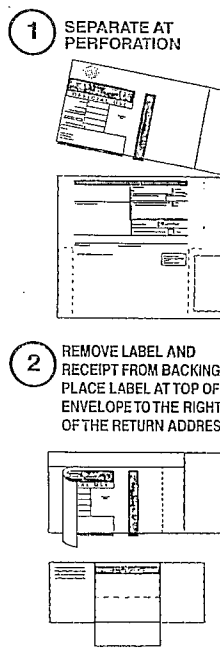
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0255	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES RUSSELL BELL PO BOX 42 BELLVILLE, TX 77418	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 0012 0255	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES RUSSELL BELL PO BOX 42 BELLVILLE, TX 77418	RUSSELL BELL 9/18/2010
	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

Code: Allocation Project - D.Howell



Batch #: 2188
Article #: 71106605959000120255
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0200

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
CHAPPELL FAMILY TR UTA DTD JUNE 4 9
PO BOX 1865
CORRALES, NM 87048
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



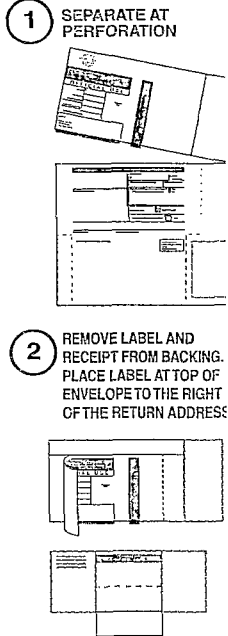
7110 6605 9590 0012 0200

CHAPPELL FAMILY TR UTA DTD JUNE 4 9
PO BOX 1865
CORRALES, NM 87048

Batch #: 2188
Article #: 71106605959000120200
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 0200	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: CHAPPELL FAMILY TR UTA DTD JUNE 4 9 PO BOX 1865 CORRALES, NM 87048	



2. Article Number 7110 6605 9590 0012 0200	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery NE Chappell 9-14-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: CHAPPELL FAMILY TR UTA DTD JUNE 4 9 PO BOX 1865 CORRALES, NM 87048	

Batch #: 2188
Article #: 71106605959000120200
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

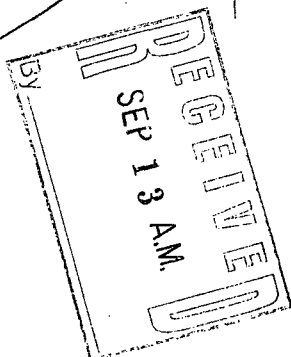




7110 6605 9590 0012 0217



0006557587 SEP 01 2010
MAILED FROM ZIP CODE 87402



NOT DELIVERABLE
AS ADDRESSED -
UNABLE TO FORWARD

CHARLENE PAUVIL
515 WASHINGTON ST. SMITH TOWER, APT
VANCOUVER, WA 98660-3171

1/2



U.S. Postal Service
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7110 6605 9590 0012 0262

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

CHARLES SIAU
1001 W SPRUCE
PORTALES, NM 88130
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



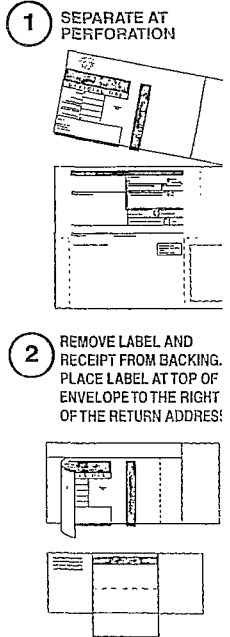
7110 6605 9590 0012 0262

CHARLES SIAU
1001 W SPRUCE
PORTALES, NM 88130

Batch #: 2188
Article #: 71106605959000120262
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0262	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES SIAU 1001 W SPRUCE PORTALES, NM 88130	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 0012 0262	A. Signature <i>Charles Siau</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES SIAU 1001 W SPRUCE PORTALES, NM 88130	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 #: 71106605959000120262
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0279

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	

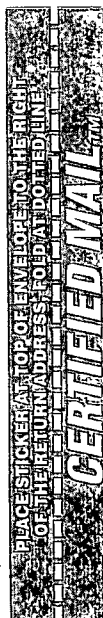
Post To
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

CHARLES W GAY
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

9/11/10

Form 3800, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0279

CHARLES W GAY
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Batch #: 2188
Article #: 71106605959000120279
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

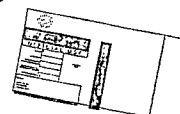
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0279	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES W GAY C/O JAMES M RAYMOND-POA PO BOX 291445 KERRVILLE, TX 78029-1445	D. Is delivery address different from 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

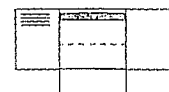
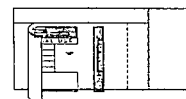
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0279	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES W GAY C/O JAMES M RAYMOND-POA PO BOX 291445 KERRVILLE, TX 78029-1445	Nicole Goversen 09/08/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2188
Article #: 71106605959000120279
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 0286

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: **CHARLES W MCCARTY TRUST**
BANK OF AMERICA, NA, TRUSTEE
PO BOX 840738
DALLAS, TX 75284-0738

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0286

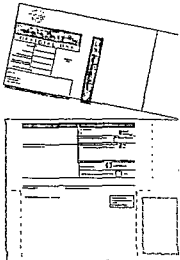
CHARLES W MCCARTY TRUST
BANK OF AMERICA, NA, TRUSTEE
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2188
Article #: 71106605959000120286
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

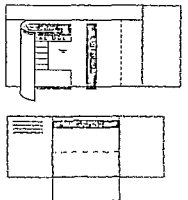
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0286	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES W MCCARTY TRUST BANK OF AMERICA, NA, TRUSTEE PO BOX 840738 DALLAS, TX 75284-0738	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 0012 0286	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARLES W MCCARTY TRUST BANK OF AMERICA, NA, TRUSTEE PO BOX 840738 DALLAS, TX 75284-0738	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 #: 71106605959000120286
Date/Time: 8/31/2010 10:26:54 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0293

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

CHARTER ROYALTY 96, LTD.
P O BOX 3253
MIDLAND, TX 79702

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0293

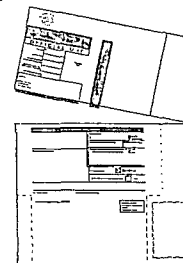
CHARTER ROYALTY 96, LTD.
P O BOX 3253
MIDLAND, TX 79702

Batch #: 2188
Article #: 71106605959000120293
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

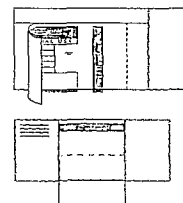
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0293	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHARTER ROYALTY 96, LTD. P O BOX 3253 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 0012 0293	A. Signature X <i>Sawanna Blase</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Sawanna Blase</i> <i>9-10-10</i>
CHARTER ROYALTY 96, LTD. P O BOX 3253 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120293
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0309

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

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

CHASE OIL CORPORATION
P O BOX 1767
ARTESIA, NM 88211-1767

9/1/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



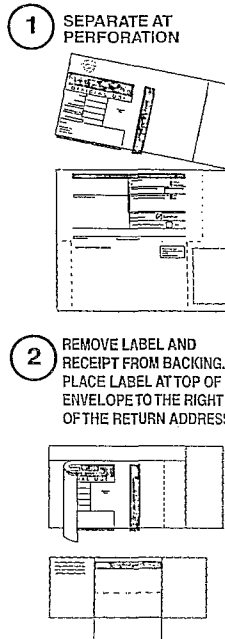
7110 6605 9590 0012 0309

CHASE OIL CORPORATION
P O BOX 1767
ARTESIA, NM 88211-1767

Batch #: 2188
Article #: 71106605959000120309
Date/Time: 8/31/2010 10:26:55 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 0012 0309	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHASE OIL CORPORATION P O BOX 1767 ARTESIA, NM 88211-1767	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 0012 0309	A. Signature <i>Kathy Donaghe</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery KATHY DONAGHE
CHASE OIL CORPORATION P O BOX 1767 ARTESIA, NM 88211-1767	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 #: 71106605959000120309
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 0316

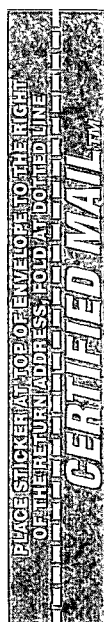
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Post To
CHERYL WILSON HAIRSTON
3634 GRANADA AVE
DALLAS, TX 75205-2014
9/11/10

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0316

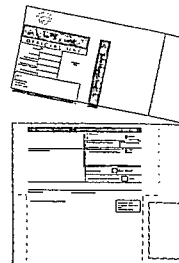
CHERYL WILSON HAIRSTON
3634 GRANADA AVE
DALLAS, TX 75205-2014

Batch #: 2188
Article #: 71106605959000120316
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

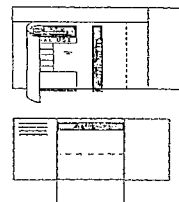
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 0316	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: CHERYL WILSON HAIRSTON 3634 GRANADA AVE DALLAS, TX 75205-2014 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 0316	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery James Hairston 9/10/10 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: CHERYL WILSON HAIRSTON 3634 GRANADA AVE DALLAS, TX 75205-2014 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120316
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 0323

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	

Deliver To
Chevron Midcontinent LP
NOJV Manager
PO BOX 2100
HOUSTON, TX 77252
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0323

CHEVRON MIDCONTINENT LP
NOJV MANAGER
PO BOX 2100
HOUSTON, TX 77252

Batch #: 2188
Article #: 7110605959000120323
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 0323

1. Article Addressed to:

CHEVRON MIDCONTINENT LP
NOJV MANAGER
PO BOX 2100
HOUSTON, TX 77252

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

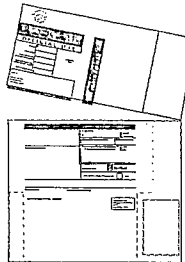
3. Service Type

☒ **Certified**

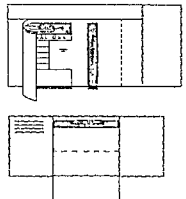
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 0323

1. Article Addressed to:

CHEVRON MIDCONTINENT LP
NOJV MANAGER
PO BOX 2100
HOUSTON, TX 77252

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ **Certified**

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2188
Article #: 7110605959000120323
Date/Time: 8/31/2010 10:26:55 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 0012 0330

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: CHILDRENS TRUST UW HARRY D PORTER

Postage to: PO BOX 840738
DALLAS, TX 75284-0738

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 0330

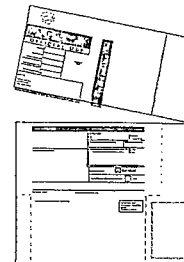
CHILDRENS TRUST UW HARRY D PORTER
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2188
Article #: 71106605959000120330
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

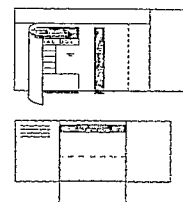
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0330	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CHILDRENS TRUST UW HARRY D PORTER PO BOX 840738 DALLAS, TX 75284-0738	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 0012 0330	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CHILDRENS TRUST UW HARRY D PORTER PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	SEP 05 2010
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2188
Article #: 71106605959000120330
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

ConocoPhillips

SZ
ATTACHED
9-16

7110 6605 9590 0012 0347

ATTEMPTED,
NOT KNOWN

CHRIS HIGNETT
1901 E OCOTILLO RD
BACK HOUSE
PHOENIX, AZ 85016

6350 Wiloughby Ave - Apt 7.7
Los Angeles, CA 90038

Reminded
11/11/10





LaserSubstrates, Inc.™

1.800.538.4900
www.lasersub.com

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

7110 6605 9590 0013 5143

Postage	\$ 0.88	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.98	

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

CHRIS HIGNETT
6350 WILLOUGHBY AVE. #7
LOS ANGELES, CA 90038

Form 3800, August 2006 See Reverse for Instructions

Code: Dawn-Allocation
Code2:

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

CERTIFIED MAIL™

7110 6605 9590 0013 5143

CHRIS HIGNETT
6350 WILLOUGHBY AVE. #7
LOS ANGELES, CA 90038

Batch #: 2328
Article #: 71106605959000135143
Date/Time: 10/4/2010 1:52:38 PM
Code: Dawn-Allocation
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 5143	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHRIS HIGNETT 6350 WILLOUGHBY AVE. #7 LOS ANGELES, CA 90038	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Dawn-Allocation Code2:	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

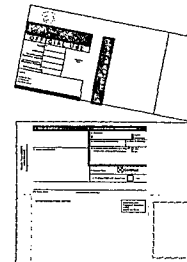
OPTIONAL LABEL

Batch #: 2328
Article #: 71106605959000135143
Date/Time: 10/4/2010 1:52:38 PM
Code: Dawn-Allocation
Code2:
File #:
Internal File #:
Internal Code #:

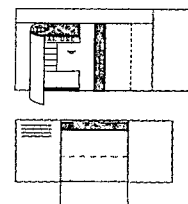
3

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





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

7110 6605 9590 0012 0347

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

CHRIS HIGNETT
1901 E OCOTILLO RD
BACK HOUSE
PHOENIX, AZ 85016

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0347

CHRIS HIGNETT
1901 E OCOTILLO RD
BACK HOUSE
PHOENIX, AZ 85016

Batch #: 2188
Article #: 71106605959000120347
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC100 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0347	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CHRIS HIGNETT 1901 E OCOTILLO RD BACK HOUSE PHOENIX, AZ 85016	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

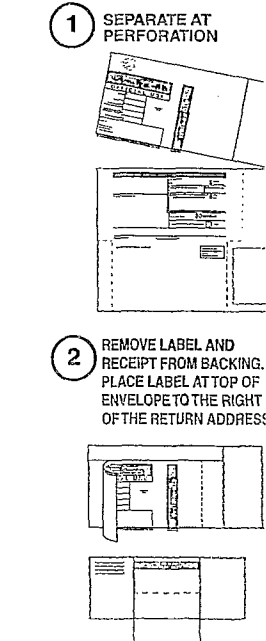
Domestic Return Receipt

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 #: 2188
Article #: 71106605959000120347
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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Domestic Mail Only, No Insurance Coverage Provided
For more information, visit our website at www.usps.com

7110 6605 9590 0012 0354

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

CHRIS W JERMAN
5540 BAER PLACE NW
ALBUQUERQUE, NM 87120

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0354

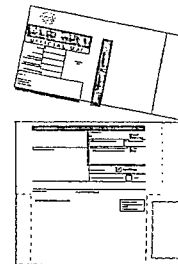
CHRIS W JERMAN
5540 BAER PLACE NW
ALBUQUERQUE, NM 87120

Batch #: 2188
Article #: 71106605959000120354
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

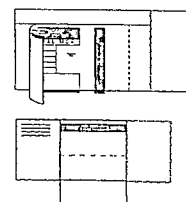
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0354	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHRIS W JERMAN 5540 BAER PLACE NW ALBUQUERQUE, NM 87120	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 0012 0354	A. Signature X <i>Chris W Jerman</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CHRIS W JERMAN 5540 BAER PLACE NW ALBUQUERQUE, NM 87120	<i>CHRIS W JERMAN</i> <i>9-9-10</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 #: 2188
Article #: 71106605959000120354
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0361

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

CHRISTIE SMITH
1801 GREYSTONE
NEW BRAUNFELS, TX 78132
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0361

CHRISTIE SMITH
1801 GREYSTONE
NEW BRAUNFELS, TX 78132

Batch #: 2188
Article #: 711066059590000120361
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 0361

1. Article Addressed to:

CHRISTIE SMITH
1801 GREYSTONE
NEW BRAUNFELS, TX 78132

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

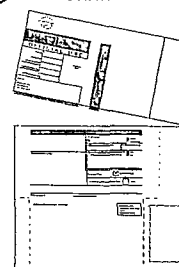
B. Received by (Printed Name) C. Date of Delivery

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

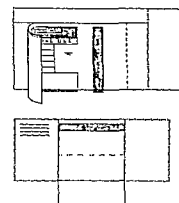
3. Service Type ☒ Certified

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 0012 0361

1. Article Addressed to:

CHRISTIE SMITH
1801 GREYSTONE
NEW BRAUNFELS, TX 78132

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *Christie Smith*

B. Received by (Printed Name) C. Date of Delivery
Christie Smith *9-8-10*

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 711066059590000120361
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0012 0378

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
Christine Clayton
5240 LA COLONIA NW
ALBUQUERQUE, NM 87120
911010

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0378

CHRISTINE CLAYTON
5240 LA COLONIA NW
ALBUQUERQUE, NM 87120

Batch #: 2188
Article #: 71106605959000120378
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

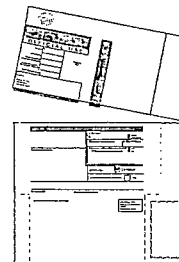
2. Article Number 7110 6605 9590 0012 0378	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

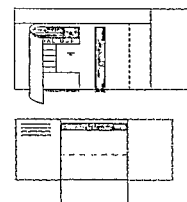
2. Article Number 7110 6605 9590 0012 0378	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Christine Clayton</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

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 #: 2188
Article #: 71106605959000120378
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 0385

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

Postmark Here

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

CHRISTOPHER HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

9/11/10

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0385

CHRISTOPHER HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2188
Article #: 71106605959000120385
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 0385

1. Article Addressed to:

CHRISTOPHER HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X

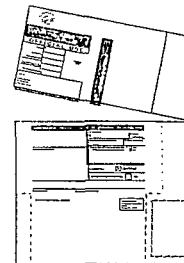
B. Received by (Printed Name) C. Date of Delivery

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

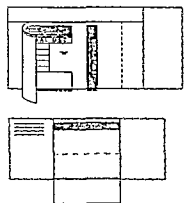
3. Service Type ☒ Certified

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



2. Article Number

7110 6605 9590 0012 0385

1. Article Addressed to:

CHRISTOPHER HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120385
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0013 3330

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
CINDY L BROWN
21022 LOS ALISOS BLVD
APT #512
RANCHO SANTA MARGARI, CA 92688-3249

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3330

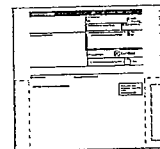
CINDY L BROWN
21022 LOS ALISOS BLVD
APT #512
RANCHO SANTA MARGARI, CA 92688-3249

Batch #: 2272
Article #: 71106605959000133330
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

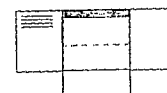
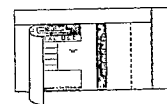
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3330	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CINDY L BROWN 21022 LOS ALISOS BLVD APT #512 RANCHO SANTA MARGARI, CA 92688-3249	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3330	A. Signature X <i>C. Brown</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-18-10
CINDY L BROWN 21022 LOS ALISOS BLVD APT #512 RANCHO SANTA MARGARI, CA 92688-3249	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 #: 71106605959000133330
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 0392

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

CINDY M HARTNER
2222 FLAT CREEK DR
RICHARDSON, TX 75080-2332
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0392

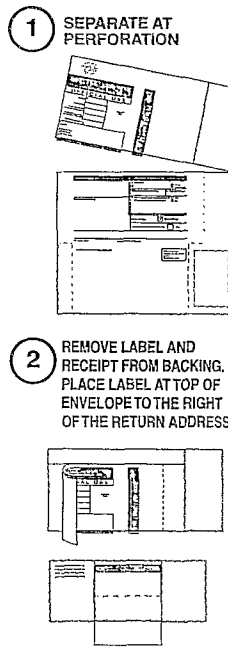
CINDY M HARTNER
2222 FLAT CREEK DR
RICHARDSON, TX 75080-2332

Batch #: 2188
Article #: 71106605959000120392
Date/Time: 8/31/2010 10:26:55 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 0012 0392	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CINDY M HARTNER 2222 FLAT CREEK DR RICHARDSON, TX 75080-2332	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

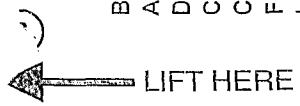


PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0392	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CINDY M HARTNER 2222 FLAT CREEK DR RICHARDSON, TX 75080-2332	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 #: 2188
Article #: 71106605959000120392
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0408

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

CLARICE LUHM
3801 NO CAPITAL OF TEXAS HWY
AUSTIN, TX 78746

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0408

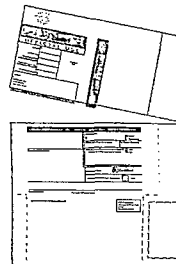
CLARICE LUHM
3801 NO CAPITAL OF TEXAS HWY
AUSTIN, TX 78746

Batch #: 2188
Article #: 71106605959000120408
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

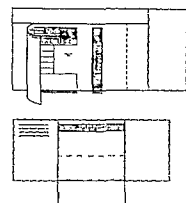
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0408	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CLARICE LUHM 3801 NO CAPITAL OF TEXAS HWY AUSTIN, TX 78746	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 0012 0408	A. Signature X <i>Greg A. Weithoner</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CLARICE LUHM 3801 NO CAPITAL OF TEXAS HWY AUSTIN, TX 78746	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 #: 71106605959000120408
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 0415

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

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

CLAUD W RAYBOURN ESTATE
16260 MONACHE CT
APPLE VALLEY, CA 92307-1465

91110

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0415

CLAUD W RAYBOURN ESTATE
16260 MONACHE CT
APPLE VALLEY, CA 92307-1465

Batch #: 2188
Article #: 71106605959000120415
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0415	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CLAUD W RAYBOURN ESTATE 16260 MONACHE CT APPLE VALLEY, CA 92307-1465	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

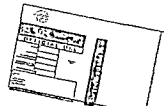
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2188
Article #: 71106605959000120415
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

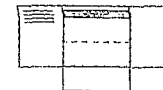
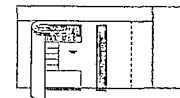
3

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 0012 0422

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
Claudette PIPER
6535 S HWY 28-84
LA MESA, NM 88044
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



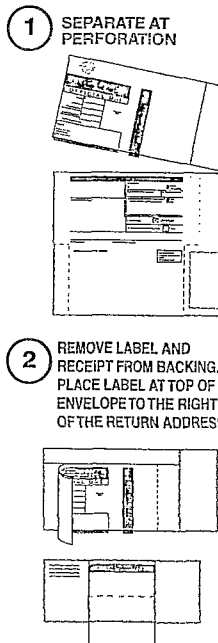
7110 6605 9590 0012 0422

CLAUDETTE PIPER
6535 S HWY 28-84
LA MESA, NM 88044

Batch #: 2188
Article #: 71106605959000120422
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

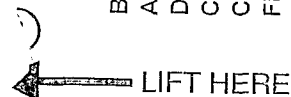
Reorder Form LCD rev. 01/07

2 Article Number 7110 6605 9590 0012 0422	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: CLAUDETTE PIPER 6535 S HWY 28-84 LA MESA, NM 88044 Code: Allocation Project - D.Howell	



2 Article Number 7110 6605 9590 0012 0422	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: CLAUDETTE PIPER 6535 S HWY 28-84 LA MESA, NM 88044 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120422
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0439

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

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

Postmark Here

Code: Allocation Project - D.Howell

Batch #: 2188
Article #: 71106605959000120439
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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



7110 6605 9590 0012 0439

CLAUDIA MARCIA LUNDELL GILMER
1102 S AUSTIN AVE, STE 110-371
GEORGETOWN, TX 78628

Batch #: 2188
Article #: 71106605959000120439
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD (Rev. 01/07)

2. Article Number

7110 6605 9590 0012 0439

1. Article Addressed to:

CLAUDIA MARCIA LUNDELL GILMER
1102 S AUSTIN AVE, STE 110-371
GEORGETOWN, TX 78628

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

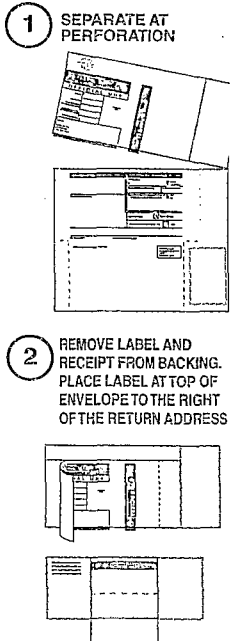
A. Signature ☒ Agent ☐ Addressee
X

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 0012 0439

1. Article Addressed to:

CLAUDIA MARCIA LUNDELL GILMER
1102 S AUSTIN AVE, STE 110-371
GEORGETOWN, TX 78628

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Mike Dranes*

B. Received by (Printed Name) C. Date of Delivery
Jose Franco *9/9/2010*

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 #: 2188
Article #: 71106605959000120439
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0446

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	

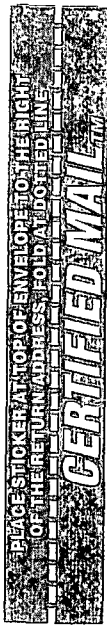
sent To
street, Apt. No.,
PO Box No.
city, State, Zip+4

CONNIE L HESS
3240 LEYLAND TRAIL
WOODBURY, MN 55125

9/11/10

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



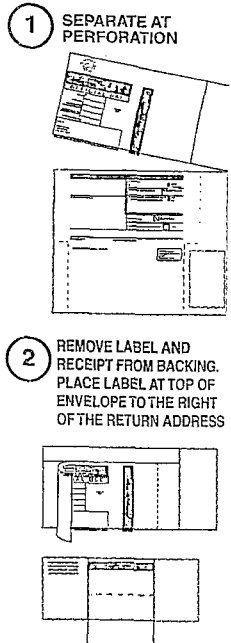
7110 6605 9590 0012 0446

CONNIE L HESS
3240 LEYLAND TRAIL
WOODBURY, MN 55125

Batch #: 2188
Article #: 71106605959000120446
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

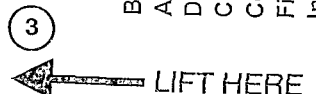
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0446	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CONNIE L HESS 3240 LEYLAND TRAIL WOODBURY, MN 55125	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 0012 0446	A. Signature X <i>Connie L Hess</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Connie L Hess</i> <i>9/10/10</i>
CONNIE L HESS 3240 LEYLAND TRAIL WOODBURY, MN 55125	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 #: 71106605959000120446
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0453

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.
ly, State, Zip+4

CONNIE MORRISON
C/O JACKIE DAVES
1242 PRAIRIE HEIGHTS DR
BARTLESVILLE, OK 74006

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0453

CONNIE MORRISON
C/O JACKIE DAVES
1242 PRAIRIE HEIGHTS DR
BARTLESVILLE, OK 74006

Batch #: 2188
Article #: 71106605959000120453
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

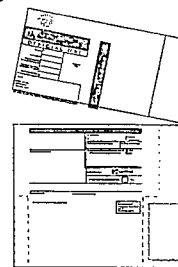
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0453	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CONNIE MORRISON C/O JACKIE DAVES 1242 PRAIRIE HEIGHTS DR BARTLESVILLE, OK 74006	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

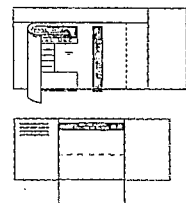
Code: Allocation Project - D.Howell

PS Form 3811

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 0012 0453	A. Signature X <i>Connie Morrison</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Connie Morrison</i> <i>9-3-10</i>
CONNIE MORRISON C/O JACKIE DAVES 1242 PRAIRIE HEIGHTS DR BARTLESVILLE, OK 74006	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

LIFT HERE

Batch #: 2188
Article #: 71106605959000120453
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0460

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

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

COOKSEY FAMILY TRUST
4925 GREENVILLE AVE BOX 92
DALLAS, TX 75206

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0460

COOKSEY FAMILY TRUST
4925 GREENVILLE AVE BOX 92
DALLAS, TX 75206

Batch #: 2188
Article #: 71106605959000120460
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD, rev. 01/07

2. Article Number 7110 6605 9590 0012 0460	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: COOKSEY FAMILY TRUST 4925 GREENVILLE AVE BOX 92 DALLAS, TX 75206	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

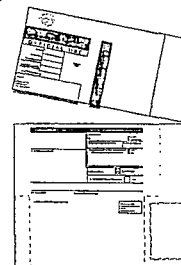
2. Article Number 7110 6605 9590 0012 0460	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery W. Arnold 9/3 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: COOKSEY FAMILY TRUST 4925 GREENVILLE AVE BOX 92 DALLAS, TX 75206	

Code: Allocation Project - D.Howell

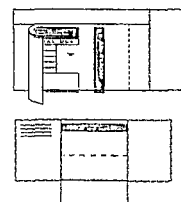
PS Form 3811

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 #: 2188
Article #: 71106605959000120460
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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7110 6605 9590 0012 0477

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

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

CORAZON GOMEZ LLC
C/O TR ACCT NO 72984800
PO BOX 5383
DENVER, CO 80217

911110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0477

CORAZON GOMEZ LLC
C/O TR ACCT NO 72984800
PO BOX 5383
DENVER, CO 80217

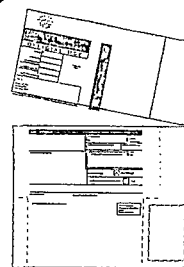
Batch #: 2188
Article #: 71106605959000120477
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 9-10 rev. 01/07

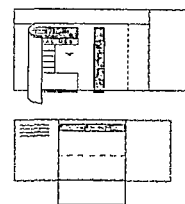
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0477	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CORAZON GOMEZ LLC C/O TR ACCT NO 72984800 PO BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 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 0012 0477	A. Signature X Matthew Nixeeau ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Matthew Nixeeau 9-7-10
CORAZON GOMEZ LLC C/O TR ACCT NO 72984800 PO BOX 5383 DENVER, CO 80217	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 #: 2188
Article #: 71106605959000120477
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 2777

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

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

CORA BACON
2 WAVERLY DR
HOLLIDAYSBURG, PA 16648

Form 3800, August 2006 See Reverse for Instructions



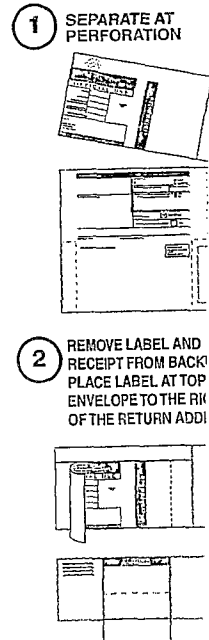
7110 6605 9590 0013 2777

CORA BACON
2 WAVERLY DR
HOLLIDAYSBURG, PA 16648

Batch #: 2269
Article #: 71106605959000132777
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2777	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CORA BACON 2 WAVERLY DR HOLLIDAYSBURG, PA 16648	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 2777	A. Signature X <i>Cy Bacon</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Mae</i> <i>9-18-10</i>
CORA BACON 2 WAVERLY DR HOLLIDAYSBURG, PA 16648	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 #: 71106605959000132777
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 0484

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

CORNELIA DAVANT PERRY
PO BOX 206
BLESSING, TX 77419-0206

9/11/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0484

CORNELIA DAVANT PERRY
PO BOX 206
BLESSING, TX 77419-0206

Batch #: 2188
Article #: 71106605959000120484
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number

7110 6605 9590 0012 0484

1. Article Addressed to:

CORNELIA DAVANT PERRY
PO BOX 206
BLESSING, TX 77419-0206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

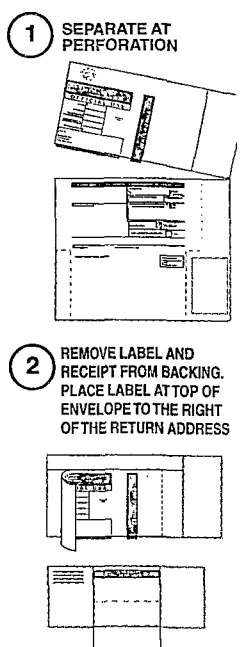
A. Signature ☒ Agent ☐ Addressee
X

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 0012 0484

1. Article Addressed to:

CORNELIA DAVANT PERRY
PO BOX 206
BLESSING, TX 77419-0206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *Royann D. Garcia*

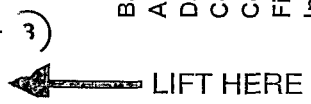
B. Received by (Printed Name) C. Date of Delivery
Royann Garcia *9-27-10*

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 #: 2188
Article #: 71106605959000120484
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0491

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: CRAIG B FRIDLEY
8102 CHAINFIRE COVE
AUSTIN, TX 78729-6421

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0491

CRAIG B FRIDLEY
8102 CHAINFIRE COVE
AUSTIN, TX 78729-6421

Batch #: 2188
Article #: 71106605959000120491
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 0491

1. Article Addressed to:

CRAIG B FRIDLEY
8102 CHAINFIRE COVE
AUSTIN, TX 78729-6421

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X

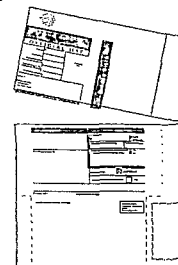
B. Received by (Printed Name) C. Date of Delivery

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

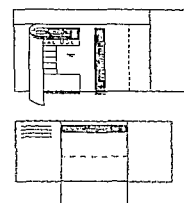
3. Service Type ☒ Certified

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



2. Article Number

7110 6605 9590 0012 0491

1. Article Addressed to:

CRAIG B FRIDLEY
8102 CHAINFIRE COVE
AUSTIN, TX 78729-6421

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 ☒ No
If YES enter delivery address below:

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120491
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0507

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

CRAIG CORNELL
43 RINCON LOOP RD
TIJERAS, NM 87059-7471

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0507

CRAIG CORNELL
43 RINCON LOOP RD
TIJERAS, NM 87059-7471

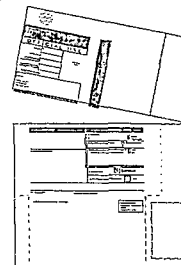
Batch #: 2188
Article #: 71106605959000120507
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Recorder Form LCD rev. 01/07

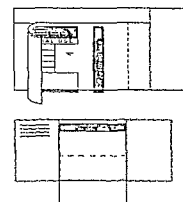
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0507	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CRAIG CORNELL 43 RINCON LOOP RD TIJERAS, NM 87059-7471	D. Is delivery address different from item 1? ☐ Yes If YES 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 0012 0507	A. Signature X <i>D. Howell</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CRAIG CORNELL 43 RINCON LOOP RD TIJERAS, NM 87059-7471	<i>HVA CORNELL</i> <i>9/13/10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2188
Article #: 71106605959000120507
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2784

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

CRAIG M HORN LIVING TRUST
3600 N CORONADO AVE
FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2784

CRAIG M HORN LIVING TRUST
3600 N CORONADO AVE
FARMINGTON, NM 87401

Batch #: 2269
Article #: 71106605959000132784
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

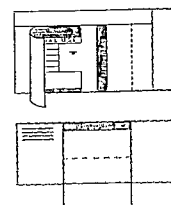
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2784	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CRAIG M HORN LIVING TRUST 3600 N CORONADO AVE FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2784	A. Signature X <i>Craig M Horn</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CRAIG M HORN LIVING TRUST 3600 N CORONADO AVE FARMINGTON, NM 87401	<i>Craig M Horn</i>	
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2269
Article #: 71106605959000132784
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 0514

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
CROFF OIL CO INC
3773 CHERRY CREEK DR N, SUITE 1025
DENVER, CO 80209
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0514

CROFF OIL CO INC
3773 CHERRY CREEK DR N, SUITE 1025
DENVER, CO 80209

Batch #: 2188
Article #: 71106605959000120514
Date/Time: 8/31/2010 10:26:55 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 0012 0514	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CROFF OIL CO INC 3773 CHERRY CREEK DR N, SUITE 1025 DENVER, CO 80209	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

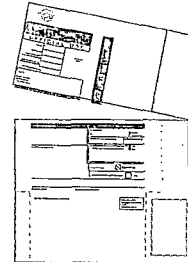
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

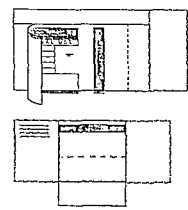
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0514	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CROFF OIL CO INC 3773 CHERRY CREEK DR N, SUITE 1025 DENVER, CO 80209	D. Is delivery address different from item 1? ☐ 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



Batch #: 2188
Article #: 71106605959000120514
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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7110 6605 9590 0012 0538

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

Return To: **CURTIS PAUL JOHNSON AND PAM JOHNSON**
CURTIS P JOHNSON TRUSTEE
PO BOX 485
FRISCO, CO 80443

9/1/10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0538

CURTIS PAUL JOHNSON AND PAM JOHNSON
CURTIS P JOHNSON TRUSTEE
PO BOX 485
FRISCO, CO 80443

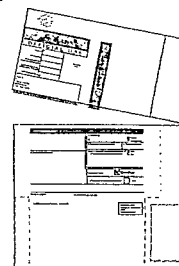
Batch #: 2188
Article #: 71106605959000120538
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-2 rev. 01/07

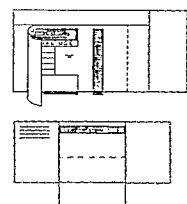
2. Article Number 7110 6605 9590 0012 0538	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

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 0012 0538	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

Batch #: 2188
Article #: 71106605959000120538
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 0545

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

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

CYNTHIA C BURR
10212 SAN LUIS REY PL NE
ALBUQUERQUE, NM 87111
9/11/10

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0545

CYNTHIA C BURR
10212 SAN LUIS REY PL NE
ALBUQUERQUE, NM 87111

Batch #: 2188
Article #: 711066059590000120545
Date/Time: 8/31/2010 10:26:55 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 0012 0545	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CYNTHIA C BURR 10212 SAN LUIS REY PL NE ALBUQUERQUE, NM 87111	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

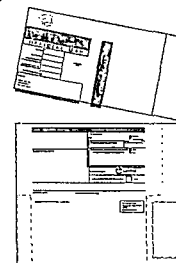
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0545	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CYNTHIA C BURR 10212 SAN LUIS REY PL NE ALBUQUERQUE, NM 87111	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9/3/10
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

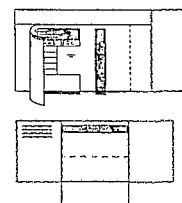
PS Form 3811

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 #: 2188
Article #: 711066059590000120545
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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(Certified Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0012 0552

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

Post To

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

CYNTHIA CALVIN
747 NEWPORT ST.
DENVER, CO 80220

9/11/10

Form 3800, August 2006 See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0552

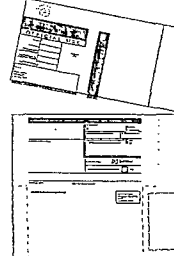
CYNTHIA CALVIN
747 NEWPORT ST.
DENVER, CO 80220

Batch #: 2188
Article #: 71106605959000120552
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

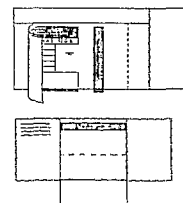
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0552	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CYNTHIA CALVIN 747 NEWPORT ST. DENVER, CO 80220	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 0012 0552	A. Signature X <i>Cynthia Calvin</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CYNTHIA CALVIN 747 NEWPORT ST. DENVER, CO 80220	<i>Cynthia Calvin</i>	9/11/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

Batch #: 2188
Article #: 71106605959000120552
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0569

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
CYNTHIA GRAY MILANI ESTATE
C/O TR MIN SECT 1049333
PO BOX 99084
FORT WORTH, TX 76199-0084
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0569

CYNTHIA GRAY MILANI ESTATE
C/O TR MIN SECT 1049333
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2188
Article #: 71106605959000120569
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0569	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CYNTHIA GRAY MILANI ESTATE C/O TR MIN SECT 1049333 PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

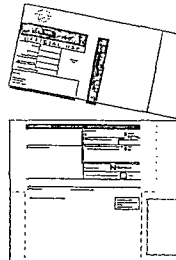
Code: Allocation Project - D.Howell

PS Form 3811

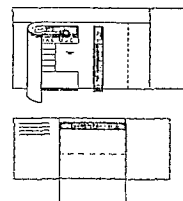
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0569	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
CYNTHIA GRAY MILANI ESTATE C/O TR MIN SECT 1049333 PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3

Batch #: 2188
Article #: 71106605959000120569
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0576

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
CYRENE L INMAN
PO BOX 840738
DALLAS, TX 75284-0738
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0576

CYRENE L INMAN
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2188
Article #: 71106605959000120576
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

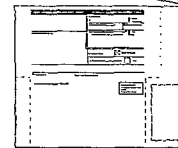
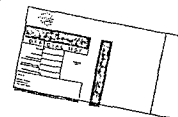
2. Article Number 7110 6605 9590 0012 0576	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: CYRENE L INMAN PO BOX 840738 DALLAS, TX 75284-0738 Code: Allocation Project - D.Howell	

PS Form 3811 Domestic Return Receipt

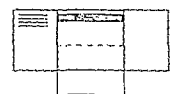
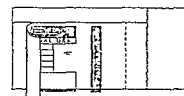
2. Article Number 7110 6605 9590 0012 0576	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: CYRENE L INMAN PO BOX 840738 DALLAS, TX 75284-0738 Code: Allocation Project - D.Howell	

PS Form 3811 Domestic Return Receipt

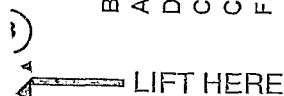
1 SEPARATE AT PERFORATION



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



Batch #: 2188
Article #: 71106605959000120576
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
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Internal File #:
Internal Code #:





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7110 6605 9590 0012 0521

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

CULVER MILITARY ACADEMY
1300 ACADEMY RD #153
CULVER, IN 46511

9/11/10

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0521

CULVER MILITARY ACADEMY
1300 ACADEMY RD #153
CULVER, IN 46511

Batch #: 2188
Article #: 71106605959000120521
Date/Time: 8/31/2010 10:26:55 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 0012 0521	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CULVER MILITARY ACADEMY 1300 ACADEMY RD #153 CULVER, IN 46511	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

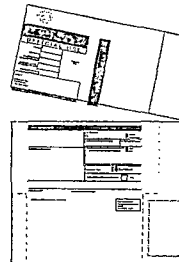
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0521	A. Signature X <i>Maria W. ...</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
CULVER MILITARY ACADEMY 1300 ACADEMY RD #153 CULVER, IN 46511	<i>Maria W. ...</i>	9-4-10
	D. 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

Code: Allocation Project - D.Howell

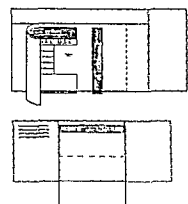
PS Form 3811

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 #: 2188
Article #: 71106605959000120521
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: