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7110 6605 9590 0012 0583

Postage	\$ 1.05	Postmark 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
D A ABRAHAM LLC
C/O STEVE J ABRAHAM
PO BOX 25123
ALBUQUERQUE, NM 87125
9/11/10

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

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



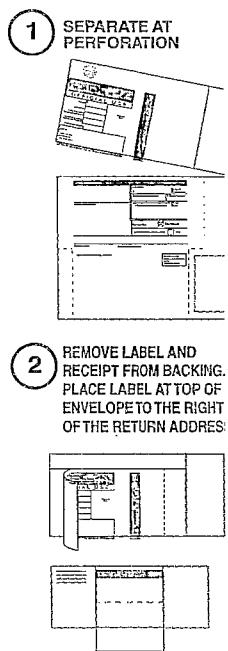
7110 6605 9590 0012 0583

D A ABRAHAM LLC
C/O STEVE J ABRAHAM
PO BOX 25123
ALBUQUERQUE, NM 87125

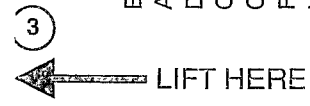
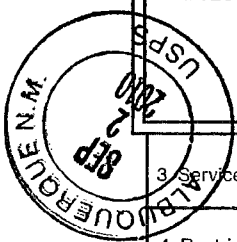
Batch #: 2188
Article #: 71106605959000120583
Date/Time: 8/31/2010 10:26:55 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-500 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0583	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to: D A ABRAHAM LLC C/O STEVE J ABRAHAM PO BOX 25123 ALBUQUERQUE, NM 87125	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0583	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to: D A ABRAHAM LLC C/O STEVE J ABRAHAM PO BOX 25123 ALBUQUERQUE, NM 87125	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 #: 71106605959000120583
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 0590

Postage	\$	\$1.05	Postmark 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

D E CORNELL IV
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110
91110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



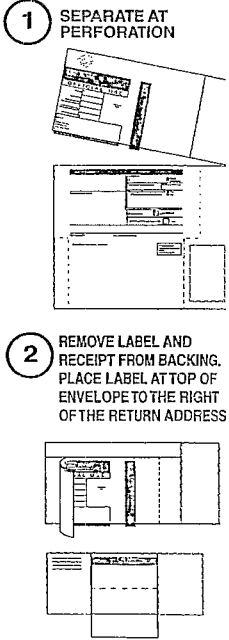
7110 6605 9590 0012 0590

D E CORNELL IV
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

Batch #: 2188
Article #: 71106605959000120590
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-814R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0590	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
D E CORNELL IV 5009 PONDEROSA NE ALBUQUERQUE, NM 87110	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 0590	A. Signature X D.E. Cornell IV ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) D.E. Cornell IV C. Date of Delivery
D E CORNELL IV 5009 PONDEROSA NE ALBUQUERQUE, NM 87110	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 #: 71106605959000120590
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0613

Postage	\$	1.05	Postmark 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
D P BOLIN
2525 KELL BLVD #510
WICHITA FALLS, TX 76308-1061
9/11/10

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



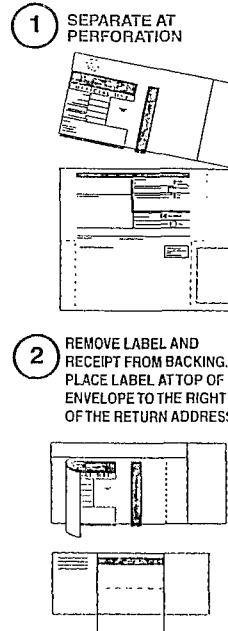
7110 6605 9590 0012 0613

D P BOLIN
2525 KELL BLVD #510
WICHITA FALLS, TX 76308-1061

Batch #: 2188
Article #: 71106605959000120613
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

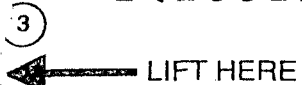
Reorder Form LCD-54-R rev. 01/07

2. Article Number 7110 6605 9590 0012 0613	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: D P BOLIN 2525 KELL BLVD #510 WICHITA FALLS, TX 76308-1061 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0613	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Traci White</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Traci White</i> C. Date of Delivery <i>9-5-10</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: D P BOLIN 2525 KELL BLVD #510 WICHITA FALLS, TX 76308-1061 Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120613
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0620

Postage	\$	\$1.05	Postmark 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
DALE EDWARD PERRYMAN TRUST
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



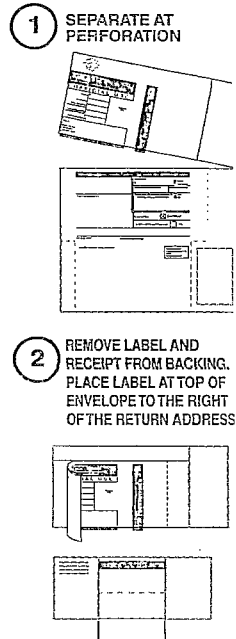
7110 6605 9590 0012 0620

DALE EDWARD PERRYMAN TRUST
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

Batch #: 2188
Article #: 71106605959000120620
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

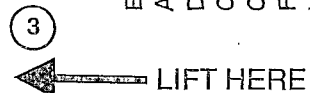
Reorder Form LCD-800-R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0620	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DALE EDWARD PERRYMAN TRUST 3113 LAGUNA APT 106 SOUTH PADRE ISLAND, TX 78597	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 0620	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DALE EDWARD PERRYMAN TRUST 3113 LAGUNA APT 106 SOUTH PADRE ISLAND, TX 78597	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 #: 71106605959000120620
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0637

Postage	\$ 1.05	Postmark 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
DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0637

DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103

Batch #: 2188
Article #: 71106605959000120637
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 0637

1. Article Addressed to:

DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

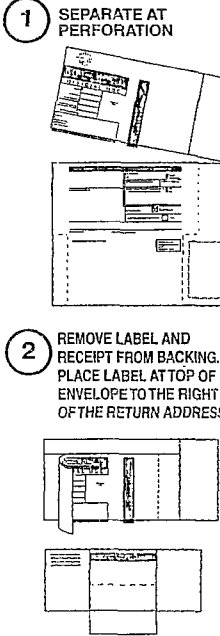
A. Signature ☒ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 0637

1. Article Addressed to:

DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X Janet M. Smith ☐ Addressee

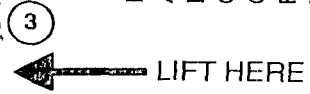
B. Received by (Printed Name) C. Date of Delivery
Janet M. Smith **9-7-10**

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120637
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0644

Postage	\$ 1.05	Postmark 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

DAN H BOLIN
AYRES AIF
2525 KELL #510
WICHITA FALLS, TX 76301
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



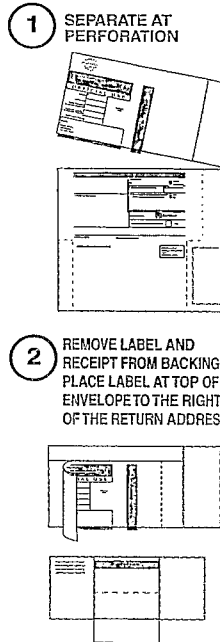
7110 6605 9590 0012 0644

DAN H BOLIN
AYRES AIF
2525 KELL #510
WICHITA FALLS, TX 76301

Batch #: 2188
Article #: 71106605959000120644
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

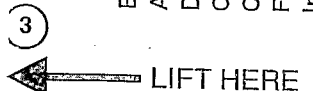
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 0644	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: DAN H BOLIN AYRES AIF 2525 KELL #510 WICHITA FALLS, TX 76301	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0644	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Traci White</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Traci White</i> <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DAN H BOLIN AYRES AIF 2525 KELL #510 WICHITA FALLS, TX 76301	
Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120644
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0651

Postage	\$ 1.05	Postmark 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

DANIEL D DOVE
799 E PASEO DORADO DR
PUEBLO WEST, CO 81007-1155

9/1/10

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0651

DANIEL D DOVE
799 E PASEO DORADO DR
PUEBLO WEST, CO 81007-1155

Batch #: 2188
Article #: 71106605959000120651
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-941R rev. 01/07

2. Article Number

7110 6605 9590 0012 0651

1. Article Addressed to:

DANIEL D DOVE
799 E PASEO DORADO DR
PUEBLO WEST, CO 81007-1155

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

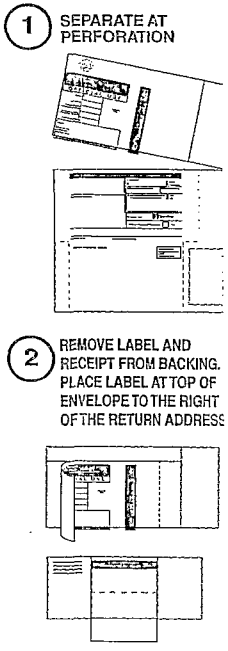
A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 0651

1. Article Addressed to:

DANIEL D DOVE
799 E PASEO DORADO DR
PUEBLO WEST, CO 81007-1155

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Daniel Dove* ☐ Agent ☐ Addressee

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

Batch #: 2188
Article #: 71106605959000120651
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0668

Postage	\$	\$1.05	Postmark 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 To
Postmark From
Postmark Date
Postmark Time
Postmark Location
Postmark Office
Postmark State
Postmark Zip+4

DANIEL PONDER BRENNAND
1119 RIDGLEA WAY
BOULDER, CO 80303-1494
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0668

DANIEL PONDER BRENNAND
1119 RIDGLEA WAY
BOULDER, CO 80303-1494

Batch #: 2188
Article #: 71106605959000120668
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 Rev. 01/07

2. Article Number

7110 6605 9590 0012 0668

1. Article Addressed to:

DANIEL PONDER BRENNAND
1119 RIDGLEA WAY
BOULDER, CO 80303-1494

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

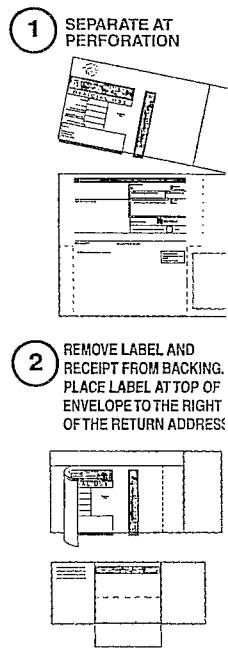
A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 0668

1. Article Addressed to:

DANIEL PONDER BRENNAND
1119 RIDGLEA WAY
BOULDER, CO 80303-1494

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Daniel Ponder Brennan 9/21/10

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 #: 71106605959000120668
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0675

Postage	\$ 1.05	Postmark 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
DARBY WILSON MAIR
3710 MASTERS COURT
LEAGUE CITY, TX 77573
9/1/10

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



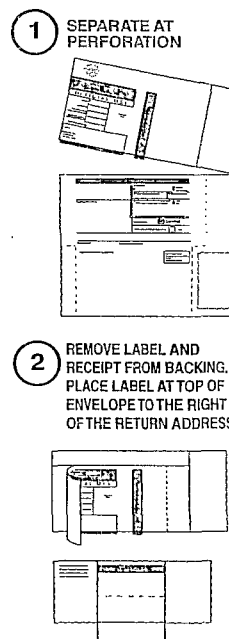
7110 6605 9590 0012 0675

DARBY WILSON MAIR
3710 MASTERS COURT
LEAGUE CITY, TX 77573

Batch #: 2188
Article #: 71106605959000120675
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

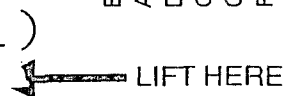
Reorder Form LCD 3814R rev. 01/07

2. Article Number 7110 6605 9590 0012 0675	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: DARBY WILSON MAIR 3710 MASTERS COURT LEAGUE CITY, TX 77573	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0675	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery JACK A. MAIR D. Is 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: DARBY WILSON MAIR 3710 MASTERS COURT LEAGUE CITY, TX 77573	
Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120675
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0682

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	

Post To

DARLENE COLLINS
6415 ARROWHEAD LAKE RD
HESPERIA, CA 92345

Postmark: 8/31/10

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



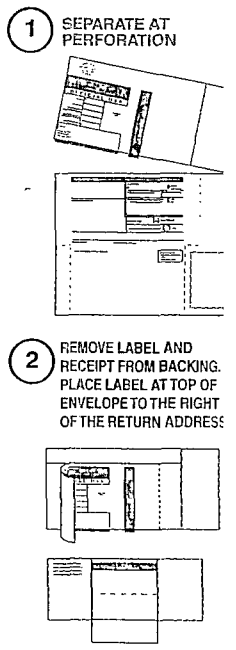
7110 6605 9590 0012 0682

DARLENE COLLINS
6415 ARROWHEAD LAKE RD
HESPERIA, CA 92345

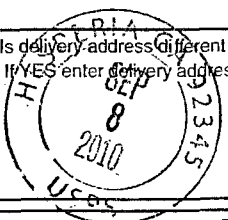
Batch #: 2188
Article #: 71106605959000120682
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 rev. 01/07

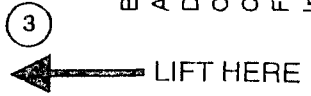
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0682	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DARLENE COLLINS 6415 ARROWHEAD LAKE RD HESPERIA, CA 92345	D. Is delivery address different from item 1? ☐ Yes If YES 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 0682	A. Signature X <i>D. Collins</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DARLENE COLLINS 6415 ARROWHEAD LAKE RD HESPERIA, CA 92345	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 #: 71106605959000120682
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 2791

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 **DAVID A JENNINGS**
5950 BERSHIRE LN STE 600
street, Apt. No.;
PO Box No.
ity, State, Zip+4 **DALLAS, TX 75225**

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 2791

DAVID A JENNINGS
5950 BERSHIRE LN STE 600
DALLAS, TX 75225

Batch #: 2269
Article #: 71106605959000132791
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

7110 6605 9590 0013 2791

1. Article Addressed to:

DAVID A JENNINGS
5950 BERSHIRE LN STE 600
DALLAS, TX 75225

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

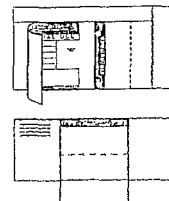
3. Service Type ☒ **Certified**

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 2791

1. Article Addressed to:

DAVID A JENNINGS
5950 BERSHIRE LN STE 600
DALLAS, TX 75225

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
x Mary K. Maloney ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Mary K. Maloney **9-17-10**

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

3. Service Type ☒ **Certified**

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000132791
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2807

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 **DAVID AHO TR**
1391 SMT CHASE DR

reet, Apt. No.;
PO Box No.
ity, State, Zip+4 **SNELLVILLE, GA 30078-3520**

Form 3800, August 2008 See Reverse for Instructions



7110 6605 9590 0013 2807

DAVID AHO TR
1391 SMT CHASE DR

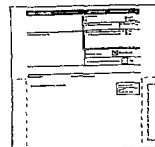
SNELLVILLE, GA 30078-3520

Batch #: 2269
Article #: 71106605959000132807
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

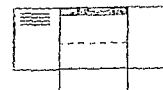
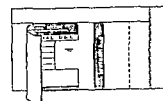
Reorder Form LCD-8 Rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2807	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID AHO TR 1391 SMT CHASE DR SNELLVILLE, GA 30078-3520	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2807	A. Signature X Barbara Aho ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Barbara Aho 9/30/10
DAVID AHO TR 1391 SMT CHASE DR SNELLVILLE, GA 30078-3520	D. Is 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 #: 71106605959000132807
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:

3

LIFT HERE



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7110 6605 9590 0012 0699

Postage	\$	\$1.05	Postmark 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
DAVID A PIERCE
PO BOX 4140
FARMINGTON, NM 87499
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



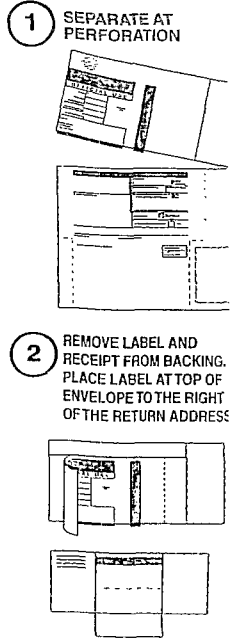
7110 6605 9590 0012 0699

DAVID A PIERCE
PO BOX 4140
FARMINGTON, NM 87499

Batch #: 2188
Article #: 71106605959000120699
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-841R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0699	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID A PIERCE PO BOX 4140 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	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0699	A. Signature X Paul Schrock ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID A PIERCE PO BOX 4140 FARMINGTON, NM 87499	Paul Schrock 9/2/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120699
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0774

Postage	\$ 1.05	Postmark 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
David Walker Smith
12105 DARNESTOWN RD SUITE 28
GAITHERSBURG, MD 20878
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0774

DAVID WALKER SMITH
12105 DARNESTOWN RD SUITE 28
GAITHERSBURG, MD 20878

Batch #: 2188
Article #: 71106605959000120774
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0774	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID WALKER SMITH 12105 DARNESTOWN RD SUITE 28 GAITHERSBURG, MD 20878	D. Is 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

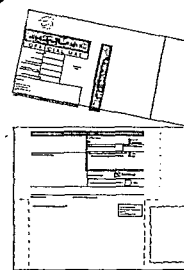
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2188
Article #: 71106605959000120774
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

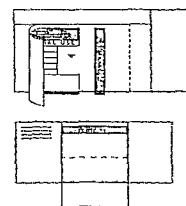
3

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 0705

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

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

DAVID B TALBOT III
2305 CEDAR SPRINGS RD, SUITE 400
DALLAS, TX 75201

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0705

DAVID B TALBOT III
2305 CEDAR SPRINGS RD, SUITE 400
DALLAS, TX 75201

Batch #: 2188
Article #: 71106605959000120705
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 0705

1. Article Addressed to:

DAVID B TALBOT III
2305 CEDAR SPRINGS RD, SUITE 400
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

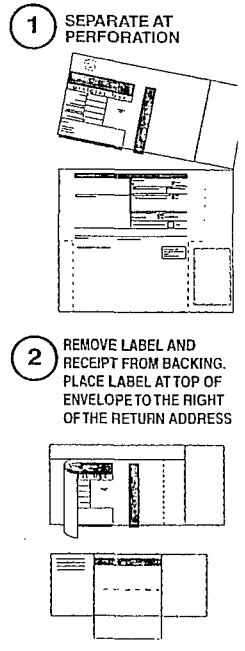
A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 0705

1. Article Addressed to:

DAVID B TALBOT III
2305 CEDAR SPRINGS RD, SUITE 400
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

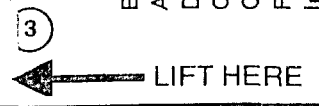
B. Received by (Printed Name) C. Date of Delivery
NAZAKATI 9/3/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120705
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 3347

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

DAVID CHANCELLOR
1049 CASTLETOP DR

HASLET, TX 76052

PS Form 3800, August 2006 See Reverse for Instructions



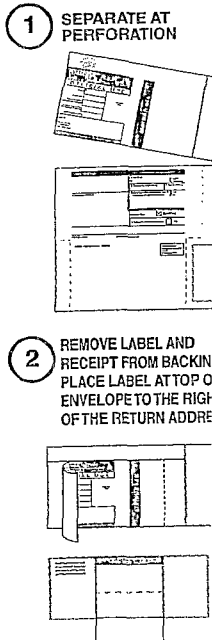
7110 6605 9590 0013 3347

DAVID CHANCELLOR
1049 CASTLETOP DR

HASLET, TX 76052

Batch #: 2272
Article #: 71106605959000133347
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 3347	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID CHANCELLOR 1049 CASTLETOP DR HASLET, TX 76052	D. Is 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 3347	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID CHANCELLOR 1049 CASTLETOP DR HASLET, TX 76052	D. Is 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 #: 71106605959000133347
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3354

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

DAVID DEWAYNE WENDT LIV TR DTD 1/19
2624 N 159TH DR
GOODYEAR, AZ 85395

Form 3800, August 2006, See Reverse for Instructions



7110 6605 9590 0013 3354

DAVID DEWAYNE WENDT LIV TR DTD 1/19
2624 N 159TH DR

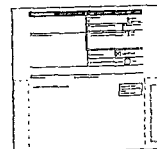
GOODYEAR, AZ 85395

Batch #: 2272
Article #: 71106605959000133354
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

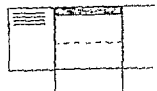
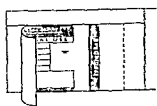
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3354	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DAVID DEWAYNE WENDT LIV TR DTD 1/19 2624 N 159TH DR GOODYEAR, AZ 85395	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3354	A. Signature <i>Susan Wendt</i>	☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Susan Wendt</i>	C. Date of Delivery <i>9/18/10</i>
DAVID DEWAYNE WENDT LIV TR DTD 1/19 2624 N 159TH DR GOODYEAR, AZ 85395	D. Is 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 #: 71106605959000133354
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 0712

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

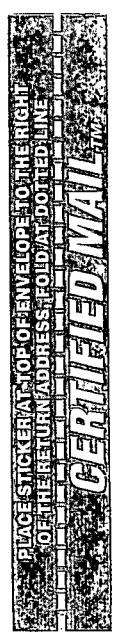
sent To

DAVID ELBERT REESE
2203 NORTH BELMONT
RICHMOND, TX 77469

9/11/10

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



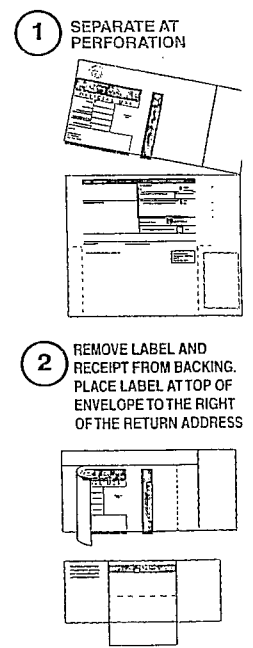
7110 6605 9590 0012 0712

DAVID ELBERT REESE
2203 NORTH BELMONT
RICHMOND, TX 77469

Batch #: 2188
Article #: 71106605959000120712
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

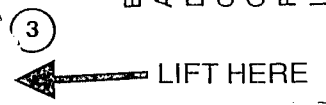
Reorder Form LCD-844 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0712	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID ELBERT REESE 2203 NORTH BELMONT RICHMOND, TX 77469	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0712	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID ELBERT REESE 2203 NORTH BELMONT RICHMOND, TX 77469	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120712
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0729

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

Postmark Here

Post To

DAVID GREER MORGAN
3354 S SUTTON SQ
STAFFORD, TX 77477

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



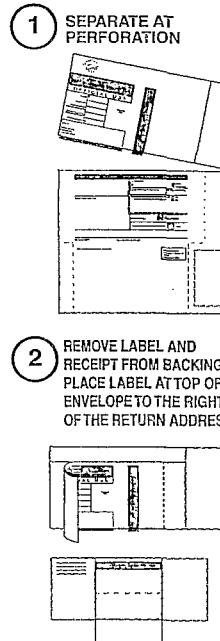
7110 6605 9590 0012 0729

DAVID GREER MORGAN
3354 S SUTTON SQ
STAFFORD, TX 77477

Batch #: 2188
Article #: 71106605959000120729
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0729	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID GREER MORGAN 3354 S SUTTON SQ STAFFORD, TX 77477	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 0729	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID GREER MORGAN 3354 S SUTTON SQ STAFFORD, TX 77477	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 #: 71106605959000120729
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0736

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

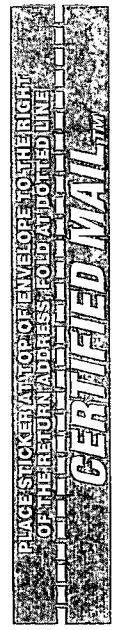
Deliver to
Attn: Apt. No.,
PO Box No.,
City, State, Zip+4

DAVID H GRAY
C/O TRUST MIN SEC 1049309
PO BOX 99084
FORT WORTH, TX 76199-0084

9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



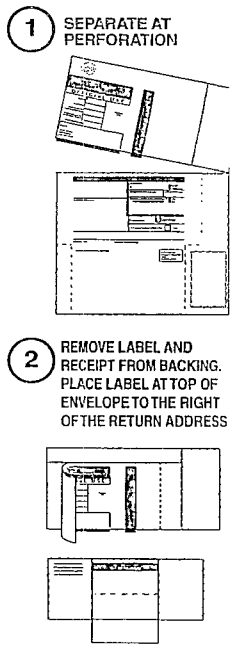
7110 6605 9590 0012 0736

DAVID H GRAY
C/O TRUST MIN SEC 1049309
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2188
Article #: 71106605959000120736
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0736	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID H GRAY C/O TRUST MIN SEC 1049309 PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0736	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID H GRAY C/O TRUST MIN SEC 1049309 PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120736
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0743

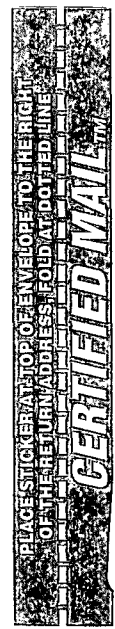
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Deliver To
DAVID HENDERSON
PO BOX 630579
SIMI VALLEY, CA 93063
9/11/10

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



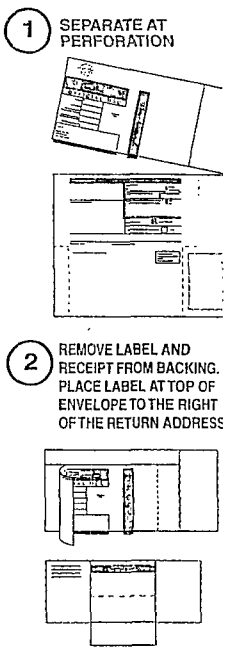
7110 6605 9590 0012 0743

DAVID HENDERSON
PO BOX 630579
SIMI VALLEY, CA 93063

Batch #: 2188
Article #: 71106605959000120743
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

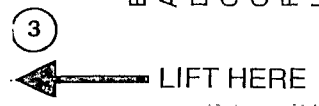
Reorder Form LCD-0001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0743	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID HENDERSON PO BOX 630579 SIMI VALLEY, CA 93063	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 0743	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID HENDERSON PO BOX 630579 SIMI VALLEY, CA 93063	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 #: 71106605959000120743
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0750

Postage	\$ 1.05	Postmark 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

DAVID SCHMIDT
9244 CLIFFMERE DR
DALLAS, TX 75238
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



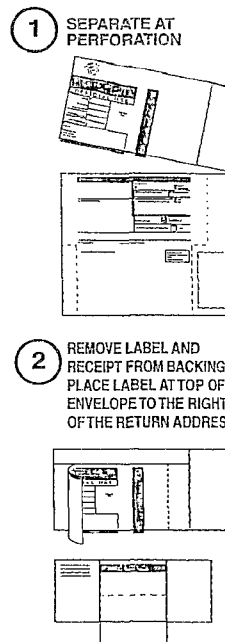
7110 6605 9590 0012 0750

DAVID SCHMIDT
9244 CLIFFMERE DR
DALLAS, TX 75238

Batch #: 2188
Article #: 71106605959000120750
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 R rev. 01/07

2. Article Number 7110 6605 9590 0012 0750	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: DAVID SCHMIDT 9244 CLIFFMERE DR DALLAS, TX 75238	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0750	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Angela Schmidt</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Angela Schmidt</i> <i>9-9-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DAVID SCHMIDT 9244 CLIFFMERE DR DALLAS, TX 75238	
Code: Allocation Project - D.Howell	

Batch #: 2188
Article #: 71106605959000120750
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0767

Postage	\$ 1.05	Postmark 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

DAVID V FREDERKING IRREVOC TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

9/11/10

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



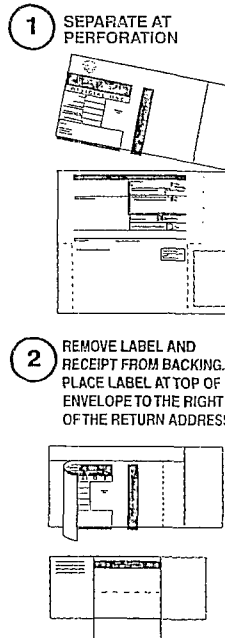
7110 6605 9590 0012 0767

DAVID V FREDERKING IRREVOC TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2188
Article #: 71106605959000120767
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

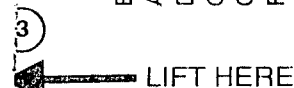
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0767	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID V FREDERKING IRREVOC TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0767	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAVID V FREDERKING IRREVOC TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2188
Article #: 71106605959000120767
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 2814

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

ent To **DAVID WALKER SMITH**
12105 DARNESTOWN RD STE 28
reet, Apt. No.;
- PO Box No.
ity, State, Zip+4 **GAITHERSBURG, MD 20878**

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2814

DAVID WALKER SMITH
12105 DARNESTOWN RD STE 28
GAITHERSBURG, MD 20878

Batch #: 2269
Article #: 71106605959000132814
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 2814	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: DAVID WALKER SMITH 12105 DARNESTOWN RD STE 28 GAITHERSBURG, MD 20878	

PS Form 3811 Domestic Return Receipt

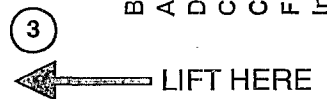
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2269
Article #: 71106605959000132814
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



Reorder Form LCD-1 rev. 01/07



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7110 6605 9590 0012 0781

Postage	\$ 1.05	Postmark 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
DAVID WILLIAM BRENNAND
159 CHINABERRY ROAD
PINON, NM 88344-9710
9/11/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



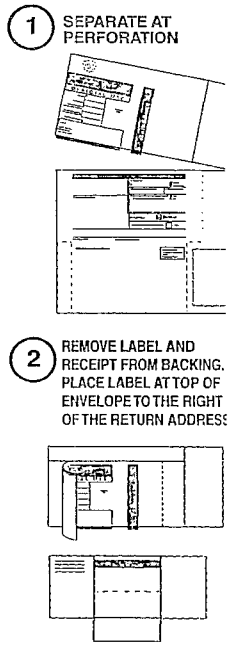
7110 6605 9590 0012 0781

DAVID WILLIAM BRENNAND
159 CHINABERRY ROAD
PINON, NM 88344-9710

Batch #: 2188
Article #: 71106605959000120781
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

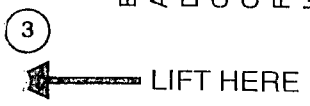
Reorder Form LCD 3800 rev. 01/07

2. Article Number 7110 6605 9590 0012 0781	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: DAVID WILLIAM BRENNAND 159 CHINABERRY ROAD PINON, NM 88344-9710 Code: Allocation Project - D.Howell	



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 0781	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Janette Coupland</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Janette Coupland</i> <i>09/21/10</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: DAVID WILLIAM BRENNAND 159 CHINABERRY ROAD PINON, NM 88344-9710 Code: Allocation Project - D.Howell	



Batch #: 2188
Article #: 71106605959000120781
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3378

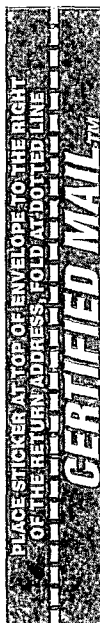
Postage	\$	\$0.44	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.54	

sent To **DAWSHA LAYLAND**
3442 BRAVATA DR

HUNTINGTON BEACH, CA 92649

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3378

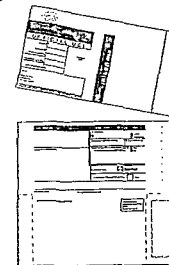
DAWSHA LAYLAND
3442 BRAVATA DR

HUNTINGTON BEACH, CA 92649

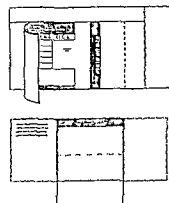
Batch #: 2272
Article #: 71106605959000133378
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3378	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DAWSHA LAYLAND 3442 BRAVATA DR HUNTINGTON BEACH, CA 92649	D. Is 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 3378	A. Signature X <i>DAWSHA LAYLAND</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery DAWSHA LAYLAND 9/20/10
DAWSHA LAYLAND 3442 BRAVATA DR HUNTINGTON BEACH, CA 92649	D. Is 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 #: 71106605959000133378
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 0798

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

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

DAWSON FAMILY TRUST
C/O ROBBIN R DAWSON
PO BOX 1507
PANHANDLE, TX 79068-1507

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0798

DAWSON FAMILY TRUST
C/O ROBBIN R DAWSON
PO BOX 1507
PANHANDLE, TX 79068-1507

Batch #: 2188
Article #: 71106605959000120798
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP-11R rev.01/07

2. Article Number 7110 6605 9590 0012 0798	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: DAWSON FAMILY TRUST C/O ROBBIN R DAWSON PO BOX 1507 PANHANDLE, TX 79068-1507 Code: Allocation Project - D.Howell	

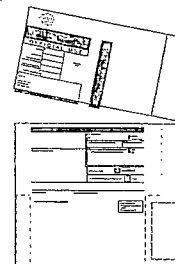
PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 0798	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: DAWSON FAMILY TRUST C/O ROBBIN R DAWSON PO BOX 1507 PANHANDLE, TX 79068-1507 Code: Allocation Project - D.Howell	

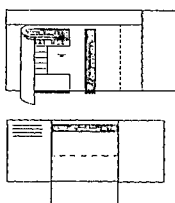
PS Form 3811

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 #: 71106605959000120798
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Mail Only; No Insurance Coverage Provided
 For information, visit our website at www.usps.com
 7110 6605 9590 0012 0835

Postage	\$ 1.05	Postmark 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
 DEBRA LEE DUPRAY
 12040 EAST JEFSUMARK CIRCLE
 TUCSON, AZ 85749

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



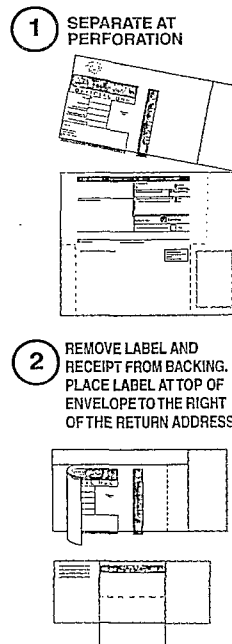
7110 6605 9590 0012 0835

DEBRA LEE DUPRAY
 12040 EAST JEFSUMARK CIRCLE
 TUCSON, AZ 85749

Batch #: 2189
 Article #: 71106605959000120835
 Date/Time: 8/31/2010 10:48:40 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 0835		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
DEBRA LEE DUPRAY 12040 EAST JEFSUMARK CIRCLE TUCSON, AZ 85749		D. Is 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 0835		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
DEBRA LEE DUPRAY 12040 EAST JEFSUMARK CIRCLE TUCSON, AZ 85749		D. Is 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 #: 2189
 Article #: 71106605959000120835
 Date/Time: 8/31/2010 10:48:40 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 0842

Postage	\$ 1.05	Postmark 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

DELFINITA G CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0842

DELFINITA G CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Batch #: 2189
Article #: 71106605959000120842
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

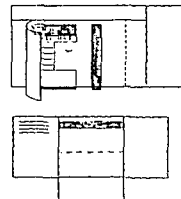
Reorder Form LCD-811B Rev. 01/07

2. Article Number 7110 6605 9590 0012 0842	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: DELFINITA G CHAVEZ 603 WHITE AVE AZTEC, NM 87410 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 0842	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9.2.2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DELFINITA G CHAVEZ 603 WHITE AVE AZTEC, NM 87410 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120842
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only, No Insurance Coverage Provided)
7110 6605 9590 0012 0804

Postage	\$ 1.05	Postmark 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
DEAH N FOLK LIVING TR DTD APRIL 14
73 RD 2755
AZTEC, NM 87410-9745

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0804

DEAH N FOLK LIVING TR DTD APRIL 14
73 RD 2755
AZTEC, NM 87410-9745

Batch #: 2189
Article #: 71106605959000120804
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number
7110 6605 9590 0012 0804

1. Article Addressed to:
DEAH N FOLK LIVING TR DTD APRIL 14
73 RD 2755
AZTEC, NM 87410-9745

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

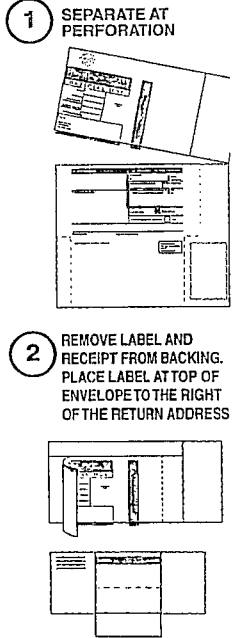
A. Signature ☒ Agent ☐ Addressee
X

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



PS Form 3811 Domestic Return Receipt

2. Article Number
7110 6605 9590 0012 0804

1. Article Addressed to:
DEAH N FOLK LIVING TR DTD APRIL 14
73 RD 2755
AZTEC, NM 87410-9745

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Deah N. Folk

B. Received by (Printed Name) C. Date of Delivery
9/2/10

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 #: 2189
Article #: 71106605959000120804
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
7110 6605 9590 0012 0811

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

At To
Set, Apt. No.;
PO Box No.
City, State, Zip+4

DEAN & DARLA KENYON 2003 FAMILY TR
1009 HEATHERFIELD AVE
ROSAMOND, CA 93560

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



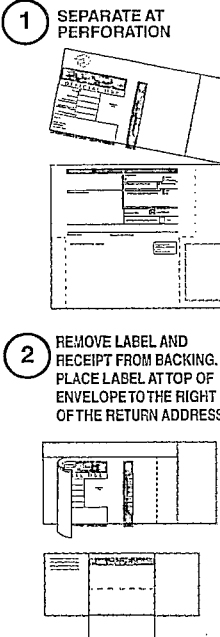
7110 6605 9590 0012 0811

DEAN & DARLA KENYON 2003 FAMILY TR
1009 HEATHERFIELD AVE
ROSAMOND, CA 93560

Batch #: 2189
Article #: 71106605959000120811
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0811	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: DEAN & DARLA KENYON 2003 FAMILY TR 1009 HEATHERFIELD AVE ROSAMOND, CA 93560 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0811	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: DEAN & DARLA KENYON 2003 FAMILY TR 1009 HEATHERFIELD AVE ROSAMOND, CA 93560 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120811
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3385

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

DEANE W BURNETT
PO BOX 20524

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

OKLAHOMA CITY, OK 73156

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3385

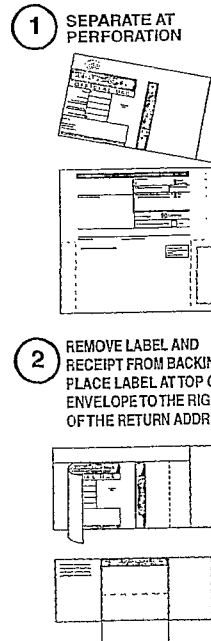
DEANE W BURNETT
PO BOX 20524

OKLAHOMA CITY, OK 73156

Batch #: 2272
Article #: 71106605959000133385
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3385	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEANE W BURNETT PO BOX 20524 OKLAHOMA CITY, OK 73156	D. Is 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 3385	A. Signature X <i>Deane Burnett</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEANE W BURNETT PO BOX 20524 OKLAHOMA CITY, OK 73156	D. Is 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 #: 71106605959000133385
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Domestic Mail Only, No Insurance Coverage Provided

7110 6605 9590 0012 0828

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

it To
et, Apt. No.,
O Box No.,
r, State, Zip+4

DEBORAH HERRIG
24986 182ND ST
SPIRIT LAKE, IA 51360

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0828

DEBORAH HERRIG
24986 182ND ST
SPIRIT LAKE, IA 51360

Batch #: 2189
Article #: 71106605959000120828
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-611R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0828	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEBORAH HERRIG 24986 182ND ST SPIRIT LAKE, IA 51360	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 0828	A. Signature X <i>Deborah Herrig</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>DEBORAH HERRIG</i> <i>9-8-10</i>
DEBORAH HERRIG 24986 182ND ST SPIRIT LAKE, IA 51360	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 #: 2189
Article #: 71106605959000120828
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0859

Postage	\$ 1.05	Postmark 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:
Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

DELMA F KELLEY TESTAMENTARY TRUST
513 WEST SHERIDAN
SHENANDOAH, IA 51601

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



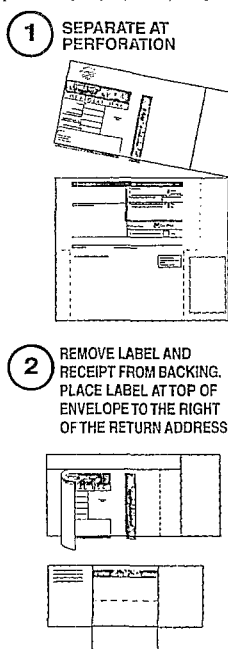
7110 6605 9590 0012 0859

DELMA F KELLEY TESTAMENTARY TRUST
513 WEST SHERIDAN
SHENANDOAH, IA 51601

Batch #: 2189
Article #: 71106605959000120859
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2: Article Number 7110 6605 9590 0012 0859	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: DELMA F KELLEY TESTAMENTARY TRUST 513 WEST SHERIDAN SHENANDOAH, IA 51601 Code: Allocation Project - D.Howell	



2: Article Number 7110 6605 9590 0012 0859	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>DeMatthew</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery DALE MATTHEWS 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: DELMA F KELLEY TESTAMENTARY TRUST 513 WEST SHERIDAN SHENANDOAH, IA 51601 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120859
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0866

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

To
DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



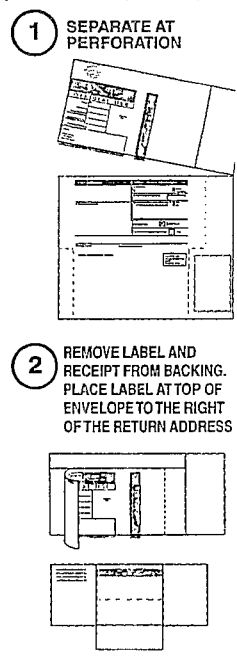
7110 6605 9590 0012 0866

DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

Batch #: 2189
Article #: 71106605959000120866
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0866	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: DENISE TURNBULL J WILLIAMS 6411 TURNER WAY DALLAS, TX 75230 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0866	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Denise Turnbull</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Denise Turnbull</i> C. Date of Delivery <i>9/2/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DENISE TURNBULL J WILLIAMS 6411 TURNER WAY DALLAS, TX 75230 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120866
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
Information visit our website at www.usps.com
7110 6605 9590 0012 0873

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

it To
et, Apt. No.;
o Box No.
r, State, Zip+4

DENNIS CROWLEY
8581 GRAY STREET
ARVADA, CO 80003

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



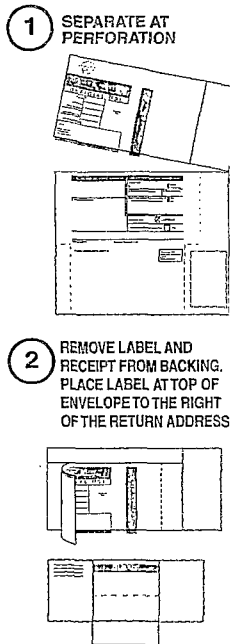
7110 6605 9590 0012 0873

DENNIS CROWLEY
8581 GRAY STREET
ARVADA, CO 80003

Batch #: 2189
Article #: 71106605959000120873
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0873	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: DENNIS CROWLEY 8581 GRAY STREET ARVADA, CO 80003	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0873	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Dennis Crowley</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Dennis Crowley</i> <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DENNIS CROWLEY 8581 GRAY STREET ARVADA, CO 80003	
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120873
Date/Time: 8/31/2010 10:48:40 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 0013 3392

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
DENNIS G ESPINOSA
PO BOX 2864
PAGOSA SPRINGS, CO 81147

Form 3809, August 2008 See Reverse for Instructions



7110 6605 9590 0013 3392

DENNIS G ESPINOSA
PO BOX 2864

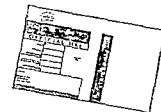
PAGOSA SPRINGS, CO 81147

Batch #: 2272
Article #: 71106605959000133392
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

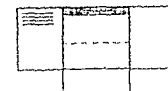
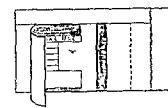
Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0013 3392	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: DENNIS G ESPINOSA PO BOX 2864 PAGOSA SPRINGS, CO 81147	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 3392	COMPLETE THIS SECTION ON DELIVERY A. Signature X Dalia Espinosa B. Received by (Printed Name) C. Date of Delivery Dalia Espinosa 9-18-10 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: DENNIS G ESPINOSA PO BOX 2864 PAGOSA SPRINGS, CO 81147	

Batch #: 2272
Article #: 71106605959000133392
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:

3



U.S. Postal ServiceTM
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(Domestic Mail Only, No Insurance Coverage Provided)
Information Visit our Website at www.usps.com
7110 6605 9590 0012 0880

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

To
Dennis R & Teresa M Reimers JT
1594 Cactus Drive
Bayfield, CO 81122

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0880

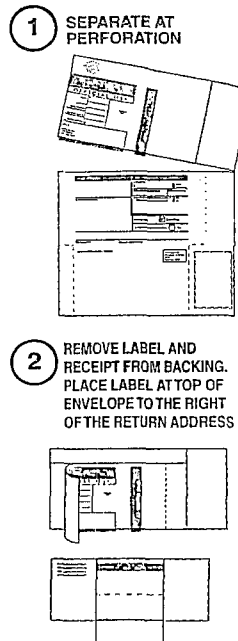
DENNIS R & TERESA M REIMERS JT
1594 CACTUS DRIVE
BAYFIELD, CO 81122

Batch #: 2189
Article #: 71106605959000120880
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Header Form LDD-811H Rev. 07/07

2. Article Number 7110 6605 9590 0012 0880	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: DENNIS R & TERESA M REIMERS JT 1594 CACTUS DRIVE BAYFIELD, CO 81122	

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 0880	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Teresa Reimer</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Teresa Reimer</i> C. Date of Delivery <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DENNIS R & TERESA M REIMERS JT 1594 CACTUS DRIVE BAYFIELD, CO 81122	

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000120880
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0897

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

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

DENNIS R REIMERS
1594 CACTUS DR
BAYFIELD, CO 81122-9634

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0897

DENNIS R REIMERS
1594 CACTUS DR
BAYFIELD, CO 81122-9634

Batch #: 2189
Article #: 71106605959000120897
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

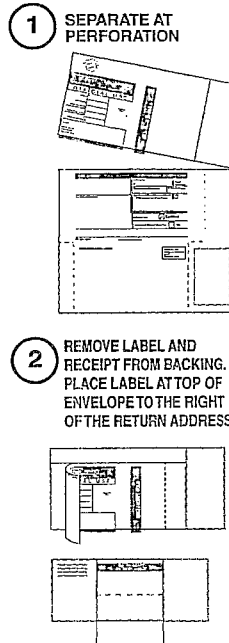
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0897	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DENNIS R REIMERS 1594 CACTUS DR BAYFIELD, CO 81122-9634	D. Is 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 0897	A. Signature X <i>Dennis Reimers</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Dennis Reimers</i> 9-7-10
DENNIS R REIMERS 1594 CACTUS DR BAYFIELD, CO 81122-9634	D. Is 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 #: 2189
Article #: 71106605959000120897
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0903

Postage	\$	\$1.05	Postmark 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
DENNIS R STAAL
PO BOX 1110
CHADRON, NE 69337

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



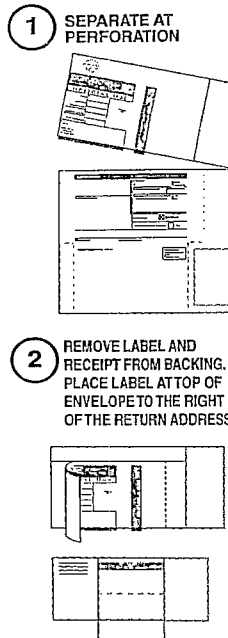
7110 6605 9590 0012 0903

DENNIS R STAAL
PO BOX 1110
CHADRON, NE 69337

Batch #: 2189
Article #: 71106605959000120903
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0903	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: DENNIS R STAAL PO BOX 1110 CHADRON, NE 69337	



2. Article Number 7110 6605 9590 0012 0903	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: DENNIS R STAAL PO BOX 1110 CHADRON, NE 69337	

Batch #: 2189
Article #: 71106605959000120903
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0927

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

To
DEREK PETER VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



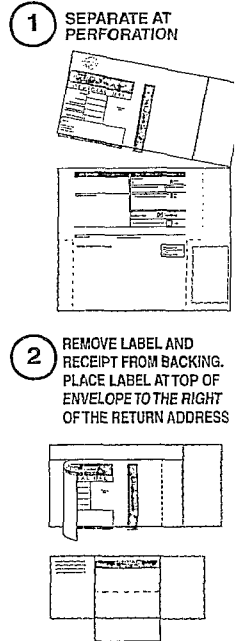
7110 6605 9590 0012 0927

DEREK PETER VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

Batch #: 2189
Article #: 71106605959000120927
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0927	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEREK PETER VENEZIA PO BOX 432976 SAN DIEGO, CA 92143-2976	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 0927	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEREK PETER VENEZIA PO BOX 432976 SAN DIEGO, CA 92143-2976	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 #: 2189
Article #: 71106605959000120927
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0934

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

At To
Set, Apt. No.,
PO Box No.,
State, Zip+4

DERRICK J TURNBULL
2908 HANOVER
DALLAS, TX 75225

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



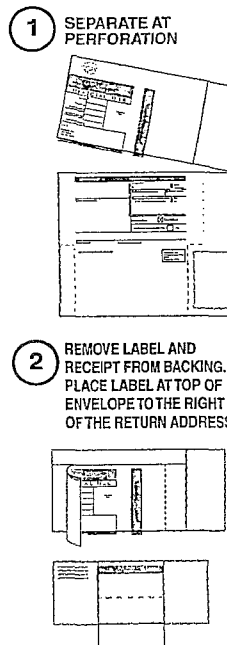
7110 6605 9590 0012 0934

DERRICK J TURNBULL
2908 HANOVER
DALLAS, TX 75225

Batch #: 2189
Article #: 71106605959000120934
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0934	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DERRICK J TURNBULL 2908 HANOVER 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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0934	A. Signature X <i>Derrick J. Turnbull</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DERRICK J TURNBULL 2908 HANOVER 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

Batch #: 2189
Article #: 71106605959000120934
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3408

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.,
City, State, Zip+4

DEVIN W SMITH
1710 COVENTRY LN
OKLAHOMA CITY, OK 73120

Form 3800, August 2005 See Reverse for Instructions

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

CERTIFIED MAIL™

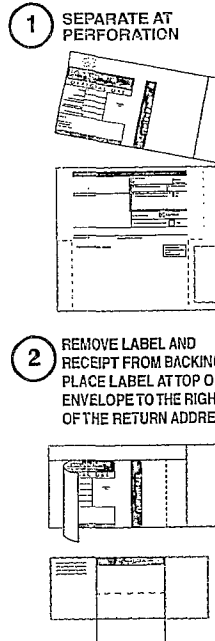
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DEVIN W SMITH
1710 COVENTRY LN
OKLAHOMA CITY, OK 73120

Batch #: 2272
Article #: 71106605959000133408
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 3408	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEVIN W SMITH 1710 COVENTRY LN OKLAHOMA CITY, OK 73120	D. Is 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 3408	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-17-10
DEVIN W SMITH 1710 COVENTRY LN OKLAHOMA CITY, OK 73120	D. Is 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 #: 71106605959000133408
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 0941

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

DEVON ENERGY PRODUCTION COMPANY LP
ATTN: JAN WOOLDRIDGE
20 NORTH BROADWAY
OKLAHOMA CITY, OK 73102

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



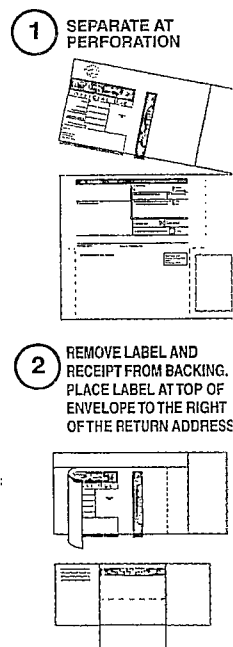
7110 6605 9590 0012 0941

DEVON ENERGY PRODUCTION COMPANY LP
ATTN: JAN WOOLDRIDGE
20 NORTH BROADWAY
OKLAHOMA CITY, OK 73102

Batch #: 2189
Article #: 71106605959000120941
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

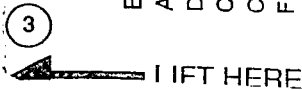
Reorder Form LCD-841R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0941	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEVON ENERGY PRODUCTION COMPANY LP ATTN: JAN WOOLDRIDGE 20 NORTH BROADWAY OKLAHOMA CITY, OK 73102	D. Is 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 0941	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DEVON ENERGY PRODUCTION COMPANY LP ATTN: JAN WOOLDRIDGE 20 NORTH BROADWAY OKLAHOMA CITY, OK 73102	D. Is 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 #: 2189
Article #: 71106605959000120941
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 3415

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 **DH MYATT**
105 S DRISKELL DR

CROWLEY, TX 76036

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

PS Form 3800, August 2006 See Reverse for Instructions



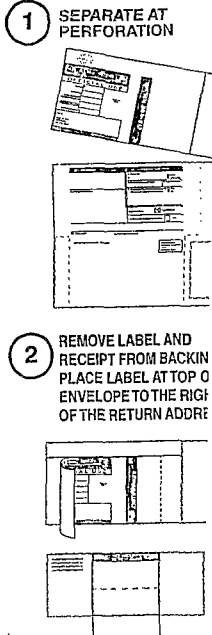
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DH MYATT
105 S DRISKELL DR
CROWLEY, TX 76036

Batch #: 2272
Article #: 71106605959000133415
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 3415	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: DH MYATT 105 S DRISKELL DR CROWLEY, TX 76036	



2. Article Number 7110 6605 9590 0013 3415	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>DH Myatt</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>DH MYATT</i> <i>9/17/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DH MYATT 105 S DRISKELL DR CROWLEY, TX 76036	

Batch #: 2272
Article #: 71106605959000133415
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2821

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

ent To **DHP LIV TR**
6908 PRESTONSHIRE LN

street, Apt. No.;
- PO Box No.
ity, State, Zip+4 **DALLAS, TX 75225**

Form 3800, August 2006 See Reverse for Instructions

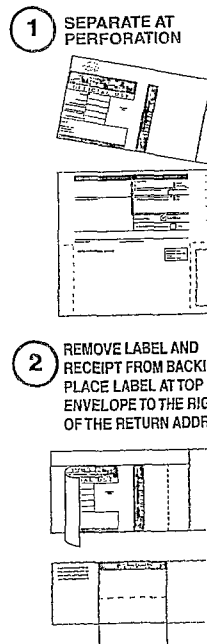


7110 6605 9590 0013 2821

DHP LIV TR
6908 PRESTONSHIRE LN
DALLAS, TX 75225

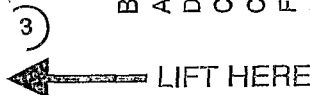
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Article #: 71106605959000132821
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2821	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DHP LIV TR 6908 PRESTONSHIRE LN DALLAS, TX 75225	D. Is 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 2821	A. Signature ☐ Agent X <i>Mary J. Taylor</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DHP LIV TR 6908 PRESTONSHIRE LN DALLAS, TX 75225	D. Is 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 #: 71106605959000132821
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 0965

Postage	\$	\$1.05	Postmark 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

DIANE DERRY
736 HINMAN AVE #1W
EVANSTON, IL 60202

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



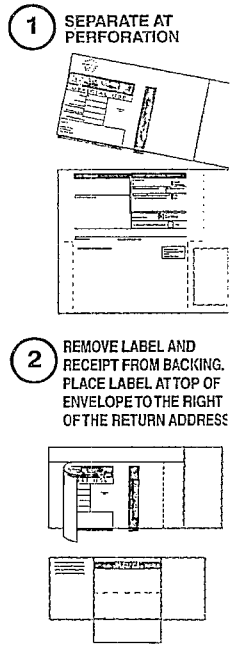
7110 6605 9590 0012 0965

DIANE DERRY
736 HINMAN AVE #1W
EVANSTON, IL 60202

Batch #: 2189
Article #: 71106605959000120965
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-814R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0965	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DIANE DERRY 736 HINMAN AVE #1W EVANSTON, IL 60202	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 0965	A. Signature X Diane M. Derry ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Diane M. Derry 9/9/10
DIANE DERRY 736 HINMAN AVE #1W EVANSTON, IL 60202	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 #: 2189
Article #: 71106605959000120965
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 0958

Postage	\$ 1.05	Postmark 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

DIANA S ROWLEY RESIDUARY TRUST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0958

DIANA S ROWLEY RESIDUARY TRUST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2189
Article #: 71106605959000120958
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0958	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DIANA S ROWLEY RESIDUARY TRUST ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2189
Article #: 71106605959000120958
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1092

Postage	\$ 1.05	Postmark 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
DONALD S. IRONSIDE
3300 DARBY RD, APT 1312
HAVERFORD, PA 19041-1067

Post Office 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 1092

DONALD S. IRONSIDE
3300 DARBY RD, APT 1312
HAVERFORD, PA 19041-1067

Batch #: 2189
Article #: 71106605959000121092
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC-100 R rev. 01/07

2. Article Number 7110 6605 9590 0012 1092	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:
DONALD S. IRONSIDE
3300 DARBY RD, APT 1312
HAVERFORD, PA 19041-1067

Code: Allocation Project - D.Howell

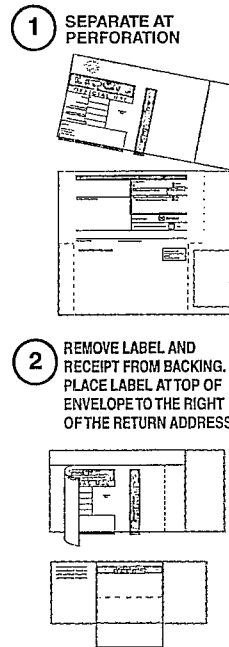
PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

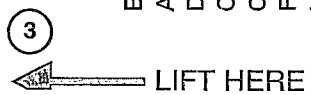


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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



Batch #: 2189
Article #: 71106605959000121092
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0972

Postage	\$	\$1.05	Postmark 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
DIANNA DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 0972

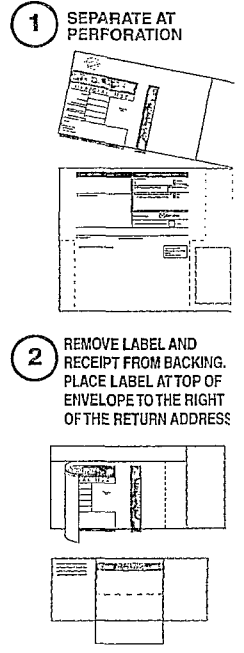
DIANNA DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Batch #: 2189
Article #: 71106605959000120972
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 0972	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: DIANNA DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706	

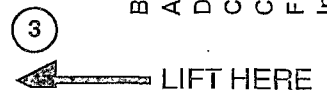
Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 0972	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-3-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DIANNA DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706	

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000120972
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0989

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	

Deliver to
DICK HOLLAND
PO BOX 2926
MIDLAND, TX 79702-2926

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



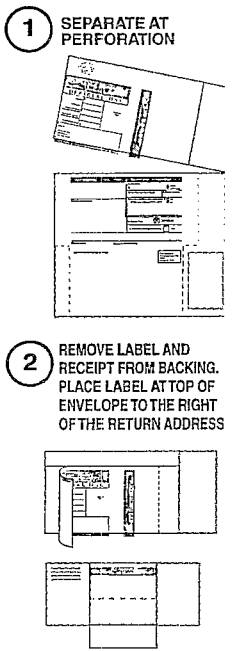
7110 6605 9590 0012 0989

DICK HOLLAND
PO BOX 2926
MIDLAND, TX 79702-2926

Batch #: 2189
Article #: 71106605959000120989
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

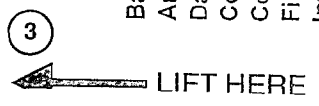
Reorder Form LCD-841R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 0989	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DICK HOLLAND PO BOX 2926 MIDLAND, TX 79702-2926	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 0989	A. Signature X <i>D. Howell</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>D. Howell</i> 9-7-10
DICK HOLLAND PO BOX 2926 MIDLAND, TX 79702-2926	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 #: 2189
Article #: 71106605959000120989
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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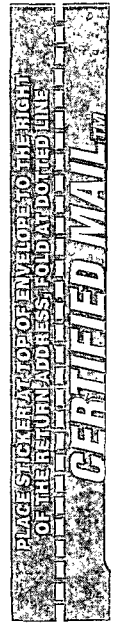
7110 6605 9590 0012 0996

Postage	\$	\$1.05	Postmark 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
Dirk Vanhorn Reemtsma
556 Crestwood Dr
Oceanside, CA 92058

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



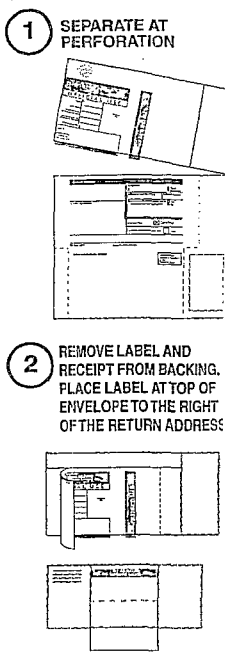
7110 6605 9590 0012 0996

DIRK VANHORN REEMTSMA
556 CRESTWOOD DR
OCEANSIDE, CA 92058

Batch #: 2189
Article #: 71106605959000120996
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-841R rev. 01/07

2. Article Number 7110 6605 9590 0012 0996	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: DIRK VANHORN REEMTSMA 556 CRESTWOOD DR OCEANSIDE, CA 92058	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0996	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Dirk Reemtsma</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>D. Reemtsma</i> <i>9/4/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DIRK VANHORN REEMTSMA 556 CRESTWOOD DR OCEANSIDE, CA 92058	
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000120996
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1009

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

1. Article Addressed to:

DIXIE LEE BOONE
305 PARSIFAL NE
ALBUQUERQUE, NM 87123

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

Code: Allocation Project - D.Howell



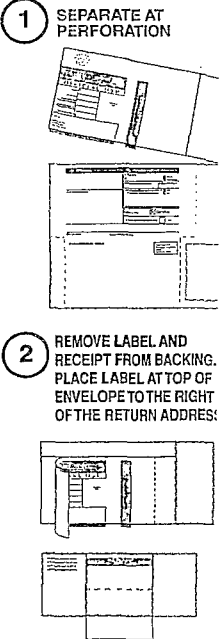
7110 6605 9590 0012 1009

DIXIE LEE BOONE
305 PARSIFAL NE
ALBUQUERQUE, NM 87123

Batch #: 2189
Article #: 711066059590000121009
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

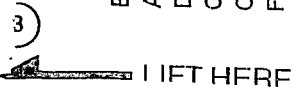
Reorder Form LCD-841R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1009	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DIXIE LEE BOONE 305 PARSIFAL NE ALBUQUERQUE, NM 87123	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 1009	A. Signature X <i>Dixie Boone</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Dixie Boone</i> <i>8/31/2010</i>
DIXIE LEE BOONE 305 PARSIFAL NE ALBUQUERQUE, NM 87123	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 #: 2189
Article #: 711066059590000121009
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 3422

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 **DOLLY CARSWELL**
9653 LONGMONT

HOUSTON, TX 77063

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3422

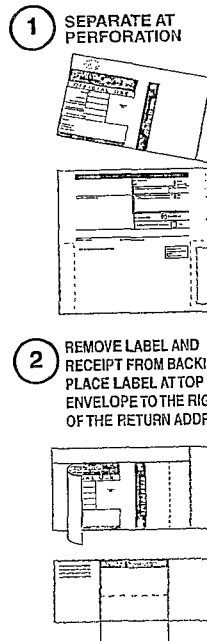
DOLLY CARSWELL
9653 LONGMONT

HOUSTON, TX 77063

Batch #: 2272
Article #: 71106605959000133422
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3422	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOLLY CARSWELL 9653 LONGMONT HOUSTON, TX 77063	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3422	A. Signature X <i>Dolly Carswell</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-20-10
DOLLY CARSWELL 9653 LONGMONT HOUSTON, TX 77063	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133422
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1016

Postage	\$	\$1.05	Postmark 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
DOLORAS E DOLLAR
P O BOX 218
FLORA VISTA, NM 87415

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



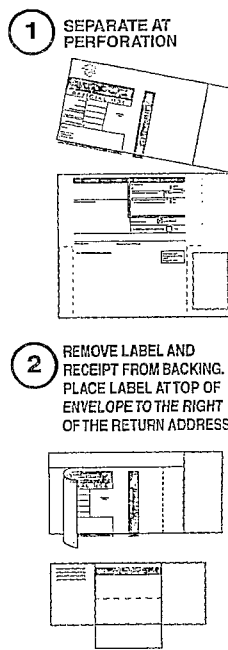
7110 6605 9590 0012 1016

DOLORAS E DOLLAR
P O BOX 218
FLORA VISTA, NM 87415

Batch #: 2189
Article #: 71106605959000121016
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

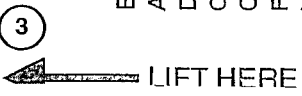
Reorder Form LCD-811R rev. 01/07

2: Article Number 7110 6605 9590 0012 1016	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: DOLORAS E DOLLAR P O BOX 218 FLORA VISTA, NM 87415	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2: Article Number 7110 6605 9590 0012 1016	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Ned Dolar</i> B. Received by (Printed Name) <i>Ned Dolar</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: DOLORAS E DOLLAR P O BOX 218 FLORA VISTA, NM 87415	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121016
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 1023

Postage	\$	\$1.05	Postmark 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

DON C. DENNIS, TRUSTEE OF J. M. DEN
PO BOX 1738
LUBBOCK, TX 79408

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1023

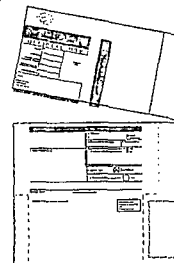
DON C. DENNIS, TRUSTEE OF J. M. DEN
PO BOX 1738
LUBBOCK, TX 79408

Batch #: 2189
Article #: 71106605959000121023
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

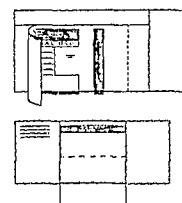
Reorder Form LCD-500B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1023	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DON C. DENNIS, TRUSTEE OF J. M. DEN PO BOX 1738 LUBBOCK, TX 79408	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 1023	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DON C. DENNIS, TRUSTEE OF J. M. DEN PO BOX 1738 LUBBOCK, TX 79408	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 #: 2189
Article #: 71106605959000121023
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 2838

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

ent To **DON K ILFELD**
353 DEER HOLW
NAPA, CA 94558

Form 3800, August 2006 See Reverse for Instructions



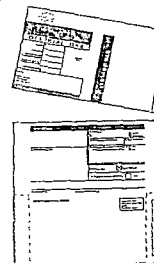
7110 6605 9590 0013 2838

DON K ILFELD
353 DEER HOLW
NAPA, CA 94558

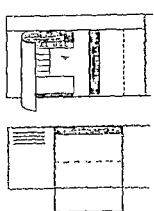
Batch #: 2269
Article #: 71106605959000132838
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2838	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DON K ILFELD 353 DEER HOLW NAPA, CA 94558	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2838	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DON K ILFELD 353 DEER HOLW NAPA, CA 94558	DON K ILFELD 9/20/10
	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 #: 2269
Article #: 71106605959000132838
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 1030

Postage	\$	\$1.05	Postmark 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:
DON DENNIS
P. O. BOX 1738
LUBBOCK, TX 79408

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1030

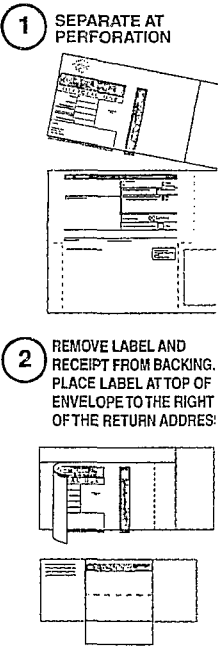
DON DENNIS
P. O. BOX 1738
LUBBOCK, TX 79408

Batch #: 2189
Article #: 71106605959000121030
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-84-R rev. 01/07

2. Article Number 7110 6605 9590 0012 1030	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 #: 2189
Article #: 71106605959000121030
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 1030	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



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7110 6605 9590 0012 1047

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

At To

DON REED
2012 N ALLIED RD
STROUD, OK 74079

Set, 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 1047

DON REED
2012 N ALLIED RD
STROUD, OK 74079

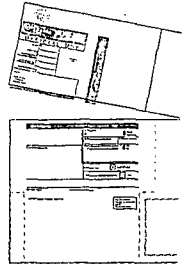
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Article #: 71106605959000121047
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

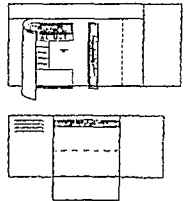
2. Article Number 7110 6605 9590 0012 1047	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (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 1047	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>ANNY CHANTLER</i> C. Date of Delivery <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121047
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1054

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

1st To
Post, Apt. No.,
PO Box No.,
City, State, Zip+4

DONALD CANDELARIA & FLORANCE CANDEL
517 E. ZIA
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1054

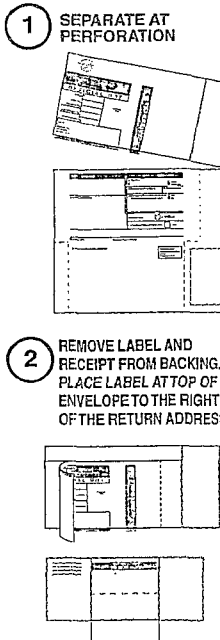
DONALD CANDELARIA & FLORANCE CANDEL
517 E. ZIA
AZTEC, NM 87410

Batch #: 2189
Article #: 71106605959000121054
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

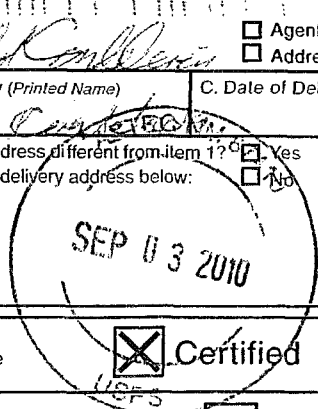
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1054	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD CANDELARIA & FLORANCE CANDEL 517 E. ZIA AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1054	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD CANDELARIA & FLORANCE CANDEL 517 E. ZIA 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

Code: Allocation Project - D.Howell



Batch #: 2189
Article #: 71106605959000121054
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



San Juan Business
PO Box 4289
Farmington NM 87499

 **Conocophillips**

7110 6605 9590 0012 1115



Rt. #

Cart. Init.

Date

99 7-10

- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☒ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street
- ☐ No Such Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receptacle
- ☐ Box Closed - No Order
- ☐ Returned For Better Address
- ☐ Postage Due

~~DONNA DIANE BANZHOF~~
~~GENERAL DELIVERY~~
~~EL CAJON, CA~~



NAME
1st Notice
2nd Notice
Return



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7110 6605 9590 0012 1061

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

To
Donald E Fagan
51 Villa Jardin
San Antonio, TX 78230-2751

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



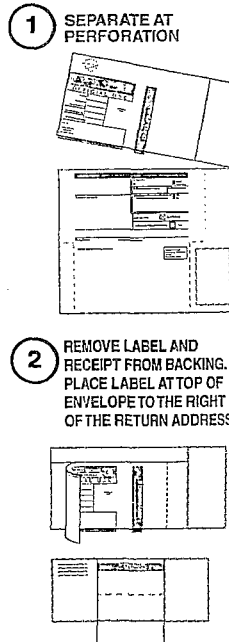
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DONALD E FAGAN
51 VILLA JARDIN
SAN ANTONIO, TX 78230-2751

Batch #: 2189
Article #: 71106605959000121061
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1061	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: DONALD E FAGAN 51 VILLA JARDIN SAN ANTONIO, TX 78230-2751	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1061	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DONALD E FAGAN 51 VILLA JARDIN SAN ANTONIO, TX 78230-2751	
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121061
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2845

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 **DONALD E FAGAN**
51 VILLA JARDIN

reet, Apt. No.;
r PO Box No.
ity, State, Zip+4 **SAN ANTONIO, TX 78230-2751**

Form 3800, August 2008, See Reverse for Instructions

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

7110 6605 9590 0013 2845

DONALD E FAGAN
51 VILLA JARDIN

SAN ANTONIO, TX 78230-2751

Batch #: 2269
Article #: 71106605959000132845
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 2845

1. Article Addressed to:

DONALD E FAGAN
51 VILLA JARDIN

SAN ANTONIO, TX 78230-2751

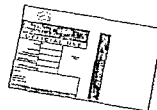
COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

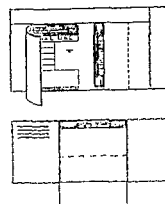
3. Service Type ☒ **Certified**

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 2845

1. Article Addressed to:

DONALD E FAGAN
51 VILLA JARDIN

SAN ANTONIO, TX 78230-2751

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D E FAGAN **9/18/10**
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 #: 2269
Article #: 71106605959000132845
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 2852

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

**DONALD E PELOTTE
THE DIOCESE OF GALLUP
PO BOX 1338
GALLUP, NM 87305**

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2852

**DONALD E PELOTTE
THE DIOCESE OF GALLUP
PO BOX 1338
GALLUP, NM 87305**

Batch #: 2269
Article #: 71106605959000132852
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 2852

1. Article Addressed to:

**DONALD E PELOTTE
THE DIOCESE OF GALLUP
PO BOX 1338
GALLUP, NM 87305**

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 2852

1. Article Addressed to:

**DONALD E PELOTTE
THE DIOCESE OF GALLUP
PO BOX 1338
GALLUP, NM 87305**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Denise S. Lopez

C. Date of Delivery

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

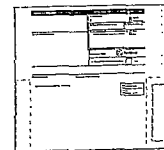
3. Service Type

☒ **Certified**

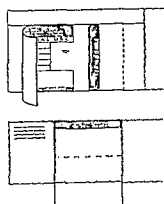
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2269
Article #: 71106605959000132852
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1078

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

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

DONALD J MERRION TRUST
5992 S ABERDEEN ST
LITTLETON, CO 80120

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1078

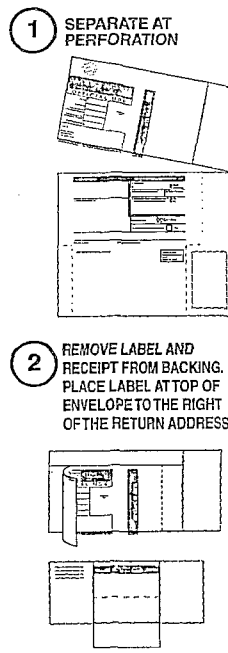
DONALD J MERRION TRUST
5992 S ABERDEEN ST.
LITTLETON, CO 80120

Batch #: 2189
Article #: 71106605959000121078
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1078	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DONALD J MERRION TRUST 5992 S ABERDEEN ST LITTLETON, CO 80120	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1078	A. Signature X <i>Donald J Merrion</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DONALD J MERRION TRUST 5992 S ABERDEEN ST LITTLETON, CO 80120	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121078
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1085

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

1st To
Post, Apt. No.,
PO Box No.,
City, State, Zip+4

DONALD MANGUM
PO BOX 228
PANGUITCH, UT 84759

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



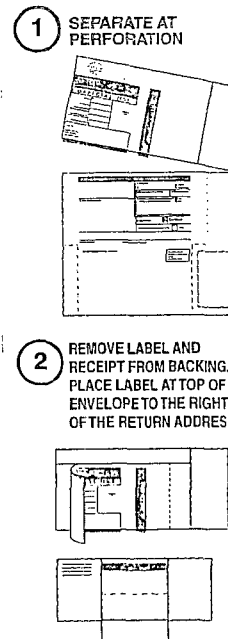
7110 6605 9590 0012 1085

DONALD MANGUM
PO BOX 228
PANGUITCH, UT 84759

Batch #: 2189
Article #: 71106605959000121085
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1085	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: DONALD MANGUM PO BOX 228 PANGUITCH, UT 84759	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1085	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No <i>Donald Mangum</i> 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DONALD MANGUM PO BOX 228 PANGUITCH, UT 84759	
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121085
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1108

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

it To
et, Apt. No.,
O Box No.,
State, Zip+4

DONALD TURRIETTA
PO BOX 665
MAIN DOWNTOWN STATION
ALBUQUERQUE, NM 87103

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



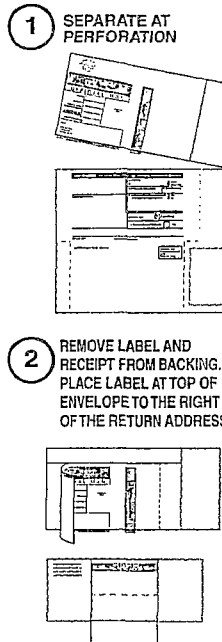
7110 6605 9590 0012 1108

DONALD TURRIETTA
PO BOX 665
MAIN DOWNTOWN STATION
ALBUQUERQUE, NM 87103

Batch #: 2189
Article #: 71106605959000121108
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1108	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DONALD TURRIETTA PO BOX 665 MAIN DOWNTOWN STATION ALBUQUERQUE, NM 87103	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 1108	A. Signature X <i>Larry Johnson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery LARRY Johnson 9/24/10
DONALD TURRIETTA PO BOX 665 MAIN DOWNTOWN STATION ALBUQUERQUE, NM 87103	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 #: 2189
Article #: 71106605959000121108
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1122

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

1st To
Set, Apt. No.,
PO Box No.,
City, State, Zip+4

DONNA KRILL
1805 TARRANT CITY ST
HENDERSON, NV 89052

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1122

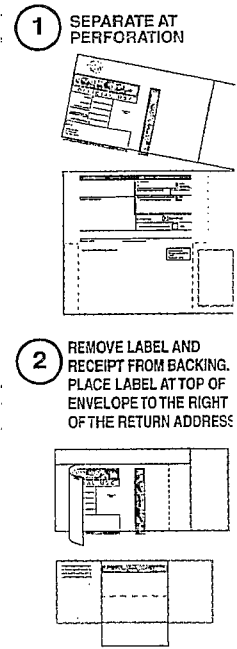
DONNA KRILL
1805 TARRANT CITY ST
HENDERSON, NV 89052

Batch #: 2189
Article #: 71106605959000121122
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1122	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DONNA KRILL 1805 TARRANT CITY ST HENDERSON, NV 89052	D. Is 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



Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1122	A. Signature X <i>Donna Krill</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DONNA KRILL 1805 TARRANT CITY ST HENDERSON, NV 89052	D. Is 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 #: 2189
Article #: 71106605959000121122
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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


Conocophillips

7110 6605 9590 0012 1146

9-20

UNCLAIMED
RETURNED TO SENDER
DOBBAN L STOLWORTHY LIV TR DD APRL
4600 SUMMER WIND
FARMINGTON, NM 87401

9/19/97



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0006557587
MAILED FROM



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7110 6605 9590 0012 1146

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

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

DORIANN L STOLWORTHY LIV TR DD APRL
4600 SUMMER WIND
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1146

DORIANN L STOLWORTHY LIV TR DD APRL
4600 SUMMER WIND
FARMINGTON, NM 87401

Batch #: 2189
Article #: 711066059590000121146
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1146	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DORIANN L STOLWORTHY LIV TR DD APRL 4600 SUMMER WIND 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

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

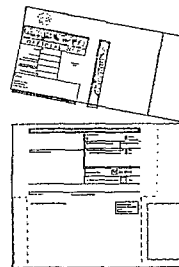


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

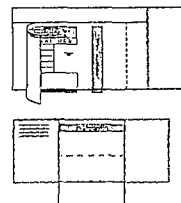
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2189
Article #: 711066059590000121146
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



3

LIST HERE



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7110 6605 9590 0012 1139

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

To
DORA PARKER
PO BOX 2141
BLOOMFIELD, NM 87413

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



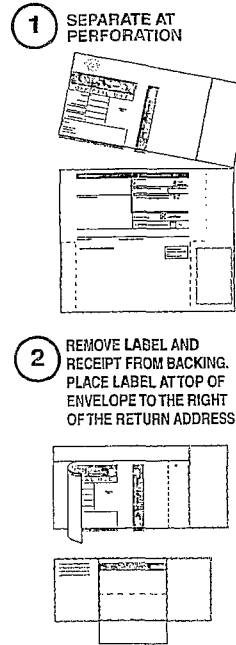
7110 6605 9590 0012 1139

DORA PARKER
PO BOX 2141
BLOOMFIELD, NM 87413

Batch #: 2189
Article #: 71106605959000121139
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1139	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: DORA PARKER PO BOX 2141 BLOOMFIELD, NM 87413 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1139	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Dora Parker</i> X ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Dora Parker</i> C. Date of Delivery <i>9-2-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: DORA PARKER PO BOX 2141 BLOOMFIELD, NM 87413 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121139
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





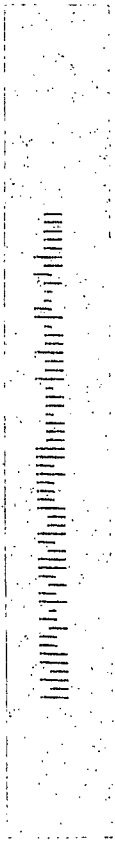
7110 6605 9590 0012 1146

MAILED FROM ZIP CODE 87402

Handwritten signature

RETURNED
TO
SENDER
UNCLAIMED

DORIAN L STOLWORTHY LIV TR DD APRL
4600 SUMMER WIND
FARMINGTON, NM 87401





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7110 6605 9590 0012 1153

Postage	\$1.05	Postmark 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:
DOROTEA VALDEZ LOPEZ ESTATE
RACHEL ANN HANCOCK-WARGO REPRESENTATIVE
PO BOX 355
BLANCO, NM 87412

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1153

DOROTEA VALDEZ LOPEZ ESTATE
RACHEL ANN HANCOCK-WARGO REPRESENTATIVE
PO BOX 355
BLANCO, NM 87412

Batch #: 2189
Article #: 71106605959000121153
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111B rev. 01/07

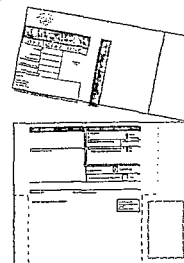
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1153	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DOROTEA VALDEZ LOPEZ ESTATE RACHEL ANN HANCOCK-WARGO REPRESENTATIVE PO BOX 355 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

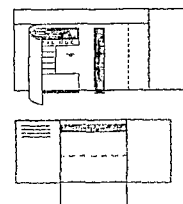
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1153	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DOROTEA VALDEZ LOPEZ ESTATE RACHEL ANN HANCOCK-WARGO REPRESENTATIVE PO BOX 355 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

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 #: 2189
Article #: 71106605959000121153
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1160

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

To
DOROTHY A FARNHAM
2540 ITASCA AVE S
ST MARYS POINT
LAKELAND, MN 55043

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1160

DOROTHY A FARNHAM
2540 ITASCA AVE S
ST MARYS POINT
LAKELAND, MN 55043

Batch #: 2189
Article #: 71106605959000121160
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LDD-BTTH REV.01/07

7110 6605 9590 0012 1160

1. Article Addressed to:

DOROTHY A FARNHAM
2540 ITASCA AVE S
ST MARYS POINT
LAKELAND, MN 55043

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

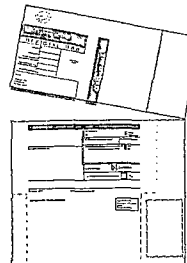
B. Received by (Printed Name) C. Date of Delivery

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

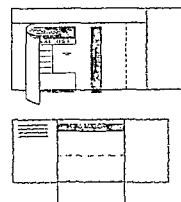
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 1160

1. Article Addressed to:

DOROTHY A FARNHAM
2540 ITASCA AVE S
ST MARYS POINT
LAKELAND, MN 55043

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Dorothy A. Farnham* ☐ 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 #: 2189
Article #: 71106605959000121160
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1177

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

it To

DOROTHY B HUGHES ESTATE
303 MISTY CREEK LANE
PORT ANGELES, WA 98363

Set, Apt. No.,
PO Box No.,
State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



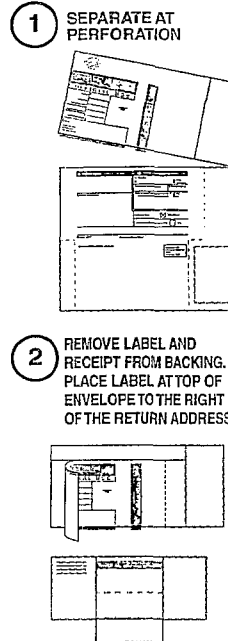
7110 6605 9590 0012 1177

DOROTHY B HUGHES ESTATE
303 MISTY CREEK LANE
PORT ANGELES, WA 98363

Batch #: 2189
Article #: 71106605959000121177
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

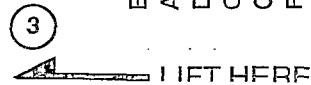
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1177	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOROTHY B HUGHES ESTATE 303 MISTY CREEK LANE PORT ANGELES, WA 98363	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 1177	A. Signature X <i>Suzy Sarna</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>SUZY SARNA</i> <i>9/7/10</i>
DOROTHY B HUGHES ESTATE 303 MISTY CREEK LANE PORT ANGELES, WA 98363	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 #: 2189
Article #: 71106605959000121177
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1184

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

Post To
DOROTHY E DENMAN
4600 TAFT BLVD APT 971
WICHITA FALLS, TX 76308

Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1184

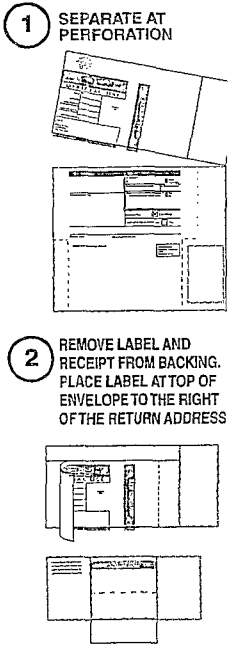
DOROTHY E DENMAN
4600 TAFT BLVD APT 971
WICHITA FALLS, TX 76308

Batch #: 2189
Article #: 71106605959000121184
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1184	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOROTHY E DENMAN 4600 TAFT BLVD APT 971 WICHITA FALLS, TX 76308	D. Is 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 1184	A. Signature X <i>Judy Murray</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Judy Murray 9-3-10
DOROTHY E DENMAN 4600 TAFT BLVD APT 971 WICHITA FALLS, TX 76308	D. Is 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 #: 2189
Article #: 71106605959000121184
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1191

Postage	\$ 1.05	Postmark 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
Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

DOROTHY M OLIVER
1250 PARKWOOD CIRCLE UNIT 1004
ATLANTA, GA 30339

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



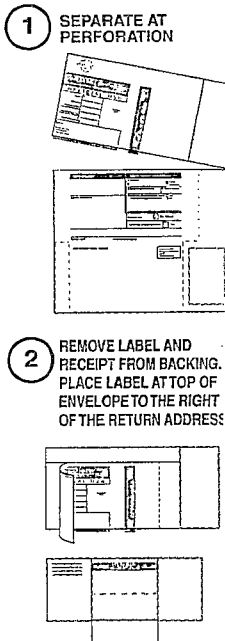
7110 6605 9590 0012 1191

DOROTHY M OLIVER
1250 PARKWOOD CIRCLE UNIT 1004
ATLANTA, GA 30339

Batch #: 2189
Article #: 71106605959000121191
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-814B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1191	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DOROTHY M OLIVER 1250 PARKWOOD CIRCLE UNIT 1004 ATLANTA, GA 30339	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 1191	A. Signature X <i>Dorothy Oliver</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
DOROTHY M OLIVER 1250 PARKWOOD CIRCLE UNIT 1004 ATLANTA, GA 30339	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 #: 2189
Article #: 71106605959000121191
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1207

Postage	\$	\$1.05	Postmark 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
Attn: Apt. No.;
PO Box No.
City, State, Zip+4

DOUGLAS CAMERON MCLEOD
518 17TH ST, STE 1525
DENVER, CO 80202

Form 3800, August 2006 See Reverse for Instructions

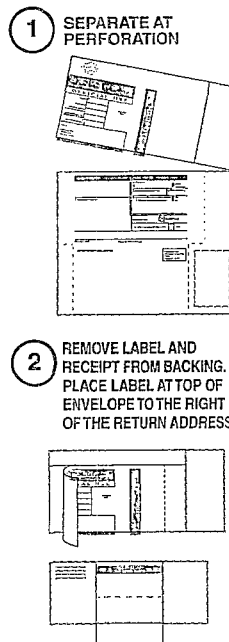
Code: Allocation Project - D.Howell



7110 6605 9590 0012 1207

DOUGLAS CAMERON MCLEOD
518 17TH ST, STE 1525
DENVER, CO 80202

Batch #: 2189
Article #: 71106605959000121207
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1207	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOUGLAS CAMERON MCLEOD 518 17TH ST, STE 1525 DENVER, CO 80202	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 1207	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
DOUGLAS CAMERON MCLEOD 518 17TH ST, STE 1525 DENVER, CO 80202	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 #: 2189
Article #: 71106605959000121207
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



Postage	\$ 1.05	Postmark 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
Postmaster, Apt. No.,
PO Box No.,
City, State, Zip+4

DOUGLAS E ATWILL
2211 FORT UNION DR
SANTA FE, NM 87505

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1214

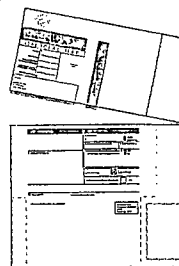
DOUGLAS E ATWILL
2211 FORT UNION DR
SANTA FE, NM 87505

Batch #: 2189
Article #: 71106605959000121214
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

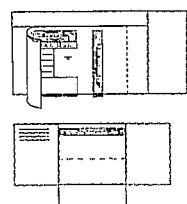
Reorder Form LCD-841R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1214		
1. Article Addressed to:		
DOUGLAS E ATWILL 2211 FORT UNION DR SANTA FE, NM 87505		
	A. Signature ☒ Agent X ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

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 1214		
1. Article Addressed to:		
DOUGLAS E ATWILL 2211 FORT UNION DR SANTA FE, NM 87505		
	A. Signature ☒ Agent X ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 9-2-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2189
Article #: 71106605959000121214
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1221

Postage	\$ 1.05	Postmark 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
Set, Apt. No.,
PO Box No.,
City, State, Zip+4

DOUGLAS E JOHNSTON
2511 WILLOWWICK #226
HOUSTON, TX 77027-3977

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1221

DOUGLAS E JOHNSTON
2511 WILLOWWICK #226
HOUSTON, TX 77027-3977

Batch #: 2189
Article #: 71106605959000121221
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-814B rev. 01/07

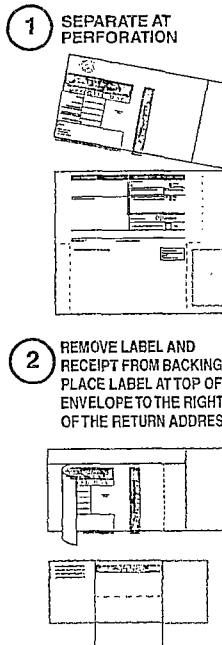
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1221	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOUGLAS E JOHNSTON 2511 WILLOWWICK #226 HOUSTON, TX 77027-3977	D. Is delivery address different from item 1? ☐ Yes 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 1221	A. Signature X <i>W.E. Johnston</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DOUGLAS E JOHNSTON 2511 WILLOWWICK #226 HOUSTON, TX 77027-3977	D. Is 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 #: 2189
Article #: 71106605959000121221
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1238

Postage \$	\$1.05	Postmark 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
Set, Apt. No.;
PO Box No.
City, State, Zip+4

DUFF-LEACH FAMILY TRUST
C/O J DIANNE DUFF LEACH
P O BOX 30396
ALBUQUERQUE, NM 87190

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1238

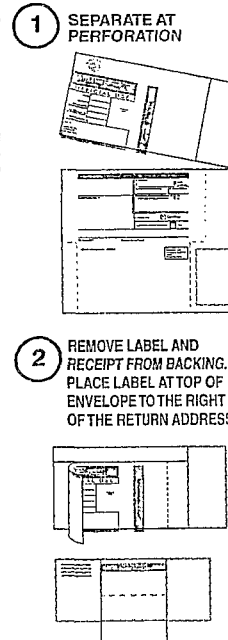
DUFF-LEACH FAMILY TRUST
C/O J DIANNE DUFF LEACH
P O BOX 30396
ALBUQUERQUE, NM 87190

Batch #: 2189
Article #: 71106605959000121238
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1238	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DUFF-LEACH FAMILY TRUST C/O J DIANNE DUFF LEACH P O BOX 30396 ALBUQUERQUE, NM 87190	D. Is 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 1238	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DUFF-LEACH FAMILY TRUST C/O J DIANNE DUFF LEACH P O BOX 30396 ALBUQUERQUE, NM 87190	D. Is 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 #: 2189
Article #: 71106605959000121238
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1245

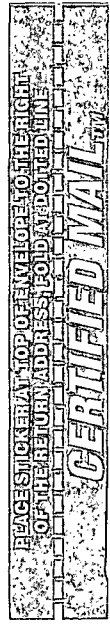
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Postage Required)		\$2.30	
Restricted Delivery Fee (Postage Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

To
Attn: Apt. No.;
PO Box No.
City, State, Zip+4

DUGAN PRODUCTION CORP
ATTN SKIP FRAKER
PO BOX 420
FARMINGTON, NM 87499-0420

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



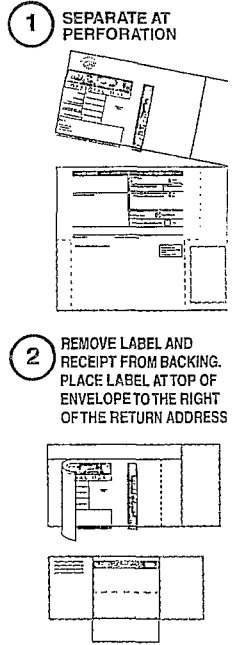
7110 6605 9590 0012 1245

DUGAN PRODUCTION CORP
ATTN SKIP FRAKER
PO BOX 420
FARMINGTON, NM 87499-0420

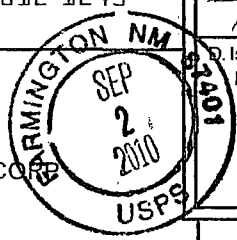
Batch #: 2189
Article #: 71106605959000121245
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

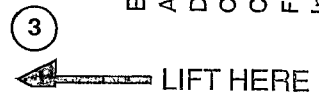
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1245	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DUGAN PRODUCTION CORP ATTN SKIP FRAKER PO BOX 420 FARMINGTON, NM 87499-0420	D. Is delivery address different from 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 1245	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
DUGAN PRODUCTION CORP ATTN SKIP FRAKER PO BOX 420 FARMINGTON, NM 87499-0420	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 #: 2189
Article #: 71106605959000121245
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 0606

Postage \$	\$1.05	Postmark 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
D J SIMMONS CO LTD PARTNERSHIP
PO BOX 1469
FARMINGTON, NM 87499
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™

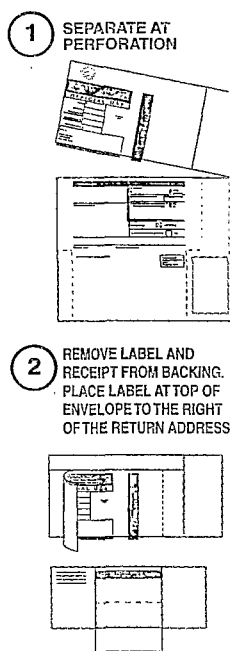
7110 6605 9590 0012 0606

D J SIMMONS CO LTD PARTNERSHIP
PO BOX 1469
FARMINGTON, NM 87499

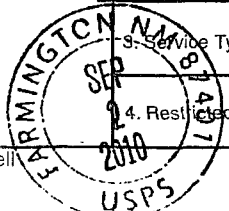
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Article #: 71106605959000120606
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-844B rev. 01/07

2. Article Number 7110 6605 9590 0012 0606	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: D J SIMMONS CO LTD PARTNERSHIP PO BOX 1469 FARMINGTON, NM 87499 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 0606	COMPLETE THIS SECTION ON DELIVERY A. Signature X Mary Tsosie ☐ Agent ☐ Addressee B. Received by (Printed Name) Mary Tsosie C. Date of Delivery 9/2/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: D J SIMMONS CO LTD PARTNERSHIP PO BOX 1469 FARMINGTON, NM 87499 Code: Allocation Project - D.Howell	



Batch #: 2188
Article #: 71106605959000120606
Date/Time: 8/31/2010 10:26:56 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

